



# 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 x 1; Fax 706-225-3780

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.

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Beer (On Premises)         | <input type="checkbox"/> Beer (Off Premises)   |
| <input type="checkbox"/> Wine (On Premises)         | <input type="checkbox"/> Wine (Off Premises)   |
| <input type="checkbox"/> Mixed Drinks (On Premises) | <input type="checkbox"/> Liquor (Off Premises) |

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

#### On-Premises:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Restaurant                                     | <input type="checkbox"/> Night Club                    | <input type="checkbox"/> Multi-Purpose Facility    | <input type="checkbox"/> Dinner Theatre                   |
| <input type="checkbox"/> Bar/Pub  | <input type="checkbox"/> Bowling Center                | <input type="checkbox"/> Municipal Golf Course     | <input type="checkbox"/> Private Dog Park                 |
| <input type="checkbox"/> Hotel/Motel                                    | <input type="checkbox"/> Adult Oriented                | <input type="checkbox"/> Municipal Sports Facility | <input type="checkbox"/> Non-Profit Org./<br>Private Club |
| <input type="checkbox"/> Multi-Purpose Theater                          | <input type="checkbox"/> Small Multi-Purpose Theatre   | <input type="checkbox"/> Senior Living Facility    | <input type="checkbox"/> Bottleshop                       |
| <input type="checkbox"/> *Non-Alcohol Retail Establishment              | _____  |  |   |
|   | *(Please write in Dominant Line of Business Activity)  |  |   |
| <input type="checkbox"/> **Designated Beverage Concessionaire           | _____  |  |   |
|   | **(Please write in Dominant Line of Business Activity) |  |   |
| <input type="checkbox"/> Food Hall – Wine/Malt Beverage Concessionaire: | _____  |  |   |

#### Off-Premises:

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Liquor/Package Store | <input type="checkbox"/> Bottleshop |
| <input type="checkbox"/> Wholesaler    | <input type="checkbox"/> Other _____       |   |                                     |

#### Manufacturer:

- |                                       |  |                                     |                                  |
|---------------------------------------|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Microbrewery | <input type="checkbox"/> Microdistillery | <input type="checkbox"/> Distillery | <input type="checkbox"/> 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.

- |  |  |                |
|--|--|----------------|
| <input type="checkbox"/> Survey \$ _____ | <input type="checkbox"/> Sign \$ _____ | 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: \_\_\_\_\_