

9. Lowndes County's alcohol ordinance prohibits the distribution, sale or consumption of alcoholic beverages within 300 feet of any church building. The ordinance also prohibits the distribution, sale or consumption of wine or malt beverages within 100 yards, or of distilled spirits within 200 yards, of any school building, educational building, school grounds or college campus. Those distances are measured from the door of the licensed establishment to the nearest street, thence along said street to the nearest point of any church building, school building, educational building, school grounds or college campus. List below the name and street address of the nearest church and the nearest educational facilities to the proposed establishment including the address.

Church: \_\_\_\_\_

School, college or other educational facility or grounds: \_\_\_\_\_

\_\_\_\_\_

10. Has the Applicant, any person identified in question 11 below, or any employee of the establishment for which licensure is being sought ever been refused a license related to alcohol or had such license suspended or revoked (either by Lowndes County or another jurisdiction)?  YES  NO  
If yes, state the month and year of such occurrence, the jurisdiction, and the circumstances. [Attach additional pages if more space needed]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |                          |   |                                      |
|--------------------------|---|--------------------------------------|
| 11. Type of Legal Entity | <input type="checkbox"/> Individual                                 | <input type="checkbox"/> Partnership |
| applying for license:    | <input type="checkbox"/> Joint Venture                              | <input type="checkbox"/> Corporation |
|                          | <input type="checkbox"/> Firm                                       | <input type="checkbox"/> Association |
|                          | <input checked="" type="checkbox"/> Limited Liability Company (LLC) |                                      |
|                          | <input type="checkbox"/> Other: _____                               |                                      |

If the Applicant is a partnership, joint venture or firm, list the names and addresses of all owners of the partnership, joint venture or firm. [Attach additional pages if more space is needed]

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

RECEIVED

MAY 14 2026