



## APPLICATION FOR BEER AND WINE RENEWAL FOR UPSON COUNTY

**Please provide a copy of current driver's license on applicant, a current occupation tax certificate, and a current copy of applicant's State issued beer and/or wine license(s).**

**PLEASE HAVE YOUR AFFIDAVIT NOTARIZED UPON RETURNING.**

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

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

Business Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of License(s) Renewing:

- 1. Beer–Package License
- 2. Beer–Pouring License
- 3. Wine–Package License
- 4. Wine–Pouring License

For purposes of issuing Beer and/or Wine License(s), is it okay for us to check your background history?    Yes   

No   

LIST BELOW THE NAMES OF THE EMPLOYEES WHO WILL BE SELLING AND/OR SERVING ALCOHOL FOR IDENTIFICATION CARDS:

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REFER TO ARTICLE V, SECTION 6-111

PLEASE FILL OUT ABOVE INFORMATION AND RETURN TO:

UPSON COUNTY BOARD OF COMMISSIONERS  
106 EAST LEE STREET, SUITE 110  
THOMASTON, GA 30286  
ATTN: BEER & WINE RENEWALS

**\*APPLICATIONS MUST BE TURNED IN BY OCTOBER 30<sup>TH</sup>**

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

\_\_\_\_\_  
Date

**Private Employer Affidavit of Compliance  
Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for an ALCOHOL LICENSE as referenced on O.C.G.A. § 36-60-6(d), from UPSON COUNTY, the undersigned applicant representing the private employer known as:

\_\_\_\_\_ [Print name of business] verifies one of the following with respect to my application for the above-mentioned document:

**Choose one and print initial:**

[a] \_\_\_\_\_ On January 1st of the below signed year the individual, firm or corporation employed **more than ten (10) employees.**

**OR**

[b] \_\_\_\_\_ On January 1st of the below signed year the individual, firm or corporation employed **less than ten (10) employees**

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6 (a).

The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully make a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Stamp/Seal