BRYAN COUNTY BOC ALCOHOL BEVERAGE LICENSE APPLICATION

Grope Grope

NON TRANSFERABLE
MUST BE SUBMITTED WITH ALL FEES AND DOCUMENTATION

ANSWER ALL QUESTIONS BELOW

APPLICANT INFORMATION (See requirements for who must obtain a license in Alcohol Ordinance Section 4-1-3) Applicant/Licensee must submit a completed Personal Statement of Facts Form and be fingerprinted Full Name of Licensee (No Initials): **Home Address:** City/State/Zip Code: Date of Birth: **Drivers License #:** Are you a resident of Bryan County? If yes, how long? No **Phone Number: Email:** If applicant is not a resident of Bryan County, a Registered Agent who is a resident must be provided. The Registered Agent Form must be completed by them and included with the application submittal. **BUSINESS INFORMATION Full Legal Name of Business:** Trade Name or DBA: **Physical Address:** City/State/Zip Code: **Mailing Address:** City/State/Zip Code:

www.bryancountyga.org

Parcel Number:

66 Captain Matthew Freeman Dr Suite 111 Richmond Hill, GA 31324 912-756-7962 / dmonaco@bryan-county.org

Phone Number:

51 North Courthouse Street
Pembroke, GA 31321
912-653-3839 / sfrantz@bryan-county.org

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OF ORGIN

NON TRANSFERABLE
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ANSWER ALL QUESTIONS BELOW

| Type of Business (Describe in "Other" if it does n | ot fit in those listed): | | | | | |
|--|--|--|--|--|--|--|
| Package Store Tavern Restaura | ant Grocery Convenience Store | | | | | |
| Other: | | | | | | |
| Type of Ownership: Individual Par | rtnership Corporation Non-Profit or Club | | | | | |
| If ownership is other than individual: List any partners, officers, members, and/or stockholders. Listed partners, officers, members, and/or stockholders must submit a completed Personal Statement of Facts form and be fingerprinted. Attach a copy of the applicable Partnership/Operating Agreement, Charter, or Articles of Incorporation and by-laws, including any amendments, to the application. | | | | | | |
| OWNERSHIP INFORMATION A Personal Statement of Facts form and fingerprint/background check are required for each person listed. If additional space is needed attach an additional page. | | | | | | |
| Name: | Title/Role: | | | | | |
| Name: | Title/Role: | | | | | |
| Name: | Title/Role: | | | | | |
| Name: | Title/Role: | | | | | |
| Name: | Title/Role: | | | | | |
| Is the property where the business is located owned by the business owner? | | | | | | |

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If no, a copy of the rent or lease agreement must be attached.

BRYAN COUNTY BOC ALCOHOL BEVERAGE LICENSE APPLICATION





ANSWER ALL QUESTIONS BELOW

| Type of License Rec | nuested (Check All | | | | | |
|--|-----------------------|----------------------------------|--------------------------|---|-------------------------|--|
| | • | That Apply): | Do also se s | Salas. | | |
| Consumption on Pr | remise: | | Package S | sales: | | |
| Beer and Wine | ()niv | , Wine and lled Spirits | | Wine and Malt Beverages Only Distilled Spirits | | |
| Other: | | | • | | | |
| Catering Perm | it Wholesald | Brewer, Brewpuk | Brewery, and os | Farm Winerie | s Micro Distillerie | |
| LOCATION | | | | | | |
| Beer, Wine, and Distill Business location must building, school groun | t be 100 yards from a | church, governm | | ment center, school bu | uilding, education | |
| Package Sales for Wine Business must meet m | | | O.C.G.A. 3-3-21(a |)(1)(B) and (C). | | |
| Package Sales for Disti Business must be 100 y grounds, or college car | ards from any churc | h buildings or 200 | yards from any s | school building, educa | tional building, school | |
| Is the location of yo Above? | ur business in com | pliance with the | e Bryan County | Alcohol Ordinance | as Stated | |
| Yes No | | | | | | |
| Licenses are issued s Ordinance adopted s | • | - | tions of | | | |
| ı, | | , do solemnly s | wear that SU | BSCRIBED AND SW | ORN BEFORE ME | |
| the facts and statem foregoing answers to sell alcoholic bevera | o questions in the | in the above an application as a | d ON dealer to | I THIS THE DAY | OF, 20 | |
| statement is made t license. | herein to procure | the granting of | such NC | TARY PUBLIC | | |
| | | | Му | Commission Expi | res: | |
| applicant's Signature | | Date | | | | |

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