

# BRYAN COUNTY BOC

## ALCOHOL BEVERAGE LICENSE APPLICATION

NON TRANSFERABLE

MUST BE SUBMITTED WITH ALL FEES AND DOCUMENTATION



ANSWER ALL QUESTIONS BELOW

### PERSONAL STATEMENT OF FACTS

Failure to make full disclosure in response to these questions may result in denial or subsequent revocation of the requested alcoholic beverage license.

Full Name (No Initials):

Home Address:

City/State/Zip Code:

Date of Birth:  Drivers License #:

Are you a resident of Bryan County?  Yes  No If yes, how long?

Phone Number:  Email:

Do you own property within Bryan County?  Yes  No

If yes, provide the following:

Parcel Number:

Street Address:

City/State/Zip Code:

Check Yes or No for the following and provide any required information.

Yes	No	Have you ever been convicted of, plead guilty to, or plead nolo contendere to any federal, state or local offense, whether a misdemeanor or felony involving (1) moral turpitude (2) alcoholic beverages, gambling, or tax law violations or (3) violations relating to the Georgia Controlled Substances act? Do not include minor traffic violations.
<input type="checkbox"/>	<input type="checkbox"/>	

If "yes", provide details to include charge, date, and location where charged:

[www.bryancountyga.org](http://www.bryancountyga.org)

66 Captain Matthew Freeman Dr  
Suite 111  
Richmond Hill, GA 31324  
912-756-7962 / [dmonaco@bryan-county.org](mailto:dmonaco@bryan-county.org)

51 North Courthouse Street  
Pembroke, GA 31321  
912-653-3839 / [sfrantz@bryan-county.org](mailto:sfrantz@bryan-county.org)

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ANSWER ALL QUESTIONS BELOW

Yes No

Have you ever been held in civil or criminal contempt by any federal, state or local court?

Have you been denied or had revoked any license to sell alcoholic beverages within the past five years?

Do you currently have any interest in any other alcoholic beverage business in Bryan County other than the business for which this application is being filed or any interest in a liquor distillery or wholesale distributorship regardless of its location?

If "yes", provide the business name and address including city/state/zip:

[Redacted area for business name and address]

Yes  No

Does any member of your immediate family have any interest in any other alcoholic beverage business in Bryan County other than the business for which this application is being filed or any interest in a liquor distillery or wholesale distributorship regardless of its location? (Immediate family shall include spouses, parents, children, brothers and sisters, related by blood or marriage)

If "yes", provide the family member's name, business name, and address including the city/state/zip:

[Redacted area for family member information]

I, \_\_\_\_\_, hereby swear or affirm the information disclosed in this statement is true and correct, and further provide that I have read and understand the Bryan County Alcohol Ordinance in its entirety. As the Licensee, Registered Agent, and/or Owner of the business I will abide by, observe and conduct this business according to the rules and regulations prescribed by the Ordinance.

I hereby authorize the Bryan County Board of Commissioners to receive any criminal history record pertaining to me which may be in the files of any state, federal or local criminal justice agency.

\_\_\_\_\_  
Applicant's Signature

Date

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

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