





**City of Peachtree City**  
 151 Willowbend Road  
 Peachtree City, GA 30269  
 Phone: 770-487-7657  
 Fax: 770-631-2505  
[PeachtreeCityGA.gov](http://PeachtreeCityGA.gov)

**Office of the City Clerk**

**Application for Alcoholic Beverage License**

<b>Business Name:</b>	<b>Business Location:</b>	<b>Number of Serving Bars:</b>
<b>Nature of Business:</b>	<b>Mailing Address:</b>	<b>Business Phone Number:</b>
<b>Name of Licensee:</b>	<b>Home Address:</b>	<b>Home/Cell Phone Number:</b>
<b>Name of License Representative:</b>	<b>Home Address:</b>	<b>Home/Cell Phone Number:</b>

**Type of License:**

Retail Consumption Dealer		Retail Package Dealer		Wholesale Dealer		Manufacturer	
Malt Beverage		Malt Beverage		Malt Beverage		Malt Beverage	
Wine		Wine		Wine		Wine	
Distilled Spirits		Distilled Spirits		Distilled Spirits		Distilled Spirits	
Sunday Sales		Holidays					

**Please complete information below (use separate sheet if necessary):**

<b>Name:</b>	<b>Address:</b>	<b>Phone Numbers:</b>
Individual Owner's Name, Partners' Names, Corporation Name, and name of Contact Person regarding License Changes, Taxes, etc.	Please provide Home Addresses for the individuals listed	Please provide Home and Business Phone Numbers for individuals listed

**Contact Person:**

**E-mail Addresses for License Applicant(s):**

**Is any person who owns an interest in the Alcohol License an employee of the City of Peachtree City? YES/NO**  
 If YES, please provide name of employee: \_\_\_\_\_



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AFFIDAVIT AND CRIMINAL HISTORY CONSENT FORM FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION

I, \_\_\_\_\_ (PRINT FULL NAME), swear that I am at least 21 years of age and am competent to provide this affidavit.

My address is: \_\_\_\_\_. I have resided at this address for: \_\_\_\_\_ years and \_\_\_\_\_ months. My previous addresses for the last 10 years are as follows:

\_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #/State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

I have / have not (circle one), within 5 years prior to this application, been convicted of (nor entered a plea of nolo contendere to) any felony or misdemeanor relating to the sale/use of alcoholic beverages or illegal drugs.

I have / have not ever (circle one) been ever arrested for a crime. If so, details below and the disposition of the arrest are listed below. I understand that failure to disclose any arrest (including DUI's) may result in denial of the application.

\_\_\_\_\_

(Attach a separate sheet if necessary.)

I have / have not ever (circle one) had beneficial interest in any other alcoholic beverage business in this or any other state in which the alcohol license was denied, revoked or other disciplinary action taken. (Beneficial interest means when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives any economic benefit from, or has control over a business.) If so, please describe in detail. (Attach a separate sheet if necessary)

\_\_\_\_\_

I am / am not (circle one) the applicant for license representative. If so, I swear that I am a manager of the business and a resident of the State of Georgia.

I have read the Peachtree City Ordinance regarding the sale of alcoholic beverages and I understand and will comply with the rules and regulations. I hereby authorize the PEACHTREE CITY POLICE DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency. I solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for city license for sale of alcoholic beverages are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

SIGNATURE OF APPLICANT

I do hereby certify that the applicant signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and under oath actually administered to me, has sworn that said statements and answers are true.

NOTARY PUBLIC: \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_