

CITY OF BLAIRSVILLE ALCOHOL LICENSING

Post Office Box 307

Blairsville, GA 30514

Phone (706) 745-2000 ~ Fax (706) 745-7326

APPLICATION FOR WHOLESALE ALCHOLIC BEVERAGE LICENSE WITH PRINCIPLE PLACE OF BUSINESS OUTSIDE THE CITY OF BLAIRSVILLE

Name of individual making application:_____

Name of Business:_____

Mailing Address of Business:_____

City_____State_____Zip Code_____

Phone_____Alt. Phone_____Fax_____

Physical Address of Business (if different than mailing address):

City_____State_____Zip Code_____

Phone_____Alt. Phone_____Fax_____

PLEASE PROVIDE FOR COPYING BY THE CITY OF BLAIRSVILLE:

- A COPY OF YOUR STATE OF GEORGIA WHOLESALE ALCOHOL LICENSE;
- A COPY OF A VALID AND CURRENT WHOLESALE LICENSE FROM THE COUNTY OR CITY WHERE YOUR PRINCIPLE PLACE OF BUSINESS IS LOCATED
- YOUR OFFICIAL COMPANY ID;
- YOUR PHOTO ID (DRIVER'S LICENSE)

PLEASE PROVIDE CASH OR A CERTIFIED CHECK FOR \$100.00 MADE PAYABLE TO: CITY OF BLAIRSVILLE.

I hereby certify that I have read and am familiar with the Rules and Regulations relating to the sale of alcoholic beverages, as established in the Alcoholic Beverage Ordinance adopted by the City of Blairsville, Georgia. I further certify that the undersigned will conduct its business operations in compliance with the City of Blairsville's Alcoholic Beverage Ordinance.

Signature of Applicant

Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: