

City of Manchester
P. O. Box 366
Manchester, GA 31816

Alcohol Certification Renewal Application

Application Renewal Year _____

Type of License Renewal License Transfer
 Change Licensee Change Representative

Type of Ownership _____

Business Name _____

Description of Business _____

Location Address _____ Mailing Address _____

License Representative _____ Address _____

Phone _____ DOB _____ SSN _____

Licensee _____ Address _____

Phone _____ DOB _____ SSN _____

Owner Information _____ Address _____

Phone _____

Corporate Agent _____ Address _____

Phone _____

License Requested Retail Consumption-Beer
 Retail Consumption-Wine
 Retail Package-Beer
 Retail Package-Wine
 Retail Package –Distilled Spirits
 Wholesaler-Beer
 Wholesaler Wine

I certify that I have read the Alcohol Ordinance of City of Manchester, Georgia adopted by the City Council governing the sale of Malt Beverage, Foreign and Domestic Wines and Distilled Spirits in Meriwether County, Georgia, and if a License is issued to me, I will abide by them, and any violations of said rules and regulations will automatically subject me to the penalties in the Alcohol Ordinance.

I _____, do solemnly swear, subject to Criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this license.

Signature _____

Date _____