

City of Cochran
Alcoholic Beverage License Application
January 1, 2021-December 31, 2021

Date: _____

Name of Business: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Applicant Name: _____

Applicant Date of Birth: _____

Phone Number of Owner/Operator: _____

Federal ID # or SS # _____

Description of Business:

Alcoholic Beverage License-\$1000

Applications and payments are to be made between December 1,2019 and December 15,2019. Any licenses that are paid after December 31,2019 will be subject to a 10% fee added on to the cost of the license. Any payments not received by the close of business on December 31, 2018 may be subject to legal action for the selling of alcohol without a valid license.

License Fee Due _____

I certify that the information reported herein is true and correct.

Signature

Printed Name

Title

RETURN COMPLETED FORM WITH CORRECT AMOUNT OF TAX DUE TO: CITY OF COCHRAN, 112 W DYKES ST, COCHRAN, GA 31014.
BUSINESS LICENSE WILL BE MAILED TO ADDRESS GIVEN ON THIS FORM

PLEASE PROVIDE A COPY OF DRIVERS LICENSE