BRYAN COUNTY BOC ALCOHOL SALES PERMIT APPLICATION

CEORGI

NON TRANSFERABLE
MUST BE SUBMITTED WITH ALL FEES AND DOCUMENTATION

ANSWER ALL QUESTIONS BELOW

ADDITION TO A NOTICE OF THE ADDITION OF THE AD

(See	requirem	ents for w	ho must obtain a permit in Alco	hol Ordinance S	Section 4-1-9))					
Full	Name o	f Applic	ant (No Initials):								
Dat	e of Birtl	h:		Drivers Lice	nse #:						
Pho	ne Num	ber:		Email:							
Hoı	me Addr	ess:									
City	//State/Z	ip Code	:								
	me of em siness/R		nt Name):								
PE	RSON	AL S	TATEMENT OF F	FACTS							
Failure to make full disclosure in response to these questions may result in denial or subsequent revocation of he requested alcohol sales permit. An applicant who fails to provide truthful and correct responses concerning information of past arrests and convictions must wait 30 days to reapply. For purposes of this application, a guilty plea, plea of nolo contendere or forfeiture of a bond is considered a conviction.											
Y	'es	No	Have you been convicted of any felony under any federal, state or local law, within the past five years?								
ľ	f "yes", p	orovide	details to include charge,	date, and lo	cation whe	ere charge	I:				
`	Yes	No	Have you been convicted	l of any misc	lemeanor	within the	past year?	?			
ı	lf "yes",	provide	details to include charge,	date, and lo	cation wh	ere charge	d:				

www.bryancountyga.org

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

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PERSONAL STATEMENT OF FACTS CONTINUED

\	/es	No	more alcohol related con	driving under the influence or thro g but not limited to, public sumption of alcohol within the pa					
	lf "yes", p	orovide	details to include charge,	n where charged:					
,	Yes	No Have you been denied or had revoked an alcohol sales permit by any state or loc government due to an underage sales infraction in the past three (3) years?							
	If "yes",	provide	details to include charge	e, date, and locatio	n where denied or revoked:				
l, in this s	tatement is		hereby swear or affirm the info	ormation disclosed					
criminal		ord perta	County Board of Commissione ining to me which may be in the ce agency.	SUBSCRIBED AND SWORN BEF ON THIS THE DAY OF					
					NOTARY PUBLIC				
Applica	ant's Sign	nature	Date		My Commission Expires:				

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