



HALL COUNTY BUSINESS LICENSE DEPT

2875 Browns Bridge Rd
P O Drawer 1435
Gainesville, Ga. 30503
770-531-6815

Alcoholic Beverage Off-Premise Consumption Catering License Application

For License Year _____ Existing License(s) # _____ State License # _____

NOTE: USE **BLUE INK** ONLY

INSTRUCTIONS: Every question shall be fully answered (typewritten or printed in **BLUE** ink only). If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed it must be dated, signed and verified under oath by the applicant and filed with the Hall County Business License Department; together with all supporting papers and certified check, cashier's check, or cash for the exact fee. Original application must be submitted, copies will not be accepted.

-- MALT BEVERAGE AND/OR WINE - \$250.00 -- DISTILLED SPIRITS: \$250.00

APPLICANT: Licenseholder's Name (No initials; spell out all names)

Name _____ Phone _____
Home Address _____ Co _____ Cell Phone _____
City _____ State _____ Zip _____
Email Address _____

OWNER (S): (If corporation, list Corporate Name & Officers)

Name	Address	City/State/Zip	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS:

Name _____
Street Address _____
City _____ State _____ Zip _____
Mail Address _____ Phone _____
City _____ State _____ Zip _____

REGISTERED AGENT:

Name _____ Phone _____
Home Address _____ Co _____ Cell Phone _____
City _____ State _____ Zip _____
Email address _____

Has this place of business or anyone connected therewith been cited or charged at any time with any violation of state or federal law or regulation or any rule or regulation of the city or county within the past twelve (12) months?
 Yes No (If yes, give details on separate sheet.)

Has anyone (including employees) been convicted of driving under the influence within the past five (5) years?
 Yes No (If yes, give details on separate sheet.)

List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms, or corporations herein listed are interested in, employed by, or associated with in any way whatsoever. _____

OATH: I/We do solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. *Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within five (5) days of the change.* The failure to make such amendment shall be a cause for the suspension or revocation of any license issued. I/We have received a copy of the local alcoholic beverage regulations and understand that this copy is to be kept on the licensed premises at all times.

Signature of Applicant/Licenseholder

Signature of Owner if Not Applicant

Signature of Registered Agent

Sworn to and Subscribed before me this _____ day
of _____, 20_____.

Notary Public

SEAL