

CITY OF WRENS
DISTILLED SPIRITS

DATE: _____

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

LOCATION OF BUSINESS: _____

DATE STARTED: _____

DESCRIBE PRINCIPAL TYPE OF BUSINESS CONDUCTED: _____

AMOUNT PAID FOR DISTILLED SPIRITS, RESTAURANT BEVERAGE DEALER LICENSE: **\$1,000.00**

AMOUNT PAID FOR DISTILLED SPIRITS, RETAIL BEVERAGE DEALER LICENSE: **\$2,000.00**

I HERBY CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND CORRECT:

SIGNATURE OF AUTHORIZED PERSON

PRINTED NAME

TITLE OF AUTHORIZED PERSON REPORTING: _____

PLEASE RETURN COMPLETED FORM WITH CHECK FOR THE CORRECT AMOUNT THE

CITY OF WRENS
ATTN: MADISON TINER
P.O. BOX 125
WRENS, GA 30833

DUE BY JANUARY 30, 2024