

**2023 RENEWAL APPLICATION FOR 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)
Sole proprietorship _____ Date of birth _____

Corporation (list of officers) _____
Partnership (list partners) _____
Private Club (list officers) _____

1. b. Name of applicant : _____ Date of birth _____

2. Name of corporation (if a corporation): _____

3. Address: _____ Phone # _____

4. How long a resident of Gordon County _____

5. Name of business: _____ Phone # _____

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

6. Location of business _____

7. Description of premises (convenience store, etc.) _____

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 _____

Submitted this _____ day of _____ 20____

Print Applicant's Name _____

Signature of Applicant

Sworn to and subscribed before me this _____ day
of _____ 20____

Notary Public
My Commission expires: _____

(Notary Seal)

CERTIFICATION

Notice is hereby given that _____ has no
(Name of applicant)
delinquent taxes owed to Gordon County against any real or personal
property pertaining to the following location where the proposed
business is to be located: _____

In addition, there are no delinquent taxes owed to Gordon County by

(applicant, owner, or party of interest in the business for
which application is made)

By: _____
(Gordon County Tax Commissioner's Office)

Date: _____

Applicant:

Take this form to the Tax Commissioner's Office and bring back to the County Clerk

CONSENT FORM FOR CRIMINAL HISTORY

I HEREBY AUTHORIZE GORDON COUNTY TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY FEDERAL, STATE, OR LOCAL CRIMINAL JUSTICE AGENCY.

THE FEE FOR THIS SERVICE IS INCLUDED IN THE LICENSE APPLICATION FEE FOR MALT BEVERAGE/WINE/ALCOHOL COLLECTED BY THE GORDON COUNTY ADMINISTRATION DEPARTMENT.

**FULL NAME
PRINTED** _____

**STREET
ADDRESS** _____

**CITY/STATE/ZIP
CODE** _____

_____	_____	_____	_____
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

SIGNATURE _____

Sworn to and subscribed before me this _____ **day of** _____ **20** _____

Notary Public

My Commission Expires

Applicant:

Take this form to the Sheriff's Office in Resaca at the Jail and Sheriff's Office Building bring back to the County Clerk's office with the report