

CITY OF JENKINSBURG
ALCOHOLIC BEVERAGE RENEWAL APPLICATION

1. Check the Type License
for Renewal:

- Retail (Package)
- Consumption on Premises
- Wholesaler

2. Check All Beverages You
Intend to Sell:

- Malt Beverages
- Wine
- Distilled Spirits

3. Business Name: _____

4. Location: _____

5. During the last year, has any change been made in your business ownership?

Yes No. If so, please explain: _____

6. During the last year, has any change been made in persons participating in your
business, whether as owner, officer, manager, or employees? Yes No.

If so, please explain: _____

NOTE: A Schedule A must be completed for each new person for which such
Schedule A would be required under a new license.

7. During the last year, have you acquired or disposed of any other business involving
alcoholic beverages? Yes No. If so, please explain: _____

8. During the last year, have you or anyone associated with your business as owner,
officer, manager, or employee, been cited for, received notice of, or been warned
of any conduct which constitutes a violation of any federal or state law or admini-
strative regulation or local ordinance regulating alcoholic beverages?

Yes No. If so, please explain _____

9. Please provide detailed information as to any information not already disclosed which is different than that provided on your original alcoholic beverage application:

I hereby certify that I have reviewed the current City of Jenkinsburg Alcoholic Beverage Ordinance and all information supplied in this renewal application for an Alcoholic Beverage License. I further certify that I remain qualified to hold an Alcoholic Beverage License in the City of Jenkinsburg and that all information contained in this application and its supporting documents is true and accurate.

This, the ____ day of _____, 20__.

Applicant

On behalf of _____

Personally appeared before me
this ____ day of _____, 20__.

Notary Public