



**CITY OF DUBLIN
ALCOHOL APPLICATION
P.O. BOX 690
DUBLIN, GA 31040
(478) 277-5016**

Applicant _____ **Date** _____

("Applicant" is the individual or corporation in whose name the license is to be issued)

Type of License:

- Retail
- Consumption on Premises
- Wholesaler
- Caterer's License (Must have a retail or consumption on premises license for the type of alcohol being catered)

Alcohol Sold: (Check all that apply)

- Beer
- Wine
- Liquor

Type of Business:

- Restaurant Bar/Lounge Convenience Store
- Grocery Store Brewery Package/Liquor Store
- Other: _____

Sunday Sales: For qualified businesses, are you going to be selling alcohol beverage on Sunday? Yes No

If eating establishment, do you derive at least 50 percent of your total gross sales from the sale of prepared means or food? Yes
 No

Check One: Partnership _____ Corporation _____ LLC _____ Sole Owner _____

Corporation/Owner Address _____ Phone _____

City _____ State _____ Zip _____

Federal ID _____ Sales Tax Number _____ NAICS Number _____

Name of Owner(s)/Officer(s)	Title	S.S. No. and D.O.B.	Residence Address	City, State	Zip Code	Contact Nbr.

**please list on separate sheet if needed and attach to application

****CERTIFICATION**** I certify that the foregoing information is true and correct. I understand that falsification of any part of this application may cause penalty, denial, or closure of business.

Applicant Signature

Date



REGISTERED AGENT

Registered Agent: Name of person to be registered agent. Must be a resident of Laurens County.

Registered Agent _____

Address _____ Phone _____

City _____ State _____ Zip _____

Are you a Laurens County Resident? ()Yes () No

Business Name _____

Address _____ City _____ State _____ Zip _____

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverages Sales ordinance of the City of Dublin, GA. I understand the basic purpose is to have and continuously maintain in the city a Registered Agent upon which any process, notice, or demand required or permitted by law or under said ordinance to be served upon the licensee or owner may be served. I understand the Registered Agent must be a resident of Laurens County.

This _____ day of _____, 20 _____.

Signature of Registered Agent

Printed Name of Registered Agent

Registered Agent's Address

Registered Agent's Phone Number

Sworn to and subscribed before me this _____

Day of _____, 20 _____.

Notary Public

APPROVED:

SOLE OWNER/PARTNER

OFFICER OR DIRECTOR (TITLE)

As owner, partner, officer, and/or director, I understand it's my responsibility to inform the City of Dublin, GA once the above registered agent is no longer employed at the designated location immediately. _____ Please initial.



FOR OFFICIAL USE ONLY

Total Amount Due _____ Payment Date _____

Approval:	Approve	Denied
Applicant		
Registered Agent		
Sunday Sales		
Alcohol Approval		
Inspection Approval		
Fire Chief Approval		
Police Chief Approval		
Distance Approval Engineering		

CITY OF DUBLIN OFFICIAL USE ONLY

Lease/Copy of Plat _____

SAVE/E-Verify _____

Local Cash Bond _____
(if required)

Health/Food Service Permit _____

Occupational Tax _____

Dept. of Ag. _____
(if required)

S.O.S. Registration _____

State License _____

Comments:
