APPLICATION FOR SALE OF ALCOHOL LONG COUNTY, GEORGIA

Name of Business _____

Type of Business _____

Business Address _____

City, State, Zip _____

Business Phone Number _____

E-mail _____

Name of Proprietor, Operator, or person locally responsible for operation of business:

_____

Home Address _____
(if different from above)

City, State, Zip _____

Number of full-time employees (Includes self/owner): _____

Number of part-time employees: _____

_____

Owners Signature **Date**

Sheriff Signature of Approval _____

**Required if business sells alcohol.*

Office use only:

Tax Receipt Number _____

Map & Parcel Number _____

Planning and Zoning
Administrator Signature _____