## CERTIFICATION REGARDING APPLICATION

Personally, appeared before the undersigned officer du affiant, who after first being duly sworn, hereby 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 usy Stap LLC is
I have read and understand the Lowndes County Alco employees of the establishment for which licensure i regulations of that Ordinance.	
I will ensure that the establishment for which licensure laws, rules and regulations of the United States, the St or which may hereafter be enacted as relates to th beverages.	ate of Georgia and Lowndes County, now in force
I understand that any license issued is valid for a periodecember 31 <sup>st</sup> , that no license shall be assignable or trallocation, and that no portion of the license fee shall be license year or should the establishment close.	ansferrable either to a new licensee or for another
The information, documents and statements made or conthereof or supplementary thereto is in each case accurations false or fraudulent statements and/or representations me to criminal and/or civil penalties including a fine an	te and complete. I further understand that making in or with respect to this Application may subject
Submitted herewith is the sum of \$\frac{1400.cc}{00.cc}\$ certified funds, or cash] which includes the license fee fee. I understand that, should the Application be deni and that the administration fee is non-refundable.	or the year, or partial year, plus the administration
Sworn to and subscribed before me this 31 day of 0/, 2022.  Notary Public  My commission expires: 06/27/2023	Signature of Individual Making this Application  Date: \\ 3\.2.2\\ \[ \text{NVAL} \] \[ \text{STAR} \] \[ \text{SPIRES} \] \[ \text{GEORGIA} \] \[ \text{JUNE 27, 2023} \]