



RENEWAL APPLICATION
ALCOHOLIC BEVERAGE LICENSE (ABC)

Date: _____

Name and Address of Business (Premises):

Phone: _____

APPLICATION FOR:	<u>Annual Fee</u>
_____ Liquor, Package Sales	\$ 3,000
_____ Liquor, Consumption on Premises	\$ 2,000
_____ Beer, Package Sales	\$ 1,000
_____ Beer, Consumption on Premises	\$ 1,000
_____ Wine, Package Sales	\$ 200
_____ Wine, Consumption on Premises	\$ 200

I hereby certify, under penalty of license revocation for making any false representations, that the information contained in the ABC License application of the above named business, on file at the office of City Clerk in Toccoa, Georgia, is substantially unchanged with respect to ownership of the business and licensee qualifications.

I further certify that I am familiar with all City of Toccoa laws, rules and regulations regarding the sale of alcoholic beverages, and further that I understand that any violation of those laws, rules or regulations could result in the revocation of my ABC License.

Owner's Signature

Manager's Name

Owner's Address

Manager's Address

This form, along with the appropriate fee and/or bonds, must be submitted to the
City Clerk, City of Toccoa, P.O. Box 579, Toccoa, GA 30577
No later than November 15, 2009

***Note:** If changes in ownership, management or licensee qualifications have occurred, applicant must submit a full application with all attachments.*