

Cherokee County Development Service Center 1130 Bluffs Parkway, Canton Georgia 30114 Phone 770-721-7810 Website: www.cherokeega.com E-mail: dsc@cherokeega.com

## Application for Alcoholic Beverage License Renewal

Renewal applications are due on or before November 30<sup>th</sup>. Applications received after November 30<sup>th</sup> will be subject to a 10 percent penalty fee. Renewal forms will not be processed after December 31<sup>st</sup>. Any changes in ownership, licensee or address must be submitted in person to the Development Service Center.

Please check all that apply:	
🗆 Beer \$1,000.00	
□ Wine \$1,000.00	
Liquor (consumption on premise) \$5,000.00	
Distilled spirits package store \$5,000.00	TOTAL FEES DUE
🗆 Sunday sales retail \$250.00	\$
Sunday sales on premise \$500.00	
🗆 Farm winery \$750.00	
□ Ancillary wine \$100.00	

## **Section 1: Business Information**

Business Name	License #						
Address	City	State	_Zip Code				
Business Phone #	Business Email Address						
Sales Tax # FEIN #	FEIN # E-Verify #						
PAGE 1 OF 3							
Section 2: Licensee Information (Please make sure to include a new consent form)							
Licensee Full Name							
Home Address	City	State	_Zip Code				
Phone # E	Email Address						

During the previous twelve months have you, or any other person having interest in the business for which this application has been made, ever been detained, arrested, indicted or convicted for any offence by any state, county, city or any other government authority? YES NO								
If yes, give full details (if nessessary attach additional sheets)								
Does the licensee, corporation, owner, or any other partner have any interest in, or control over any other alcoholic beverage business in the State of Georgia? YES NO								

Section 3: Alcohol Managers (Only applies to on premise consumption) Please list all alcohol managers below, current or new. If you are adding a new alcohol manager, please remember that they will need to complete a manager application and consent form. (If more than the space provided, please attach a separate sheet.)

1	Expiration Date
2	Expiration Date
3	Expiration Date
4	Expiration Date
5	Expiration Date
6	Expiration Date
7	Expiration Date
8	Expiration Date
9	Expiration Date
10	Expiration Date

## Section 4: Authorized Signature

I declare under penalty of false swearing that this application has been examined by me, and to the best of my knowledge and belief is true, correct and complete and all information previously provided is still true and correct.

LICENSEE NAME			DATE				
LICENSEE SIGNATURE							
THIS	_ DAY OF	_, 20					
			:	SEAL NOTARY			

PUBLIC'S SIGNATURE