

**APPLICATION FOR MALT BEVERAGE LICENSE
CITY OF GLENNVILLE, GEORGIA**

Date: _____

Application No. _____ - _____

APPLICANT INFORMATION:

Please give name, address and telephone number of the applicant (the applicant must be the owner-operator-manager of the business)

Name	Address	City	State	Zip Code	Telephone
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Please give the business name, address and telephone number where the malt beverage license will be held:

Name	Address	City	State	Zip Code	Telephone
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Please give the name, address and telephone number of any parent company or its subsidiary that the business location operates under:

Name	Address	City	State	Zip Code	Telephone
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Please attach the following items:

1. For off-premise consumption sales: State Alcohol License Application (Form CRF-009) and Federal Application for Special Tax Registration for Alcohol and Tobacco (Form OMB #1512-0472).
2. For on-premise consumption sales: State Alcohol License Application (Form CRF-009), Federal Application for Special Tax Registration for Alcohol and Tobacco (Form OMB #1512-0472), and Food Service Permit from the Tattnall County Health Department.

The City of Glennville will advertise the proposed request for sale of malt beverage in the legal organ of Tattnall County for two weeks prior to the next scheduled City of Glennville Council Meeting. Applicants will be responsible for reimbursing the City of Glennville for advertising fee. Applicant is also responsible for all costs related to a criminal background investigation. Please contact the Glennville Police Department at 912-654-2103 for more information.

I swear that I have not been convicted of a felony within the last twelve months, and that I shall be responsible for the management and operation of the business for which the license is granted. If granted a license, I shall abide by all laws and regulations that pertain. I understand that the license applied for is non-transferrable and that any false statement on this application shall be grounds for license revocation. I hereby depose and say that all statements are true and correct. Sworn and subscribed before me this ____ day of _____, 20__.

Applicant Signature

Notary Public

APPLICATIONS MUST BE FILED 30 DAYS PRIOR TO THE REGULARLY SCHEDULED MEETING OF THE GLENNVILLE CITY COUNCIL.

LOCATION ANALYSIS

Proximity to: Schools: _____ Churches _____
 Playgrounds: _____

Character of Neighborhood: _____

Site Considerations:
 Parking Available? _____ Number of Spaces: _____ Zoning District: _____

Does the applicant have an adequate location for the sale of malt beverages? _____ Yes _____ No

Is the applicant recommended for a license under location criteria? _____ Yes _____ No

Other Comments: _____

City Manager Signature

PUBLIC SAFETY REVIEW

Does the applicant have a criminal history? _____ Yes _____ No

Has the applicant ever held a municipal malt beverage license which has been revoked? _____ Yes _____ No

Does the applicant appear to have good moral character? _____ Yes _____ No

Is the applicant recommended for a license under public safety criteria? _____ Yes _____ No

Other Comments: _____

Chief of Police

LICENSING REVIEW

Has the applicant submitted a copy of their State Alcohol License Application?

_____ Yes _____ No

Has the applicant submitted a copy of a Federal Application for Special Tax Registration for Alcohol and Tobacco?

_____ Yes _____ No

Has the applicant met all the requirements of the application process?

_____ Yes _____ No

City Clerk Signature