



CONSUMPTION/POURING RENEWAL APPLICATION  
MALT BEVERAGE(BEER), WINE, & DISTILLED SPIRITS

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

(Circle the one that applies to you)

Malt (beer) & Wine Pouring \$1,000.00

Malt (beer), Wine & Distilled Spirits Pouring \$2,500.00

\_\_\_\_\_  
Signature of Business Owner & print name

\_\_\_\_\_  
Signature of Resident Manager & print name

Sworn to and subscribed before me, this the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

## APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

\_\_\_\_\_

Applicant's Home Phone # \_\_\_\_\_

Name & Address of Business: \_\_\_\_\_

\_\_\_\_\_

Business Phone# \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Type of License applied for: Malt & Wine \_\_\_\_ Malt, Wine & Distilled Spirits \_\_\_\_

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:

\_\_\_\_\_

## 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.

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Full Name Printed

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Address

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City

State

Zip Code

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Sex

Race

DOB

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SSN

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Signature

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Notary

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Date

SEAL