



City of Camilla – P.O. Box 328 – Camilla, Georgia 31730
Phone: (229) 336-2207

2016 APPLICATION

- BEER LICENSE
- RENEWAL

Select One:

- BEER TO CARRY OUT
- BEER ON PREMISES

PREVIOUS YEAR LICENSE #: _____

LICENSE COST: **\$550.00**

A copy of your Driver's License/Valid Picture Identification and a copy of your Birth Certificate and/or Citizenship Papers will need to be presented before your application can be accepted.

- PLEASE PRINT
1. **NAME OF BUSINESS:** _____
D/B/A [if applicable]: _____
BUSINESS PHYSICAL ADDRESS: _____

TAX ID NUMBER: _____
BUSINESS TELEPHONE: _____
 2. **OWNER OF BUSINESS:** _____
OWNER'S HOME ADDRESS: _____

TELEPHONE NUMBER: _____
OWNER'S SOCIAL SECURITY NUMBER: _____
 3. **MANAGER OF BUSINESS:** _____
MANAGER'S ADDRESS: _____

TELEPHONE NUMBER: _____
MANAGER'S SOCIAL SECURITY NUMBER: _____
 4. **ALARM COMPANY NAME:** _____
ALARM COMPANY ADDRESS: _____
TELEPHONE NUMBER: _____

HAVE YOU EVER HAD A BEER LICENSE DENIED OR REVOKED? YES NO

Applicant Signature

Date

FOR NEW APPLICATIONS: ALL MANAGERS MUST BE APPROVED BY THE CITY COUNCIL.
FOR RENEWAL APPLICATIONS: ANY NEW MANAGER MUST HAVE A BACKGROUND CHECK CONDUCTED and CITY COUNCIL APPROVAL WILL BE REQUIRED.

This application form will be submitted to the City Council for approval consideration and must be properly completed in its entirety and signed.



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Phone: (229) 336-2207

2016 APPLICATION

WINE LICENSE

RENEWAL

Select One:

WINE TO CARRY OUT

WINE ON PREMISES

PREVIOUS YEAR LICENSE #: _____

LICENSE COST: **\$800.00**

A copy of your Driver's License/Valid Picture Identification and a copy of your Birth Certificate and/or Citizenship Papers will need to be presented before your application can be accepted.

1. **NAME OF BUSINESS:** _____

PLEASE PRINT D/B/A [if applicable]: _____

BUSINESS PHYSICAL ADDRESS: _____

TAX ID NUMBER: _____

BUSINESS TELEPHONE: _____

2. **OWNER OF BUSINESS:** _____

OWNER'S HOME ADDRESS: _____

TELEPHONE NUMBER: _____

OWNER'S SOCIAL SECURITY NUMBER: _____

3. **MANAGER OF BUSINESS:** _____

MANAGER'S ADDRESS: _____

TELEPHONE NUMBER: _____

MANAGER'S SOCIAL SECURITY NUMBER: _____

4. **ALARM COMPANY NAME:** _____

ALARM COMPANY ADDRESS: _____

TELEPHONE NUMBER: _____

HAVE YOU EVER HAD A WINE LICENSE DENIED OR REVOKED? YES NO

Applicant Signature

Date

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