



Application for Alcoholic Beverage License

Business Name: _____

Business Address: _____

1. Type of Application (check one): New Renewal Amendment

2. Administrative and Investigation Fees (does not apply to renewals)

Packaged Beer & Wine Sales – \$250 Growler- Craft Beer – \$250 Breweries & Distilleries – \$200
 Art Shop & Personal Service – \$200 All Other Applications – \$500

3. Type of Business (check one):

Bona Fide Eating Establishment Supermarket Convenience Store
 Indoor Comm. Recreational Establishment Package Store Hotel Minibar
 Banquet/Event Hall Other Retail Business

4. License(s) Applying For (check all applicable):

Retail Package & Retail Consumption On Premises:

Brewery – \$500 Growler - \$ 850 Distillery – \$500 Distillery/Tasting Room - \$500

Retail Package:

Beer (Includes Sunday Sales) – \$850 Wine (Includes Sunday Sales) – \$850
 Beer And Wine (Includes Sunday Sales) – \$1,700
 Distilled Spirits, Beer And Wine (Includes Sunday Sales) – \$6,000
 Hotel Minibar – Beer And Wine (Includes Sunday Sales) – \$320
 Hotel Minibar – Distilled Spirits, Beer And Wine (Includes Sunday Sales) – \$1,390

Retail Consumption On Premises:

Beer (Includes Sunday Sales) – \$850 Wine (Includes Sunday Sales) – \$850
 Beer And Wine (Includes Sunday Sales) – \$1,700
 Beer, Wine & Distilled Spirits (Includes Sunday Sales) – \$7,200
 Banquet Hall – Beer (Includes Sunday Sales) – \$850
 Banquet Hall – Wine (Includes Sunday Sales) – \$850
 Banquet Hall – Beer & Wine (Includes Sunday Sales) – \$1,700
 Banquet Hall – Beer, Wine & Dist. Spirits (Includes Sunday Sales) – \$7,200

Other Consumption on Premises:

Personal Service License - \$300
 Art Shop License - \$300

(Note: ¾ of fee after April 1, ½ of fee after July 1, ¼ of fee after Oct. 1)



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5. Business:

- (a) Full Name: _____
- (b) Location: _____
 Street No. Street Name

 City State Zip Phone Number
- (c) Mailing Address (if different): _____
 Street No. Street Name

 City State Zip Phone Number
- (d) Federal Employer Identification Number: _____
- (e) State Withholding Number: _____
- (f) State Sales Tax Number: _____
- (g) Other City of Lilburn or Gwinnett County License
 (specify type of license, issuer and number): _____

6. Owner:

- (a) Full Name: _____ Social Security #: _____
- (b) Home Address: _____
 Street No. Street Name

 City State Zip Phone Number
- (c) Mailing Address (if different): _____
 Street No. Street Name

 City State Zip Phone Number
- (d) Other City of Lilburn or Gwinnett County License
 (specify type of license, issuer and number): _____

7. Registered Agent (must be a Gwinnett County resident):

- (a) Full Name: _____
- (b) Location: _____
 Street No. Street Name

 City State Zip Phone Number
- (c) Mailing Address (if different): _____
 Street No. Street Name

 City State Zip Phone Number
- (d) Other City of Lilburn or Gwinnett County License
 (specify type of license, issuer and number): _____



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8. Type of Ownership (check one):

- | | |
|---|--|
| <input type="checkbox"/> Sole Ownership
<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Private Held Corporation | <input type="checkbox"/> Public Held Corporation Subject To S.E.C. Regulations
<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Other |
|---|--|

9. For Partnership Only:

- (a) Date the partnership was formed: _____
- (b) Attach partnership agreement _____
- † (c) List partners:
- | Name | Social Security
Number | G—General
L—Limited
S—Silent | Interest Investment Participation
\$ / % |
|-------|---------------------------|------------------------------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

For Corporation Only:

- (a) Date of Incorporation: _____
- (b) Place of Incorporation: _____
- (c) Parent corporation, if applicable: _____
- (d) Number of shares of capital stock authorized: _____
- (e) Number of shares of outstanding stock: _____
- (f) Is the corporation owned by a parent corporation or held by a holding company? If yes, please explain:

- (g) For corporations other than a publicly held corporation subject to S.E.C. Regulations, list officers, directors, and principal shareholders with 20% or more of the stock:
- | Name | Social Security
Number | Position | Interest Investment Participation
% |
|-------|---------------------------|----------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



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10. Financing:

- (a) Bank to be used by business, including branch: _____
- (b) Total amount of capital that is or will be invested in business by any party/parties: _____
- (c) Total amount of funds invested by the owner: _____
- (d) Total amount of funds invested by party/parties other than owner: _____
- (e) Capital borrowed, if any:

Name of Lender	Date	Amount	Effective Annual Interest Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11.

