Dougherty County
ALCOHOL LICENSE RENEWAL APPLICATION
240 Pine Avenue, Suite 150
Albany, Georgia 31701

☐ Request Modification

Application Date: _______________ Renewal Year: ________

Business Name: _______________________________ License Number: DA____-__________

Business Address: _______________________________ Business Phone Number: __________________________

Name of Licensee: ___________________________ Licensee’s Email: __________________________

License Type:

<table>
<thead>
<tr>
<th>Consumption</th>
<th>Package</th>
<th>Manufacturing</th>
<th>Wholesale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>$500</td>
<td>Beer</td>
<td>$3,000</td>
</tr>
<tr>
<td>Wine</td>
<td>$350</td>
<td>Wine</td>
<td>$1,000</td>
</tr>
<tr>
<td>Liquor</td>
<td>$2,000</td>
<td>Liquor</td>
<td>$3,000</td>
</tr>
<tr>
<td>ALL</td>
<td>$2,500</td>
<td>ALL</td>
<td>$750</td>
</tr>
</tbody>
</table>

$ __________ + $50 = $ ______________

Alcohol Fee + License Fee = Total amount

During the previous twelve months have you, the licensee, or any other person having any interest in the business for which this application has been made, ever been detained, arrested, indicted, or convicted for any offense by any state, county, city, federal or foreign officer, or any other governmental authority? ___ yes ___ no

If yes, Explain:
________________________________________________________________________________________
________________________________________________________________________________________

I declare under penalty of perjury that this statement has been examined by me and to the best of my knowledge and belief is true and correct.

_________________________________________  ____________________________________________  ___________
SIGNATURE*                        TITLE                        DATE

* Signature must be the licensees or managing representative for the establishment.

The business license for this establishment must be renewed prior to receiving your alcohol license. Both licenses must be renewed before the 31st of January. The standard mailing address is City of Albany, License & Business, P. O. Box 447 Albany, Georgia 31702, 229-431-2118. Checks should be made payable to the City of Albany.

SWORN TO AND DESCRIBED BEFORE ME THIS
_____ DAY OF ____________________ 20___.

__________________________________________
NOTARY PUBLIC