



Cherokee County Development Service Center
 1130 Bluffs Parkway, Canton Georgia 30114
 Phone 770-721-7810
 Website: www.cherokeega.com
 E-mail: dsc@cherokeega.com

Application for Alcoholic Beverage License Renewal

Renewal applications are due on or before November 30th. Applications received after November 30th will be subject to a 10 percent penalty fee. Renewal forms will not be processed after December 31st. Any changes in ownership, licensee or address must be submitted in person to the Development Service Center.

Beer & Wine <input type="checkbox"/> \$750.00	Liquor License <input type="checkbox"/> \$3,000.00	Sunday Sales <input type="checkbox"/> Retail \$250.00 On-premise \$500.00	Total Fee \$ _____
Farm Winery <input type="checkbox"/> \$750.00	Ancillary Wine <input type="checkbox"/> \$100.00		

Has ownership changed? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, you will need to apply for a new alcohol license.)	Has the licensee changed? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, the new licensee must complete a licensee application in addition to the renewal application.)	How many owners? <input type="text"/> How many full time employees? <input type="text"/> How many part-time employees? <input type="text"/> How many alcohol managers? (Only for on premise consumption) <input type="text"/>
---	--	--

Section 1: Business Information

Business Name _____ License # _____

Address _____ City _____ State _____ Zip Code _____

Business Phone # _____ Business Email Address _____

Sales Tax # _____ FEIN # _____ E-Verify # _____

Section 2: Licensee Information (Please make sure to include a new consent form)

Licensee Full Name _____

Home Address _____ City _____ State _____ Zip Code _____

Phone # _____ Email Address _____

During the previous twelve months have you, or any other person having interest in the business for which this application has been made, ever been detained, arrested, indicted or convicted for any offence by any state, county, city or any other government authority? YES NO

If yes, give full details (if necessary attach additional sheets)

Does the licensee, corporation, owner, or any other partner have any interest in, or control over any other alcoholic beverage business in the State of Georgia? YES NO

Section 3: Alcohol Managers (Only applies to on premise consumption)

Please list all alcohol managers below, current or new. If you are adding a new alcohol manager, please remember that they will need to complete a manager application and consent form. (If more than the space provided, please attach a separate sheet.)

1. _____ Expiration Date _____
2. _____ Expiration Date _____
3. _____ Expiration Date _____
4. _____ Expiration Date _____
5. _____ Expiration Date _____
6. _____ Expiration Date _____
7. _____ Expiration Date _____
8. _____ Expiration Date _____
9. _____ Expiration Date _____
10. _____ Expiration Date _____

Section 4: Authorized Signature

I declare under penalty of false swearing that this application has been examined by me, and to the best of my knowledge and belief is true, correct and complete and all information previously provided is still true and correct.

LICENSEE NAME _____ DATE _____

LICENSEE SIGNATURE _____

THIS _____ DAY OF _____, 20_____

SEAL

NOTARY PUBLIC'S SIGNATURE