

2017 APPLICATION GORDON COUNTY
MALT BEVERAGE, WINE AND LIQUOR LICENSE

1. Business is: _____ Sole Proprietorship
_____ Corporation
_____ Private Club (check one) ___ Non-Profit ___ For Profit
_____ Partnership

1 a. Name of owner(s) _____ Date of birth _____
Sole proprietorship _____
Corporation (list of officers) AMIR AHMAD _____
Partnership (list partners) _____
Private Club (list officers) _____

1. b. Name of applicant: AMIR AHMAD Date of birth 01-01-1970

2. Name of corporation (if a corporation): ARIBA AND AYYAN INC

3. Address: 3434 HWY 411 RANGER GA 30734 Phone # 706 334 2207

4. How long a resident of Gordon County 5 years

5. Name of business: RALSTONS CORNER Phone # 706-334-2207

Type of application: _____ (beer, wine, alcohol, consumption, package)

6. Location of business MALT BEVERAGE, And WINE

7. Description of premises (convenience store, etc.) CONVENIENCE STORE WITH GASOLINE

8. Has the applicant or any interested person made a previous application for a license in Gordon County
() Yes (✓) No
If yes: Where _____ When _____ approved or rejected _____

9. Has applicant or any person with any interest in the application ever been convicted of a crime other than traffic violation () Yes (✓) No
If yes: What crime _____ When _____ Where _____

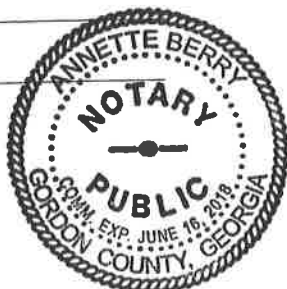
10. Name and address of all persons (other than applicant) who have a direct or indirect interest in the profits or losses of the business NONE

Submitted this 7 day of Nov 20 17 Print Applicant's Name Amir Ahmad

Amir Ahmad
Signature of Applicant

Sworn to and subscribed before me this 7 day
of Nov 20 17

Annette Berry
Notary Public
My Commission expires: _____



(Notary Seal)