



APPLICATION FOR BEER AND WINE RENEWAL FOR UPSON COUNTY

Please provide a copy of current driver's license on applicant, a current occupation tax certificate, and a current copy of applicant's State issued beer and/or wine license(s).

PLEASE HAVE YOUR AFFIDAVIT NOTARIZED UPON RETURNING.

Name of Applicant: _____

Business Name: _____

Business Address: _____

Phone #: _____ Social Security#: _____

Sex: _____ Race: _____ Date of Birth: _____

Type of License(s) Renewing:

- 1. Beer-Package License
- 2. Beer-Pouring License
- 3. Wine-Package License
- 4. Wine-Pouring License

For purposes of issuing Beer and/or Wine License(s), is it okay for us to check your background history? Yes

No

LIST BELOW THE NAMES OF THE EMPLOYEES WHO WILL BE SELLING AND/OR SERVING ALCOHOL FOR IDENTIFICATION CARDS:

REFER TO ARTICLE V, SECTION 6-111

PLEASE FILL OUT ABOVE INFORMATION AND RETURN TO:

UPSON COUNTY BOARD OF COMMISSIONERS
106 EAST LEE STREET, SUITE 110
THOMASTON, GA 30286
ATTN: BEER & WINE RENEWALS

***APPLICATIONS MUST BE TURNED IN BY OCTOBER 30TH**

Applicant Signature

Date

**Private Employer Affidavit of Compliance
Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for an ALCOHOL LICENSE as referenced on O.C.G.A. § 36-60-6(d), from UPSON COUNTY, the undersigned applicant representing the private employer known as:

_____ [Print name of business] verifies one of the following with respect to my application for the above-mentioned document:

Choose one and print initial:

[a] _____ On January 1st of the below signed year the individual, firm or corporation employed **more than ten (10) employees**.

OR

[b] _____ On January 1st of the below signed year the individual, firm or corporation employed **less than ten (10) employees**

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6 (a).

The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully make a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 20 _____

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the _____ day of _____, 20 _____.

NOTARY PUBLIC

My Commission Expires: _____

Stamp/Seal