

\_\_\_\_\_  
Manager Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Officer Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Officer Name

\_\_\_\_\_  
Address

If the Applicant is any other type of entity or non-natural person, list the names and addresses of all the members of its governing body, officers and others having management, control or dominion over such application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

12. Has the applicant, any person listed in question 11 above, or any employee of the applicant's establishment ever been convicted of a felony? [ ] YES  NO

13. Has the applicant, any person listed in question 11 above, or any employee of the applicant's establishment been convicted within the last five (5) years of a misdemeanor or of any other violation involving gambling, the Georgia Controlled Substances Act (or similar laws of another jurisdiction), prostitution, sex offenses, adult entertainment laws, rules or regulations, alcohol control laws, rules or regulations, or offenses involving moral turpitude? [ ] YES  NO

14. Has the applicant executed a consent statement to allow all necessary investigation reports to be obtained and furnished to the licensor for the applicant, any person identified in question 11 above, or any employees in the applicant's establishment? (see attachment A)  YES [ ] NO

15. If the establishment for which a license being sought is or was licensed under the Lowndes County Alcoholic Beverage Ordinance (or any previous ordinances or resolutions pertaining to alcoholic beverages) during the past three (3) years, present details of how the applicant has or will acquire the establishment, including on what terms and conditions. Further, describe in detail any familial, business, investment, debtor/creditor, or other relationship the applicant may have or have had during the past three

RECEIVED

MAY 14 2026