City of Dublin

ALCOHOL BEVERAGE APPLICATION PROCEDURES/AFFIDAVIT

☐ New ☐ Renewal

☐ Restaurant ☐ Hotel-Motel/Lounge ☐ Nightclub ☐ Private Club

☐ Change of Management/Local Agent ☐ Liquor, Consumption on Premises ☐ Liquor Pkg. To Go

☐ Transfer – Ownership ☐ Wine C.O.P. ☐ Wine Pkg. To Go

☐ Transfer – Location ☐ Beer C.O.P. ☐ Beer Pkg. To Go

_____ _____ _____

NAME OF BUSINESS AND/OR CORPORATION BUSINESS ADDRESS BUSINESS PHONE

DBA_____

_____ _____ _____

NAME OF APPLICANT AND/OR OWNER HOME ADDRESS HOME PHONE

_____ _____ _____

SOCIAL SECURITY NUMBER DATE OF BIRTH COUNTY RES?

APPLICANT INFORMATION

_____ 1. Appropriate State application and personnel statement.
_____ 2. Attached signed beverage bonds.
_____ 3. Current photograph of applicant.
_____ 4. Fingerprints of applicant/officer(s) and/or partners.
_____ 5. Clearance letter from City Court of Dublin, Georgia.

LOCATION INFORMATION

_____ 6. Affidavit of City Engineer.
_____ 7. Proof of Zoning approval and compliance.
_____ 8. Legal or lease description of property.
_____ 9. Affidavit of newspaper advertising.
_____ 10. A limited inspection of the structure located at _____ has been performed and the structure appears/does not appear to be in a reasonably suitable condition for occupancy.

_____
Inspection Dept.

_____ 11. The Fire Department has inspected the above location and hereby approves it for use as a _____.

_____
Chief of Fire Dept.

_____ 12. Items 1-11 completed and returned to City.

NOTE Application for transfer of ownership and/or management should complete items 1-7.
Application for transfer of location should complete items 6-12.

_____ 13. Applicant/Officer or Agent wishes to apply for Sunday Alcohol Sales.
_____ 14. CPA verification which complies with City Ordinance Chapter 4 Section 14.1 (a).

I have this day received this application for issuance of said license upon receipt of proper fees of $_____.

Before me the undersigned attesting authority in and for said State and County, came the undersigned deponent, who being duly sworn deposes and says on oath that the information within this application and affidavit is true and correct and will comply with all city ordinances and state laws.

_____
Signature of Applicant/Officer/Loca1 Agent Date

Sworn to and subscribed before me
This _____day of _____, 2016

_____
Notary Public

OFFICIAL USE ONLY

The application of _____is completed and the Chief of Police finds that no disqualifying items are present and is approved by the Dublin Police Department.

_____
Chief of Police

_____
City Clerk Date