

CITY OF EAST DUBLIN _____ (Year) LICENSE APPLICATION

New Location Change of License Renewal
 Transfer of License Packaged Beer Packaged Wine
 Liquor Beer & Wine (Consumption on Premises)

Licensee or Registered Agents Full Name:

(Last, First, Initial) Please Print

Social Security Number _____

Home Phone Number _____

Business Name _____

Business Location _____
(Street Address) (City/State/Zip)

Mailing Address _____

Business Phone _____

Federal Employer ID Number _____

Georgia Sales Tax Number _____

State Withholding Number _____

Type of Business: Package Store Liquor Store
 Grocery Store Other
 Single Proprietor

Type of Ownership: Partnership or Associate Corporation

If Corp. (Name of Corp.) _____

I, _____, applicant, do 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 a city license are true, and no false or fraudulent statements or answers are made herein to procure the granting of such license.

Applicant Signature