

# CITY OF SAVANNAH

## 2022 RENEWAL ALCOHOLIC BEVERAGE LICENSE APPLICATION

Revenue Department 305 Fahm St. P. O. Box 1228 Savannah, GA 31402 P: 912-651-6445

**Business Tax Certificate Application must be included ([www.savannahga.gov/business-tax](http://www.savannahga.gov/business-tax))**

Check if no change to the information below *(New application is required if any changes)*

### CLASSIFICATION:

BUSINESS INFORMATION SECTION			
BUSINESS NAME:		Alcohol License Account#:	
BUSINESS ADDRESS:			
CITY:		STATE:	ZIP CODE:
PRIMARY PHONE NUMBER:	PROVIDE EMAIL ADDRESS IF NOT LISTED:		
ABL APPLICANT INFORMATION			
Applicant Name:			
Home Address:			
City:	State:	Zip Code:	
Home Phone Number:	Mobile Number:	Email Address:	
ABL RESPONSIBLE APPLICANT INFORMATION			
Manager Name:			
Physical Home Address:			
City:	State:	Zip Code:	
Primary Telephone Number:	Mobile Telephone Number:	Email Address:	

DATE RECEIVED: \_\_\_\_\_ TOTAL ANNUAL LICENSE FEE: \$ \_\_\_\_\_

### Acknowledgement

ALL ABOVE INFORMATION IS FULLY UNDERSTOOD AND ALL STATEMENTS SHOWN ABOVE, AND ON ANY ATTACHMENTS ARE GIVEN UNDER OATH, WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND ARE HEREBY SWORN TO BE TRUE, CORRECT AND COMPLETE, UNDER PENALTY FOR FALSE SWEARING AS PROVIDED BY LAW.

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me this  
\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Date signed by Applicant

\_\_\_\_\_  
Notary Public and Seal

### OFFICE USE ONLY

Application Review By: \_\_\_\_\_

Review Date: \_\_\_\_\_