



**COLUMBUS CONSOLIDATED GOVERNMENT**

*Georgia's First Consolidated Government*

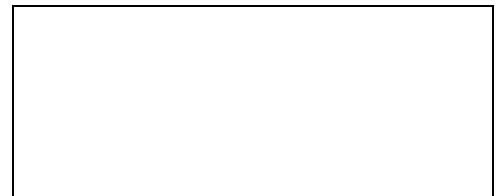
101-099-1999-4204

**FINANCE DEPARTMENT**

**REVENUE DIVISION - Occupation Tax Section**

100 Tenth Street, P.O. Box 1397 Columbus, Georgia 31902-1397

706-653-4100, Fax 706-653-4091



**SIGN AND SURVEY AUTHORIZATION FOR A NEW ALCOHOLIC BEVERAGE LICENSE**

I hereby authorize the Columbus Consolidated Government to erect a sign and perform an alcoholic beverage survey on the below stated location.

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Type of License Applied for: (Check all that apply)

- Beer (On Premises)                       Beer (Off Premises)
- Wine (On Premises)                       Wine (Off Premises)
- Mixed Drinks (On Premises)               Retail Liquor (Off Premises)

Type of Business to be Conducted: (Check one type only)

**On-Premises:**

- Restaurant               Night Club               Multi-Purpose Facility               Dinner Theatre
- Bar/Pub               Bowling Center               Municipal Golf Course               Riverboat
- Hotel/Motel               Adult Oriented               Municipal Sports Facility               Non-Profit Org./ Private Club
- Multi-Purpose Theater

**Off-Premises:**

- Grocery Store               Convenience Store               Liquor/Package Store               Other

Name of Applicant: \_\_\_\_\_

Home Address of Applicant: \_\_\_\_\_

Please select the service(s) to be performed and remit the amount due for each with this form.

Sign \$ \_\_\_\_\_               Survey \$ \_\_\_\_\_              Total \$ \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone Number

Sworn and subscribed before me this day \_\_\_\_\_, of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

***Internal Use Only***

**Date of Application for License:** \_\_\_\_\_