



COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government

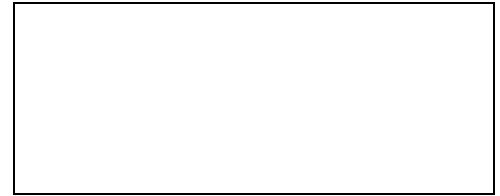
101-099-1999-4204

FINANCE DEPARTMENT

REVENUE DIVISION - Occupation Tax Section

3111 Citizens Way, P.O. Box 1397 Columbus, Georgia 31902-1397

706-653-4100, Fax 706-225-3780



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.

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 Retail 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 Riverboat
- Hotel/Motel Adult Oriented Municipal Sports Facility Non-Profit Org./ Private Club
- Multi-Purpose Theater Small Multi-Purpose Theatre
- *Non-Alcohol Retail Establishment _____

*(Please write in Dominant Line of Business Activity)

Off-Premises:

- Grocery Store Convenience Store Liquor/Package Store Other

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.

- Sign \$ _____ Survey \$ _____ Total \$ _____

Applicant Signature

Date

Contact Person

Phone Number

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

Notary Public My commission expires _____.

Internal Use Only

Date of Application for License: _____