

CITY OF BLUE RIDGE

480 West First Street
Blue Ridge, GA 30513
Phone (706) 632-2091 Fax (706)
632-3278

Today's Date: _____.

**ALCOHOL RENEWAL LICENSE
APPLICATION**

Application for Fiscal Year: _____.

Please PRINT and fill out application completely.

Upload to <https://gtc.dor.ga.gov/> pay on portal or send payment to City Hall

Business Name : _____ (d/b/a) _____

Business Street Address: _____

Business Phone: _____ Fax: _____ Email: _____

Business Contact Person: _____ Title (Owner/Officer/Agent) _____

Business Mailing Address: _____

BUILDING OWNERS NAME AND INFORMATION

Name: _____

Address: _____

Phone: _____

Email address: _____

TYPE OF BUSINESS

Retail [] Wholesale [] Professional Services [] Manufacturing [] Contractor [] Restaurant [] Other []

If a W2 is issued count as employee: Total Number of employees _____

Total Number of part-time employees _____ Full-time _____

**If 1099's are issued, each contract worker MUST apply for a separate
Occupational Tax Certificate**

Federal ID # _____ State ID # _____

(Please provide copies of both Federal and State Tax ID Documents with application)

If business requires a state license to operate, please provide a copy of said state license.

State License # _____ Date Issued _____ Date of Expiration _____

DETAILED BUSINESS INFORMATION