



City of Newnan, Georgia
Finance Department – Alcohol Licenses
P.O. Box 1193
Newnan, Georgia 30264
imcclung@newnanga.gov

202_
IMPORTANT
Due: November 1, 202_

**ALCOHOLIC / DISTILLED BEVERAGE
Permitted Location Only (On Premise)
BEVERAGE LICENSE RENEWAL APPLICATION**

Application and all other necessary documents are due to the Finance Department by **November 1, 202_**. You may submit payment with the application if there are no changes to the license. If there are changes, you will be billed later.

Please note that any change to business name and/or location requires additional paperwork and approvals.

License #: **B -** _____ Name of Business: _____
License Type: _____ Mailing Address: _____
Business Location: _____

If the following information is not the same as approved on previous year's license, additional paperwork and approvals are required. Only the Mayor and Council can approve changes in Licensee/license representative.

Type of License:	☐ Permitted Location Only
	☐ Retail Consumption of Malt Beverages (only)
	☐ Retail Consumption of Wine (only)
	☐ Retail Consumption of Malt Beverages and Wine

Owner's Name: _____	Type of Ownership ☐ Individual ☐ Partnership ☐ Corporation ☐ Close Corporation
Residence Address: _____	
City, State, Zip: _____	
Telephone Number: _____	
Email Address: _____	
Mailing Address (if different): _____	GA Sales Tax Number _____
City, State, Zip Code: _____	

LICENSEE: If business is a corporation, Licensee must be an officer of the corporation. If business is a partnership, Licensee must be a partner. **If Licensee is not a resident of Coweta County, a License Representative who is a resident of Coweta County is required.** If the Licensee has changed since approval by Mayor and Council, additional paperwork and approvals are required. Only the Mayor and Council can approve changes in Licensee.

Licensee Name: _____	Is Licensee a US Citizen? ☐ Yes ☐ No
Title: _____	
Residence Address: _____	If not, give Licensee's permanent alien registration number. _____
City, State, Zip: _____	
Telephone Number: _____	
Email Address: _____	
Mailing Address (if different): _____	
City, State, Zip Code: _____	

License Representative (if applicable). If the License Representative has changed since approval by Mayor and Council, additional paperwork and approvals are required. Only the Mayor and Council can approve changes in license representative.

Representative's Name: _____	Is Representative a US Citizen? ____ Yes ____ No
Title: _____	
Residence Address: _____	If not, give representative's permanent alien registration number. _____
City, State, Zip: _____	
Telephone Number: _____	
Email Address: _____	
Mailing Address (if different): _____	
City, State, Zip Code: _____	

List all court convictions or nolo contendere pleas* within a 5 year period prior to date of this application for any of the individuals named herein (if any):

Any change in the name of the owner, Licensee, License Representative or location shall require the filing of the application and payment of fees set forth in section 3-46(b) of City of Newnan code of ordinances and approved by Mayor and City Council.

IMPORTANT: Current 5-Year Driver History from state patrol, signed notarized Criminal History Consent Form, completed 5-Year Background History Affidavit, and Affidavit of Licensee/License Rep (all attached) must be submitted with renewal application for each of the following: Licensee and License Representative. You may make copies of the forms as needed.

I, the undersigned, do solemnly swear to the facts and statements made by me in the above and that the foregoing answers to the questions are true and no false or fraudulent statement is made therein to procure the granting of the license.

_____	_____
Date	Signature of Applicant

	Title
_____	_____
Witnessed by (Notary Public)	My commission expires

* [*Latin, I will not contest it.*] A plea in a criminal case by which the defendant answers the charges made in the indictment by declining to dispute or admit the fact of his or her guilt.

If your business is a Partnership, Close Corporation, Limited Liability Company, or Limited Partnership, and you have 5 or fewer stockholders, please complete the table below. If you have more than 5 stockholders please complete the affidavit below.

Name	Resident Address	(%) Percent Interest in Business

Total Percentage _____ %

Any individual listed above that has 5% or more interest in the business entity must submit the following with this renewal: (These forms are included in this packet and can be copied as needed)

1. Criminal History Consent Form – and if not a resident of Georgia must submit a copy of the criminal history from their local Police Department.
2. 5 Year's Drivers history from their local DMV (Department of Motor Vehicles).
3. Affidavit Verifying Status – and if not a US Citizen a copy of green card must be attached)
4. 5 Year Background Affidavit

AFFIDAVIT

The undersigned licensee hereby certifies that _____ (business entity) has more than five (5) stockholders which are not subject to the disclosures listed above.

Licensee

Sworn to and subscribed before me,

This _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires on _____
(Affix Seal)