



We do amazing.

COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government

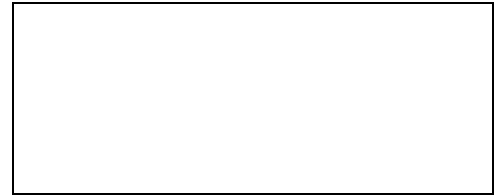
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FINANCE DEPARTMENT

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: _____