

THE CITY OF CHATSWORTH, GEORGIA
2009 ALCOHOL BEVERAGE LICENSE(S) APPLICATION

____/____/____
DATE APPLICATION FILED

Name of Business

- New Application
- Renewal Application
- Change in existing license
 - Applicant/Designated Agent
 - Manager
 - Name
 - Owner
 - Location

Zoning classification of business
(May be obtained from City Zoning / Inspections office)

TYPE OF LICENSE APPLIED FOR (CHECK ALL THAT APPLY TO BUSINESS)

- Package Beer
- Pouring Beer
- Package Wine

THE LICENSE(S) ARE BEING APPLIED FOR:

- PACKAGE STORE
- RESTAURANT
- LOUNGE/CLUB/TAVERN/PUB

Sales Tax Number: _____ Federal Identification Number: _____

For Office Use Only

Business ID Number _____ Occupancy Load _____ Business CID Number _____

**APPLICANT APPLYING FOR LICENSE
THE CITY OF CHATSWORTH, GEORGIA
ALCOHOL BEVERAGE APPLICATION**

Please List The Applicant For The License. The Applicant May Be An Individual, Partnership, Corporation Or LLC.

Name of Applicant: _____

d/b/a: _____

Local Business Address: _____

Mailing Address: _____

E-Mail Address: _____

City: _____ State: _____ Zip: _____

Business Telephone (____) ____-____ Fax Number (____) ____-____

Contact Number (____) ____-____

IF APPLICANT IS AN INDIVIDUAL, PLEASE COMPLETE THE FOLLOWING:

- A. ARE YOU A CITIZEN OF THE UNITED STATES? PERMANENT RESIDENT ALIEN
- B. DO YOU RESIDE WITHIN THE CITY LIMITS OF THE CITY OF CHATSWORTH? YES NO
- C. ARE YOU A RESIDENT OF MURRAY COUNTY? YES NO
- D. HAVE YOU BEEN A RESIDENT OF THE CITY OF CHATSWORTH FOR THE PRECEEDING 12 MONTHS? YES NO

SIGNATURE OF APPLICANT

STATE OF GEORGIA, MURRAY COUNTY, CITY OF CHATSWORTH

I, _____, Applicant, do swear or affirm that the forgoing information is true and correct and I am aware that the filing of this application constitutes my giving of said information under oath and I do hereby acknowledge said oath under penalties of false swearing as provided in section 16-10-71 O.C.G.A.

Applicant's Signature

Date

**2009 CONSENT FORM
CITY OF CHATSWORTH, GEORGIA
ALCOHOL BEVERAGE APPLICATION**

I HEREBY AUTHORIZE THE CITY OF CHATSWORTH, AND ITS DEPARTMENTS AND COMMISSIONS TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUOUS UNTIL REVOKED IN WRITING BY ME.

Check the appropriate box:

- INDIVIDUAL OWNER
 PRINCIPAL STOCKHOLDER/MEMBER
 MANAGER
 PARTNER
 DESIGNATED AGENT
 SECURITY

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #
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SIGNATURE

NOTARY

DATE

DATE

CERTIFICATION
CITY OF CHATSWORTH, GEORGIA ALCOHOL BEVERAGE APPLICATION

Business Name

Address

Will begin business on _____
Date

OR

Is already in operation
and will begin the sale
of alcohol beverage on _____
Date

I certify that I have received and read the City of Chatsworth code of Ordinances Chapter 9 entitled Malt Beverage articles VI through X and that I understand the rules and regulations required by the City of Chatsworth; and a copy of Chapter 9 will remain on the premises.

Signature

Title

Date

SIGN OFF SHEET

- > This Is to Certify That I Have Received and Read the City of Chatsworth Code of Ordinances Chapter 9 Articles VI through X Entitled Malt Beverage.
- > This Is to Also to Certify That I Understand the Rules and Regulations Required by the City of Chatsworth to Include but Not Inclusive of the Following.

Closing & Vacation of Premises
Hours of Operations
Sales to Underage Persons

- > This Is to Cerify That I Understand That a Copy of this Chapter Shall Remain on the Premises of My Establishment Permanently.

Applicant/Designated Agent-Owner

Notary