COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government

0101-099-1999-4204

FINANCE DEPARTMENT

REVENUE DIVISION - Occupation Tax Section

3111 Citizens Way, Columbus, GA 31906
P.O. Box 1397 Columbus, Georgia 31902-1397
706-225-4100, Option 1

Amount Validated: $_____

SIGN AND SURVEY AUTHORIZATION FOR A NEW ALCOHOLIC BEVERAGE LICENSE

I hereby authorize the Columbus Consolidated Government to erect a sign and perform an alcoholic beverage survey on the below stated location and understand that all associated fees are non-refundable.

Business Name: _____

Street Address: _____

Type of License Applied for: (Check all that apply)

☐ Beer (On Premises) ☐ Beer (Off Premises)

☐ Wine (On Premises) ☐ Wine (Off Premises)

☐ Mixed Drinks (On Premises ☐ Liquor (Off Premises)

Type of Business to be Conducted: (Check one type only)

On-Premises:

☐ Restaurant ☐ Night Club ☐ Multi-Purpose Facility ☐ Dinner Theatre

☐ Bar/Pub ☐ Bowling Center ☐ Municipal Golf Course ☐ Private Dog Park

☐ Hotel/Motel ☐ Adult Oriented ☐ Municipal Sports Facility ☐ Non-Profit Org./Private Club

☐ Multi-Purpose Theater ☐ Small Multi-Purpose Theatre ☐ Senior Living Facility ☐ Bottleshop

☐ *Non-Alcohol Retail Establishment _____
*(Please write in Dominant Line of Business Activity)

☐ **Designated Beverage Concessionaire _____
**(Please write in Dominant Line of Business Activity)

☐ Food Hall – Wine/Malt Beverage Concessionaire: _____

Off-Premises:

☐ Grocery Store ☐ Convenience Store ☐ Liquor/Package Store ☐ Bottleshop

☐ Wholesaler ☐ Other _____

Manufacturer:

☐ Microbrewery ☐ Microdistillery ☐ Distillery ☐ Brewery

Name of Applicant: _____

Home Address of Applicant: _____

Please select the service(s) to be performed and remit the amount due for each with this form.

☐ Survey $ _____ ☐ Sign $ _____ Total $_____

_____ _____
Applicant Signature Date

_____ _____
Contact Person Phone Number

Sworn and subscribed before me this day_____, of _____ 20_____.

_____ My commission expires _____.
Notary Public

Internal Use Only

Date of Application for License: _____