



Carroll County Department of Community Development

423 College Street; P.O. Box 388, Carrollton, GA 30117 ☎ 770.830.5861

BEER AND WINE LICENSE APPLICATION

I, _____, hereby make application for a license to engage in the sale of malt beverage and wine at retail in Carroll County, Georgia, under the trade name _____ at the following address: _____ said location being 300 feet from the nearest school and church.

I am a resident of _____ County residing at _____.

I have not been convicted of a felony within 10 years or a misdemeanor within 5 years of the date of this application or a violation of the laws of this state, or any other state.

I have not had revoked, for cause, within 3 years next preceding this application, any license issued to me by the Carroll County Board Of Commissioners, or any other state or city, to sell alcoholic beverages of any kind.

I am the owner of the premises for which the license is requested, or the holder of lease they're on: If leased, name of owner is _____ (attach a copy of deed or lease.)

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

I understand that a violation of any of the regulation of Carroll County, Georgia or a violation of any law or regulation of the state of Georgia, pertaining to the sale of malt beverage and wine shall subject my license to immediate suspension.

If corporation, principal officers
And registered agent and title:

If partnership, partners:

Signed: _____

Registered address: _____

Resident phone: _____

Date of birth: _____

SSN#: _____

Business occupation: _____

Business phone: _____



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Criminal History Consent Form

I hereby authorize the Carroll County Department of Community Development to receive any criminal history record information pertaining to me, which may be in the record files of any State or Local Criminal Justice Agency in Georgia.

Full Name (Printed): _____

Address/City/State/Zip: _____

Social Security Number: _____ Race: _____

Date of Birth: _____ Sex: _____

Signature: _____

Company Name: _____ Telephone No.: _____

Address/City/State/Zip: _____

Notary: _____

My Commission expires on: _____

Seal: _____

Law Enforcement Official Performing Record Check

Name: _____

Date: _____

Results: _____

Authorizing Official: _____

Date of Approval: _____
