



City of Fairmount

PO Box 705, Fairmount, GA 30139

706-337-5306 / 706-337-4676

PACKAGE RETAIL

BEER AND WINE LICENSE RENEWAL APPLICATION

1. Name of Business _____
2. Name of Business Owner _____
3. Location of Business _____
4. Mailing Address _____
5. Business Telephone # _____
6. Type of Business (retail sales, etc.) _____

BEER AND WINE FEE

- ☐ BEER ONLY ----- \$ 800.00
- ☐ WINE ONLY ----- \$1,000.00
- ☐ BEER & WINE ----- \$1,750.00

Signature of Business Owner

Name of Business

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

Notary Public
My Commission Expires _____
(Notary Seal must be affixed hereto)



City of Fairmount

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APPLICANT INFORMATION

Applicant's Name: _____

Applicant's Current Address: _____

Applicant's Phone # _____

Applicant's Date of Birth: _____

Name & Address of Business: _____

Business Phone# _____ Emergency Phone _____

Type of License applied for: Beer ____ Wine ____ Beer & Wine _____

Store Owner's Name: _____

Store Owner's Address: _____

Store Owner's Phone # _____

Have you been a resident of Gordon County for a period of two years?

Yes ____ or No ____

Will you or a manager reside in Gordon County while you are responsible for the management and operation of the business for which the license is requested:

Yes ____ or No ____, If yes, give the address of your Gordon County residence:

Please Be Advised:

It is the responsibility of the applicant to read and understand the City of Fairmount's Alcoholic Beverages Ordinance. By signing below, you acknowledge that a violation of any of the regulations and ordinances of the City of Fairmount, or a violation of any law or regulation of the State of Georgia, pertaining to alcohol, shall subject the license to suspension or revocation.

I understand I am bound by the terms of the Fairmount Alcoholic Beverage Ordinance as amended and that my license must be renewed annually.

Signature of Applicant: _____



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CONSENT FORM

I hereby authorize, City of Fairmount, Georgia to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Address

City

State

Zip Code

Sex

Race

DOB

SSN

Signature

Date

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

Notary Public

My Commission Expires _____

(Notary Seal must be affixed hereto)