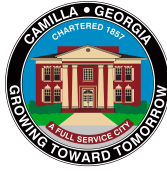


City of Camilla
P.O. Box 328
Camilla, Georgia 31730



Phone: (229) 336-2207
Fax: (229) 330-2230
www.camillaga.net

WINE LICENSE APPLICATION

Select One:

- ☐ WINE LICENSE (NEW)
☐ WINE LICENSE (RENEWAL)

Select:

- ☐ Off-Premises
☐ On-Premises

Complete:

License Year: _____
Previous License #: _____
License Fee: \$800.00

1. BUSINESS NAME: _____

Doing Business As (if applicable): _____

BUSINESS PHONE: _____ TAX ID #: _____

PHYSICAL ADDRESS OF BUSINESS: _____

2. BUSINESS OWNER: _____

HOME ADDRESS: _____

TELEPHONE: _____ SSN: _____

3. BUSINESS MANAGER: _____

ADDRESS: _____

TELEPHONE: _____ SSN: _____

4. ALARM COMPANY (if applicable): _____

ADDRESS: _____

TELEPHONE: _____

5. HAVE YOU HAD A WINE LICENSE DENIED and/or REVOKED? ☐ YES ☐ NO

ADDITIONAL APPLICANT INFORMATION:

New Applications:

Manager(s) require approval by the City of Camilla City Council

Application Renewal:

New manager(s) required to have a background check and approval by the City of Camilla City Council

Identification:

Copy of driver's license/valid picture identification and birth certificate/citizenship papers submitted with application

I CERTIFY I HAVE EXAMINED THE INFORMATION CONTAINED IN THIS APPLICATION AND IT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE

DATE