



3. \_\_\_\_\_ FROM / TO \_\_\_\_\_

9. CORPORATION (IF APPLICABLE): DATE CHARTERED: \_\_\_\_\_ WHERE \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

10. LIST EACH OWNER, PRINCIPAL STOCKHOLDER, (OWNER OF 20% OR MORE STOCK OF THE CORPORATION), GENERAL PARTNER OR LIMITED PARTNERS.

1. NAME: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

3. NAME: \_\_\_\_\_

4. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

11. A. HAS OWNER OR APPLICANT PREVIOUSLY HELD A LICENSE TO SELL ALCOHOLIC BEVERAGES:

( ) YES ( ) NO

B. IF YES, HAS ANY OWNER OR APPLICANT BEEN CHARGED WITH A VIOLATION ON ANY LAW, REGULATION, OR ORDINANCE RELATING TO SUCH BUSINESS, OR HAD THE ALCOHOLIC BEVERAGE LICENSE BEEN SUSPENDED OR REVOKED. ( ) YES ( ) NO

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

12. HAS THE OWNER, APPLICANT OR AN EMPLOYEE OF THE BUSINESS EVER BEEN CONVICTED, PLEAD GUILTY OR ENTERED A PLEA OF NOLO CONTENDERE FOR ANY FELONY, MISDEMEANOR, OR VIOLATION OF ANY ORDINANCE (EXCEPT MINOR TRAFFIC VIOLATIONS): ( ) YES ( ) NO

IF YES, EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

13. A. NAME AND ADDRESS OF THE OWNER OF THE PROPERTY WHERE THE BUSINESS WILL BE CONDUCTED:

NAME ADDRESS CITY STATE ZIP PHONE

B. IF LEASED, LIST AMOUNT OF MONTHLY RENT: \$ \_\_\_\_\_.

14. IF APPLYING FOR LIVE ENTERTAINMENT, DESCRIBE ENTERTAINMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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15. IF A FULL SERVICE RESTAURANT, ARE YOU REQUESTING SUNDAY SALES? ( ) YES ( ) NO  
IF YES, STATE GROSS REVENUE FROM FOOD AND ALCOHOL SALES FOR THE PREVIOUS 12 MONTHS.  
FOOD \$ \_\_\_\_\_ ALCOHOL \$ \_\_\_\_\_

**THE UNDERSIGNED HEREBY CERTIFIES THAT HE / SHE IS THE**

\_\_\_\_\_ OF \_\_\_\_\_  
MANAGER / OWNER NAME OF BUSINESS

**AND AUTHORIZED TO SIGN THIS APPLICATION,  
THE UNDERSIGNED FURTHER CERTIFIES THAT  
HE / SHE UNDERSTANDS THAT**

**ANY LICENSE ISSUED SHALL COVER THE PERIOD OF ONE YEAR COMMENCING THE 1<sup>ST</sup>. DAY OF JANUARY AND EXPIRING DECEMBER 31, AND THAT NO LICENSE SHALL BE ASSIGNABLE OR TRANSFERABLE, NOR SHALL THE HOLDER THERE OF BE ENTITLED TO A REBATE OF THE LICENSE FEE OR ANY PORTION THEREOF BY REASON OF REVOCATION OF SAID LICENSE FOR ANY REASON.**

**I SOLEMNLY SWEAR THAT THE FACTS STATED IN THE ABOVE AND FOREGOING APPLICATION FOR A LICENSE IN THE CITY OF BLYTHE, GEORGIA, ARE TRUE AND CORRECT AND I SHALL BE HELD LIABLE FOR ANY OMISSION, FALSE STATEMENT OR REPRESENTATION MADE IN CONNECTION WITH THIS APPLICATION.**

**APPLICANT'S SIGNATURE: X** \_\_\_\_\_

NOTARY PUBLIC:

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY SEAL:

**OFFICE USE ONLY:**

1. AFTER REVIEWING THIS APPLICATION, I FIND THAT IT  
( ) DOES MEET THE CRITERIA  
( ) DOES NOT MEET THE CRITERIA (SEE ATTACHED LETTER)  
TO HOLD AN ALCOHOLIC BEVERAGE LICENSE WITH THE CITY OF BLYTHE

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_  
CHIEF OF POLICE

2. PUBLIC SAFETY APPROVAL ( ) YES ( ) NO

3. APPROVAL BY CITY COUNCIL OF BLYTHE ( ) YES ( ) NO

DATE: \_\_\_\_\_ BY \_\_\_\_\_

**NOTE: APPLICANT AND ADDITIONAL MANAGERS MUST ATTACH SIGNED  
AND NOTARIZED CONSENT FORMS TO THE APPLICATION**

**\*\*\* MUST ATTACH A PICTURE OF THE APPLICANT(S)\*\*\***

“No applicant with the City of Blythe shall, on the ground of race, color, national origin, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity of the City.”

Doc. Application for Alcoholic Beverage License.doc Microsoft Office  
Rev 12/2013