Has owner and/or individual partner, shareholder, director, or officer any financial interest in any manufacturer or wholesaler of alcoholic beverage? ___ yes ___ no

Has owner and/or individual partner, shareholder, director, or officer received any financial aid or assistance from any manufacturer of alcoholic beverage? ___ yes ___ no

If answer is "yes" to either of the immediate foregoing, explain:

12.

Show hereunder any and all persons, corporation, partnerships, or associations (other than persons stated herein as owner(s), directors, or officers) who have received or will receive, as a result of your operation under the requested license, any financial gain or payment derived from any interest or income from the operation. (Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation under the license). In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders.

13.

List all other businesses engaged in sale of alcoholic beverages of which that you the owner, or any individual, partner, shareholder, officer or director, are interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past.



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NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, _____ County

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

Applicant's Signature

I hereby certify that _____ signed his/her name to the foregoing application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that dais statements and answers are true and correct.

This the _____ day of _____, 20_____.

(Seal)

Notary Public

IMPORTANT: This application will be heard by the:

Alcohol Review Board: _____
Date _____ Time _____

Lilburn City Council: _____
Date _____ Time _____

EITHER THE APPLICANT OR HIS REPRESENTATIVE MUST BE IN ATTENDANCE AT THIS MEETING.

Signed: _____

Date: _____



Application for Alcoholic Beverage License

Registered Agent Form

Business Name: _____

Location: _____

Street No. Street Name

City State Zip Phone Number

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the provisions of the ordinances of Lilburn, Georgia. (Every establishment holding an alcoholic beverage license in the city must have a registered agent and this person must be a resident of Gwinnett County, Georgia.

This the _____ day of _____, 20_____.

Signature of Agent

Agent Social Security Number

Type Or Print Name Of Agent

Birthdate

Agent Home Address: _____

Street No. Street Address

City State Zip Phone Number

Sworn to and subscribed before me

This the _____ day of _____, 20_____.

Notary Public

(SEAL)

APPROVED:

Signature Of Licensee

Owner

Officer or Director (Title)



Application for Alcoholic Beverage License

Store/Restaurant Manager Consent Form

I, _____, do hereby authorize the City of Lilburn to receive all records which may be in the files of any federal, state or local criminal justice agency (including criminal history) concerning myself, whether the said records are of a public, private or confidential nature.

I further authorize release of this information under the Open Records Act, and certify that person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though a photocopy does not contain an original writing of my signature.

Signature Date

Printed Name _____

Home Address: _____

Street No. Street Address

City State Zip Phone Number

Date of Birth _____ Social Security # _____

Sex _____

Notary Public Date

(SEAL)

8. SINGLE MARRIED WIDOWED DIVORCED SEPARATED

IF MARRIED OR SEPARATED, PLEASE COMPLETE BELOW REQUESTED INFORMATION ON SPOUSE:

FULL NAME OF SPOUSE: _____ SOCIAL SEC. # _____

MAIDEN NAME _____ PLACE OF BIRTH _____

DATE OF BIRTH _____ NAME AND ADDRESS OF SPOUSE'S

EMPLOYER: _____

9. STATE ANY OTHER NAMES WHICH YOU HAVE USED: MAIDEN NAME, NAMES BY FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, NICKNAMES, ETC. SPECIFY WHICH, SHOW DATES, ETC. _____

10. GIVE NAME AND ADDRESSES OF ALL CHILDREN AND STEPCHILDREN (regardless of age):

FULL NAME	ADDRESS	AGE	PLACE OF BIRTH
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11. GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES:

NAME	ADDRESS	AGE	PLACE OF BIRTH
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A. Father _____

B. Mother _____

C. Brother/Sister _____

D. Father-in-Law _____

E. Mother-in-Law _____

12. EMPLOYMENT RECORD FOR THE PAST TEN YEARS (Give the most recent first):

From		To		Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
Month	Year	Month	Year				

