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CHEROKEE COUNTY ALCOHOLIC BEVERAGE MANAGER'S PERMIT

BUSINESS INFORMATION

Incomplete applications will not be accepted. Manager's Permits expire one year from date of issuance. If additional space is required, please attach a sheet to the application.

Business name		Alcoholic Beverage License #
Address		Job title
City		Store #
State	Zip	Phone #
Business e-mail address		

APPLICANT'S INFORMATION

Last name		First name	
Middle name		Maiden name	
DOB	U. S Citizen	Yes	No
Alien Registration #			
Port of Entry and date		If Naturalized, when	
Place of birth		State	Country
Home address		City	
State	Zip	Home Phone #	Cell #
e-mail address			
Please provide all convictions in the last five years,			
Date of offense	Place of offense	Type	Disposition

AUTHORIZED SIGNATURE

I solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the questions in this application for a Cherokee County Alcoholic Beverage Manager's Permit are true, and no false or fraudulent statement or answer is made therein to procure the granting of this permit.

APPLICANT'S NAME _____ DATE _____
 (Please print)

APPLICANT'S SIGNATURE _____

THIS _____ DAY OF _____, 20_____

 NOTARY PUBLIC'S SIGNATURE

SEAL