

**CITY OF BLAIRSVILLE ALCOHOL LICENSING**

**Post Office Box 307**

**Blairsville, GA 30514**

**Phone (706) 745-2000 ~ Fax (706) 745-7326**

**APPLICATION FOR WHOLESALE ALCHOLIC BEVERAGE LICENSE  
WITH PRINCIPLE PLACE OF BUSINESS OUTSIDE THE CITY OF BLAIRSVILLE**

Name of individual making application: \_\_\_\_\_

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

Mailing Address of Business: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Fax \_\_\_\_\_

Physical Address of Business (if different than mailing address):  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Fax \_\_\_\_\_

PLEASE PROVIDE FOR COPYING BY THE CITY OF BLAIRSVILLE:

- A COPY OF YOUR STATE OF GEORGIA WHOLESALE ALCOHOL LICENSE;
- A COPY OF A VALID AND CURRENT WHOLESALE LICENSE FROM THE COUNTY OR CITY WHERE YOUR PRINCIPLE PLACE OF BUSINESS IS LOCATED
- YOUR OFFICIAL COMPANY ID;
- YOUR PHOTO ID (DRIVER'S LICENSE)

PLEASE PROVIDE CASH OR A CERTIFIED CHECK FOR \$100.00 MADE PAYABLE TO: CITY OF BLAIRSVILLE.

I hereby certify that I have read and am familiar with the Rules and Regulations relating to the sale of alcoholic beverages, as established in the Alcoholic Beverage Ordinance adopted by the City of Blairsville, Georgia. I further certify that the undersigned will conduct its business operations in compliance with the City of Blairsville's Alcoholic Beverage Ordinance.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: