

1130 Bluffs Parkway Canton, GA 30114 P 770-721-7810

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N	CHEROKEE COUNTY LICENSEE - ALCOHOLIC BEVERAGE												
BUSINESS INFORMATION	Incomplete applications will not be accepted. If additional space is re								quired, please attach a sheet to the application.				
	Business name							Ald	Alcoholic Beverage License #				
	Address							Jo	Job title				
	City								Store #				
SINE	State						Zip		Phone #				
BU	Business e-mail address												
APPLICANT'S INFORMATION	Licensee-Last name							First name					
	Middle name						Maide	aiden name					
	DOB	U. S	J. S Citizen Yes N			lo	Alien Registration #						
	Port of Entry and date								If Naturalized, when			hen	
	Place of birth						9		Count			/	
	Home address										City		
	State	Zip	Home Phone #						Cell #				
	How long have you been a resident of the State of Georgia?												
	e-mail address												
LICA	Please provide all convictions in the last five years,												
АРР	Date of offense Place of off			ense			Туре					Disposition	
AUTHORIZED SIGNATURE	I solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the questions in this application for a Cherokee County Alcoholic Beverage Licensee as a dealer in												
	alcoholic beverages, are true, and no false or fraudulent statement or answer is made therein to procure the granting of this permit.												
	APPLICANT'S NAME(Please print )							DATE					
	APPLICANT'S SIGNATURE												
RIZE													
ТНО	THIS DAY OF							_, 20					
AU								SEAL					
	NOTARY PUBLIC'S SIGNATURE						•						