

**2015 CERTIFICATION
OF RESIDENCY & EMPLOYMENT RESTRICTION**

FILED WITH APPLICATION FOR A LICENSE FOR THE RETAIL SALE OF MALT BEVERAGES AND WINE FOR CONSUMPTION ON PREMISES ONLY IN RESTAURANT PREMISES WITHIN THE CORPORATE LIMITS OF THE CITY OF HIAWASSEE, GEORGIA (“Pouring Ordinance”).

The undersigned applicant does hereby certify under oath to the following facts in connection with this application under penalty of law:

- (a) That the Applicant is at least 21 years of age;
- (b) that the applicant has been a bona fide resident of Towns County for at least 6 months immediately preceding the date of this application;
- (c) **that no one under the age of Sixteen (16) Years shall be employed in Applicant’s Restaurant in the event that a Pouring License is issued hereunder, and that no one under the age of Eighteen (18) Years shall be responsible for pouring or handling wine or beer as specified in the City of Hiawassee Pouring Ordinance.**

The undersigned Applicant understands that this application is being provided under Oath and that the providing of any false information herein may be punished as a crime. By filing this application, the Applicant agrees to the above conditionals and covenants to follow same.

AFFIANT/Applicant does hereby state under oath that the information provided herein is true and correct as of the date of this application.

This _____ day of _____, 2015.

NAME OF RESTAURANT: _____

LOCATION OF RESTAURANT: _____

INDIVIDUAL APPLICANT

NOTARY PUBLIC

Signature

Print Name

PARTNERSHIP APPLICANT

NAME OF PARTNERSHIP:

NAME OF EACH PARTNER

NOTARY PUBLIC

Signature of One (1) Partner

Print Partner Name

CORPORATE APPLICANT

NAME OF CORPORATION:

CORPORATE ADDRESS

Is Corporation in Good Standing
or Authorized to Do Business in Georgia
with the Georgia Secretary of State?

_____/_____
Yes NO

ON BEHALF OF THE CORPORATION
BY:

NOTARY PUBLIC

PRESIDENT

ATTEST:

[CORPORATE SEAL]

SECRETARY