

CITY OF CAIRO
APPLICATION FOR RENEWAL OF ALCOHOLIC BEVERAGE LICENSE

INSTRUCTIONS: Every question must be fully answered and typewritten or printed in ink. If the space provided is not sufficient, answer the questions on a separate sheet and indicate in the space provided that such separate sheet is attached. When both sides are completed, the form must be dated, signed, and notarized, under oath by the applicant and filed with the City Clerk at City Hall, together with all supporting papers as required by City Ordinance

- | | | | |
|-------------|--------------------------|--|------------|
| | <input type="checkbox"/> | BEER, Retail Package | \$ 150.00 |
| CHECK | <input type="checkbox"/> | BEER, Retail Consumption on Premises | \$ 250.00 |
| APPROPRIATE | <input type="checkbox"/> | WINE, Retail Package | \$ 350.00 |
| BLOCK(S) | <input type="checkbox"/> | WINE, Retail Consumption on Premises | \$ 350.00 |
| | <input type="checkbox"/> | LIQUOR, Retail Package | \$4,000.00 |
| | <input type="checkbox"/> | LIQUOR, Retail Pouring | \$1,200.00 |
| | <input type="checkbox"/> | TASTING ROOM | \$1,200.00 |
| | <input type="checkbox"/> | WHOLESALE OF ALCOHOLIC BEVERAGES (No location in City) | \$ 100.00 |
| | <input type="checkbox"/> | MANUFACTURER OF ALCOHOLIC BEVERAGES: | |
| | <input type="checkbox"/> | Brewery - Produces 10,000 barrels or more annually, except brewpub | \$1,200.00 |
| | <input type="checkbox"/> | Winery | \$1,200.00 |
| | <input type="checkbox"/> | Distillery | \$1,200.00 |
| | <input type="checkbox"/> | BREW PUB, Manufacture up to 10,000 barrels annually. Sales to Wholesaler, Consumption on Premises, and Package Sales | \$1,500.00 |
| | <input type="checkbox"/> | BEER/WINE/LIQUOR, Consumption of Complimentary Alcohol on Premises of Art Shops, Art Galleries, Art Studios, Hair and Nail Salons, B&B's | \$ 250.00 |
| | <input type="checkbox"/> | ALCOHOL CATERING – PKG. STORE ____ CONSUMPTION ____ (Permit Required) | |

Date of Application: _____; Business Name/DBA _____

Business Location: (Street or road name and number): _____

Mailing Address (If different from location address): _____

Business Phone: _____; Fax No.: _____; Single Proprietor: ____ Partnership: ____ Corporation: ____

Full Name of Applicant: _____ Applicant's Cell # _____

Applicant's Legal Residence Address (Street or road name and number, city and state): _____

E-mail Address: _____

Name of Managing Agent: _____; Address: _____,

_____ (who is an individual that is at least twenty-one (21) years of age, is a U.S. citizen or an alien lawfully admitted for permanent residency, has day-to-day managerial authority over the business conducted on the licensed premises, including the sale of alcoholic beverages, and is employed full-time by the licensed business. This person may also be the applicant or owner.)

Name of Designated Agent: _____; Address: _____,

Cairo, GA Zip: _____; Phone #: _____ (who is a resident of the City of Cairo, appointed by a licensee who does not live in the City of Cairo, who shall be responsible for any matter relating to the license. This person may also be the managing agent, applicant, or owner, if that person is a resident of Cairo.) **Please have the designated agent sign here confirming that he/she is aware of his/her designation and approves of such:**

Designated Agent Signature: _____; Printed Name: _____

If this application requests the retail sale of liquor by the package, have all persons involved in this application as individuals, partners, or corporate officers and stockholders resided continuously within the State of Georgia during the twelve-month period preceding the date on which application is made? ____N/A ____YES ____NO.

Does applicant or any other parties who have an interest in this application have any outstanding taxes or special assessments that are delinquent or any other monies owing to the City of Cairo or the State of Georgia? _____ YES _____ NO

List the full name, Social Security number (last 4 digits) and other pertinent information for each person, firm, or corporation having any interest in the application and percentage of interest. (Attach exhibits if necessary):

Name:	Last Four Digits of SSN No.:	Resident Address:	% Interest:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all other businesses engaged in the sale of distilled spirits that any of the persons, firms, or corporations listed above have an interest in, are employed by, or are associated with in any way whatsoever:

Name:	Name of Business:	Business Type:
_____	_____	_____
_____	_____	_____

List the full name and address of the building and landowner(s) and the name and address of all lessors and sub-lessees:

Have you been arrested or convicted, entered a plea of nolo contendere, forfeited a bond, been fined, jailed or appealed from judgment, on any felony within the last ten (10) years: _____ YES _____ NO; or a misdemeanor within the last five (5) years _____ YES _____ NO. (If yes on either, please explain):

Name the manager of the business for which this application is filed and type of interest:

NAME:	ADDRESS:	TYPE INTEREST & AMOUNT:
_____	_____	_____

OATH: I (we) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in the application for a City License as a dealer in alcoholic beverage and/or liquors are true and complete and no false or fraudulent statement or answer is made herein to procure granting of license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for suspension or revocation of any license pursuant to this application.

Should any change occur during the year to cause a different answer to any question contained in this application, such change must be reported as an amendment to this application immediately. The failure to make such amendment shall be cause for the revocation of any license issued.

I hereby authorize the Cairo Police Department to receive any criminal history record information pertaining to me that may be in the files of any state or local criminal justice agency.

Full Name of Applicant (print):	Signature:	Date of Birth:
_____	_____	_____

Sworn to and subscribed before me
This _____ day of _____, 20_____

_____ Notary Public: Comm. Expires: _____

THIS PAGE FOR OFFICE USE ONLY – NOT TO BE COMPLETED BY APPLICANT

NAME/ADDRESS OF BUSINESS:

PHONE NO.

_____ **E-mail Address:** _____

BUILDING INSPECTOR:

Approved: _____ Not Approved: _____ Date: _____

Reason (If not Approved): _____

Recommendation for Compliance:

Investigator's Signature: _____

FIRE DEPARTMENT:

Approved: _____ Not Approved: _____ Date: _____

Reason (If not Approved): _____

Recommendation for Compliance:

Investigator's Signature: _____

POLICE DEPARTMENT:

Approved: _____ Not Approved: _____ Date: _____

Reason (If not Approved): _____

Recommendation for Compliance:

Investigator's Signature: _____