



Lamar County Board of Commissioners

408 Thomaston Street

Barnesville, Georgia 30204

www.lamarcountyga.com

Phone: 770/358-5146 ~ Fax: 770/358-5149

For Office use only:

Today's Date: _____

Alcohol License Number: _____

ALCOHOL LICENSE RENEWAL APPLICATION

Application must be fully completed before processing. Please type or print with ballpoint pen. Report any changes of location/ mailing address promptly to the Planning and Community Development Department at 770/358-5364.

Check Type of License (Check All That Apply):

- Malt Beverage -Package - \$500 Malt Beverage – Pouring - \$750 Wine – Package - \$500.00
- Wine – Pouring – \$750 Farm Winery/Tasting Room - \$500 Brewpub - \$250.00
- Special Event (Non-Profit) - \$0 Manufacturer - \$1000.00 Authorized Catered Function - \$50
- Wholesale Dealer/Distrib. - \$1000 Brewery - \$500

NON-REFUNDABLE ANNUAL APPLICATION FEE:

Original Application – \$150.00

Renewal Application - \$150.00

Business Name: _____ dba: _____

Business Address: _____
Street City State Zip

Name of Agent/Owner: _____ Contact No.: _____

During the last year, have any changes been made in your business ownership?

Yes No If Yes, Please explain _____

During the last year, has any change been made in persons participating in your business, whether as owner or manager:

Yes No If Yes, please explain _____

During the last year, have you acquired or disposed of any other businesses involving alcoholic beverages?

Yes No If Yes, please explain: _____

During the last year, have you or anyone associated with your business as owner or manager received notices of, or been warned of any conduct which constitutes a violation of any federal or state law or administrative regulation or local Ordinance regulating alcoholic beverages? Yes No If Yes, please explain _____

Please provide detailed information as to any information not already disclosed which is different than that provided on your original alcoholic beverage application:

I hereby certify that I have reviewed the current Lamar County Alcoholic Beverage Ordinance and all information supplied in this renewal application for an Alcoholic Beverage License. I further certify that I remain qualified to hold an Alcoholic Beverage License in the County of Lamar and that all information contained in this application and its supporting documents is true and accurate.

Signature of Applicant: _____ Date: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____ 20____

NOTARY PUBLIC

My Commission Expires: _____