

CITY OF BLAIRSVILLE ALCOHOL LICENSING

**BUILDING INSPECTION AND
SAFETY COMPLIANCE CONSENT FORM**

All applicants for an Alcoholic Beverage License must complete this form.

Name of Applicant: _____

Location Address: _____

City _____ State _____ Zip Code _____

Phone Number _____

Type of Business:

- | | |
|---|--|
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Farm Winery Tasting Room | <input type="checkbox"/> *Other |

* Please explain _____

The undersigned does hereby authorize the Union County Building Inspection Department to inspect the premises prior to final approval of an alcohol license, and submit its findings to the City of Blairsville.

Signature of Applicant

Date

Signed in the presence of:

Notary Public
My Commission Expires:

Date