



APPLICATION FOR WINE PERMIT

DATE: _____

By the package: _____
Served on premises: _____ (Tavern/Bar)
Served on premises: _____ (Restaurant)

I, _____, being a person of good moral character, hereby make application for a permit to engage in the sale of wine at retail in the City of Winder, Georgia.

Name of business: _____

Business address: _____

Mailing address (if different from above): _____

Current home address: _____

Business Phone #: _____ Home Phone #: _____ Cell Phone #: _____

Date of birth: _____ SS #: _____ Georgia DL #: _____
(Copy of license required)

E-Mail Address: _____ Web Address: _____

Georgia Sales Tax #: _____ (Copy of Certificate Required)

What is the distance from this business to the nearest: (Attach Surveyor Statement)

- A. School Ground _____ Name of School _____
Street Address _____
- B. Funeral Chapel _____ Name of Chapel _____
Street Address _____
- C. Church Ground _____ Name of Church _____
Street Address _____
- D. Alcohol Treatment Center _____ Name of Center _____
Street Address _____
- E. Housing Authority Property _____ Name of Area _____
Street Address _____

I have never been convicted of a felony or maintaining a house of prostitution and have not been convicted within five years of the date of this application of a violation of the laws of this state or any other state, relating to the sale of alcoholic beverages.

I have not had revoked, for cause, within three (3) years next preceding this application, any permit issued to me by the City of Winder, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

I am the owner of the premises for which the permit is requested or the holder of any lease thereon.

I shall be active in, and solely responsible for the management and operation of the business for which the permit is requested.

I understand that a violation of any of the regulations of the City of Winder, or a violation of any law or regulations of the State of Georgia, pertaining to the sale of malt beverages, shall subject to my permit to immediate revocation, and that permit may be revoked at the discretion of the City Council, or the City of Winder Police Department.

I understand that the above information will be checked by the City of Winder and further authorize to have my driving and criminal records file checked.

Signature of applicant: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, _____(year).

Notary Public: _____

I recommend this application be: Approved _____ Rejected _____

Chief of Police: _____ Date: _____