13. LIST IN REVERSE CHRONOLOGICAL ORDER ALL OF YOUR RESIDENCES FOR THE PAST 10 YEARS:

Dates		Street	City	State
From	To			

14. DO YOU HAVE ANY FINANCIAL INTEREST, OR ARE YOU EMPLOYED IN ANY OTHER WHOLESALE OR RETAIL BUSINESS ENGAGED IN DISTILLING, BOTTLING, RECTIFYING OR SELLING ALCOHOLIC BEVERAGES? _____

IF YES, GIVE NAMES AND LOCATIONS AND AMOUNT OF INTEREST IN EACH:

15. HAVE YOU EVER HAD ANY FINANCIAL INTEREST IN ANY ALCOHOLIC BEVERAGE BUSINESS WHICH WAS DENIED A LICENSE? _____ IF SO, GIVE DETAILS:

16. HAS ANY ALCOHOL BEVERAGE BUSINESS IN WHICH YOU HOLD, OR HAVE HELD, ANY FINANCIAL INTEREST OR ARE EMPLOYED, OR HAVE BEEN EMPLOYED, EVER BEEN CITED FOR ANY VIOLATION OF THE RULES AND REGULATIONS OF THE STATE REVENUE COMMISSIONER RELATING T THE SALE AND DISTRIBUTION OF ALCOHOLIC BEVERAGES? _____ IF SO, GIVE DETAILS _____
-
17. IF DURING THE PAST TEN YEARS YOU HAVE BOUGHT AND SOLD ANY ALCOHOLIC BEVERAGE BUSINESS GIVE DETAILS (Date, License Number, Persons and Considerations Involved): _____
-
18. HAVE YOU EVER BEEN DENIED BOND BY COMMERCIAL SECURITY COMPANY? _____
IF SO, GIVE DETAILS: _____
-
19. ARE YOU A REGISTERED VOTER? _____
IN WHAT STATE? _____ IN WHAT COUNTY? _____
20. HAVE YOU EVER BEEN ARRESTED, OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCES? (Do not include traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest.)
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
21. HAVE YOU EVER HAD ANY LICENSE ISSUED UNDER THE REGULATORY POWERS OF GWINNETT COUNTY OF CITY OF LILBURN DENIED, SUSPENDED OR REVOKED WITHIN TWO (2) YEARS PRIOR TO THE FILING OF THE APPLICATION? _____
IF SO, GIVE DETAILS: _____
-
-

22. LIST BELOW FOUR REFERENCES (PERSONAL AND BUSINESS). GIVE COMPLETE ADDRESS AND PHONE NUMBER INCLUDING AREA CODE. IF GIVING A BUSINESS REFERENCE, NAME A PERSON AT THAT LOCATION TO BE CONTACTED. DO NOT INCLUDE RELATIVES OR EMPLOYERS OR FELLOW EMPLOYEES OF PARTICULAR BUSINESS. ALSO INDICATE NUMBER OF YEARS REFERENCE YOU HAVE KNOWN REFERENCE.

1. _____

2. _____

3. _____

4. _____

23. ATTACH PHOTOGRAPH (FRONT VIEW) TAKEN WITHIN THE PAST YEAR

(ATTACH HERE)

NOTE: BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.

STATE OF GEORGIA, _____ COUNTY

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT DAIS STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

(SEAL)

CONSENT FORM – FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION

I, _____, do hereby authorize the City of Lilburn to receive all records which may be in the files of any federal, state or local criminal justice agency (including criminal history) concerning myself, whether the said records are of a public, private or confidential nature.

I further authorize release of this information under the Open Records Act, and certify that person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though a photocopy does not contain an original writing of my signature.

Signature _____ Date _____

Printed Name _____

Home Address _____

Date of Birth _____ SS# _____

Sex _____ Race _____

Notary

Date



CITY OF LILBURN

340 Main Street * Lilburn, Georgia 30047 * (770) 921-2210
Alcohol License Department

PREMISE AND STRUCTURE

INSTRUCTIONS: THIS STATEMENT MUST BE TYPED AND EXECUTED, UNDER OATH. EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

1. TYPE OF BUSINESS

- Bona Fide Eating Establishment Supermarket Convenience Store
- Indoor Comm. Recreational Estab. Package Store Hotel Minibar
- Banquet/Event Hall Other Retail Business _____

2. TRADE NAME OF BUSINESS: _____

LOCATION: _____

Street No.

