CERTIFICATION REGARDING APPLICATION

Personally, appeared before the undersigned officer de affiant, who after first being duly sworn, hereby Namsha has Pouted of authorized to make and execute this application on be says and certifies as to each of the following:	affirms, says and certifies that he/she is the Dai Knipe 2018 Lic., is
I have read and understand the Lowndes County Alcoemployees of the establishment for which licensure regulations of that Ordinance.	
I will ensure that the establishment for which licensur laws, rules and regulations of the United States, the S or which may hereafter be enacted as relates to the beverages.	tate of Georgia and Lowndes County, now in force
I understand that any license issued is valid for a peri December 31 st , that no license shall be assignable or tr location, and that no portion of the license fee shall be license year or should the establishment close.	ransferrable either to a new licensee or for another
The information, documents and statements made or of thereof or supplementary thereto is in each case accurately false or fraudulent statements and/or representations me to criminal and/or civil penalties including a fine are	ate and complete. I further understand that making s in or with respect to this Application may subject
Submitted herewith is the sum of \$ 650.00 certified funds, or cash] which includes the license feet fee. I understand that, should the Application be denand that the administration fee is non-refundable.	for the year, or partial year, plus the administration
Sworn to and subscribed before me this 26th day of Jan, 2021. Notary Public My commission expires: 11-10.23	Date: 1 2020