

**ALCOHOL BEVERAGE RENEWAL APPLICATION  
ROCKDALE COUNTY**

The application and fees are **DUE NO LATER THAN NOVEMBER 1<sup>st</sup>** of this calendar year so that your application can be processed and your license returned to you by December 31<sup>st</sup> of this calendar year. Late fees will be imposed as stated in Code Section 10-50 as of November 2 of this calendar year and failure to pay required fees as stated in Code Section 10-39 could result in the denial of the license.

PLEASE PRINT AND PROVIDE ALL INFORMATION LISTED BELOW

NAME OF LICENSEE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE #: \_\_\_\_\_

MAILING ADDRESS IF THE LICENSE IS TO BE MAILED: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS LICENSE NUMBER (NOT THE ALCOHOL LICENSE NUMBER):  
\_\_\_\_\_

HAVE THERE BEEN ANY CHANGES OF OWNERSHIP WITHIN THE PAST YEAR?

\_\_\_\_\_ IF YES, PLEASE DESCRIBE IN DETAIL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF BUSINESS: (CIRCLE ONE)

PACKAGE SALES

CONSUMPTION ON PREMISES

PRODUCT SOLD: (CIRCLE ALL THAT APPLY)

BEER

WINE

LIQUOR

IF CONSUMPTION ON PREMISES, ARE YOU CURRENTLY OPEN FOR BUSINESS ON SUNDAYS? \_\_\_\_\_ IF YES, ARE YOU IN COMPLIANCE WITH THE CODE SECTION 10-135, WHICH STATES:

Distilled spirits, beer and wine may be sold for consumption on the premises on Sundays from 12:30 p.m. until 12:00 midnight in any licensed establishment which derives at least 50 percent of its total annual gross sales from the sale of prepared meals or food in all of the combined retail outlets of the individual establishment where food is served and in any licensed establishment which derives at least 50 percent of its total annual gross income from the rental of rooms for overnight lodging.

WHAT PERCENTAGE OF FOOD / LODGING WAS THE ANNUAL GROSS INCOME FOR THE PREVIOUS YEAR? \_\_\_\_\_

**FOR ALL RESTAURANTS SERVING ALCOHOLIC BEVERAGES:  
PLEASE PROVIDE AN ORIGINAL COPY OF YOUR ANNUAL GROSS SALES FROM PREPARED MEALS AND ALCOHOLIC BEVERAGES. THIS COPY IS TO BE PREPARED BY A CERTIFIED ACCOUNTANT ON THEIR COMPANY LETTER HEAD.**

WERE YOU CONVICTED OF A FELONY WITHIN THE PAST YEAR?

\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? (All charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. After last arrest is listed please write "no other arrest". If no arrest, write "no arrests")

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**NOTE: BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES FOR FALSE SWEARING AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.**

I, \_\_\_\_\_ DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT.

LICENSEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS OR HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE OR SHE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN AND HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

SEAL