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ATT-14 (Rev.1/13)



1328504012



Georgia Department of Revenue
Alcohol and Tobacco Division
Telephone: (404) 417-4900
E-mail: ATDIV@dor.ga.gov

CERTIFICATE OF RESIDENCE FOR RETAIL LICENSE APPLICANTS ONLY

Submit online at <https://gtc.dor.ga.gov>

STATE OF GEORGIA, _____ COUNTY:

I, _____, Judge of the Probate Court for

_____ County, Georgia, hereby certify that

_____ is now, and has been a bona fide resident of the

State of Georgia for one year and the County of _____

for one year immediately preceding the date of this affidavit, based upon the affidavit of applicant,

and the evidence submitted therewith.

I further certify that _____ is a resident of

a municipality or a county wherein the sale of distilled spirits is authorized.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Probate

Court, this ____ day of _____, 20 ____ .

JUDGE OF THE PROBATE COURT

(AFFIX SEAL) COUNTY, GEORGIA