Street Name

City

State

Zip

Phone Number

District

Land Lot

Parcel

3. IS THIS LOCATION WITHING A COMMERCIAL ZONING DISTRICT? _____
IF NO, SPECIFY THE PRESENT ZONING AND EXPLAIN PLANS FOR REZONING, ETC.:

4. DOES THE COMPLETED BUILDING OR THE PROPOSED BUILDING COMPLY WITH THE ORDINANCES OF THE CITY OF LILBURN, REGULATIONS OF THE STATE REVENUE COMMISSIONER, AND THE LAWS OF THE STATE OF GEORGIA? _____
IF NO, EXPLAIN NON-COMPLIANCE AND PROPOSED MEHTODS TO RECTIFY SAME:

5. (a) DOES THE BUILDING IN WHICH THE BUSINESS IS TO BE LOCATED CONTAIN SUFFICIENT LIGHING SO THAT THE BUILDING ITSELF AND THE PREMISES ON ALL SIDES OF THE BUILDING ARE READILY VISIBLE AT ALL TIMES FROM THE FRONT OF THE STREET ON WHICH THE BUILDING IS LOCATED SO AS TO REVEAL ALL OF THE OUTSIDE PREMISES OF SUCH BUILDING? _____

(b) IS THE INTERIOR SO ILLUMINATED SO THAT ALL HALLWAYS, PASSAGE WAYS AND OPEN AREAS MAY BE CLEARLY SEEN BY THE CUSTOMER THEREIN? _____

IF THE ANSWER IS NO TO EITHER OR BOTH (a) AND (b) ABOVE, PLEASE EXPLAIN PROPOSED METHODS TO RECTIFY THE INSUFFICIENT LIGHTING:

6. **FOR BONA FIDE EATING ESTABLISHMENTS AND BANQUET/EVENT HALLS ONLY**

- (a) NUMBER OF SQUARE FEET OF TOTAL FLOOR AREA: _____
- (b) NUMBER OF SQUARE FEET DEVOTED TO DINING/SEATING AREA: _____
- (c) STATE SEATING CAPACITY EXCLUDING BAR AREA: _____
- (d) DO YOU HAVE A FULL SERVICE KITCHEN? _____
INDICATE WHETHER THE FULL SERVICE KITCHEN CONTAINS: FOUR (4) COMPARTMENT SINK _____; STOVE AND/OR GRILL PERMANENTLY INSTALLED _____; REFRIGERATOR APPROVED BY THE HEALTH AND FIRE DEPARTMENT _____. IF ANSWER TO ANY OF THE IMMEDIATE FOREGOING IS NO, PLEASE EXPLAIN: _____

- (e) WILL THE ESTABLISHMENT COMPLY WITH THE ADVERTISEMENT PROHIBITION (“NO OUTDOOR ADVERTISING OR SIGNS WITH RESPECT TO THE PROMOTION OF THE SALE OF ALCOHOLIC BEVERAGES, OR THE PRICES OF SUCH BEVERAGE, SHALL BE PERMITTED ON THE EXTERIOR OF ANY RETAIL, OUTLET, OR IN THE WINDOWS OR ELSEWHERE, IN THE OUTLET THAT MAY BE VIEWED FROM THE OUTSIDE”)? _____

FOR BONA FIDE EATING ESTABLISHMENTS ONLY

- (a) STATE HOURS PREPARED MEALS OR FOOD ARE SERVED: _____
- (b) STATE MAXIMUM NUMBER OF EMPLOYEES ON HIGHEST SHIFT: _____
- (c) STATE NUMBER OF PARKING SPACES: _____
- (d) STATE NUMBER OF PARKING SPACES DEVOTED TO HANDICAPPED: _____

FOR SUPERMARKET/CONVENIENCE STORE, PACKAGE STORE ONLY

- (a) STATE NUMBER OF SQUARE FEET OF FLOOR AREA: _____
- (b) STATE NUMBER OF SQUARE FEET OF FLOOR AREA DEVOTED TO THE SALE OF GROCERIES AND FOOD PRODUCTS: _____
- (c) IS THE ESTABLISHMENT DEVOTED PRINCIPALLY TO THE RETAIL SALE OF GROCERIES AND FOOD PRODUCTS? _____
IF NO, EXPLAIN _____

- (d) STATE NUMBER OF PARKING SPACES: _____
- (e) STATE NUMBER OF PARKING SPACES DEVOTED TO HANDICAPPED: _____

(f) WILL THE ESTABLISHMENT COMPLY WITH THE ADVERTISEMENT PROHIBITION (“NO SIGNS SHALL BE ERECTED ANYWHERE WITHIN THE COUNTY ADVERTISING OR PROMOTING THE SALE OF BEER OR WINE EXCEPT THAT A RETAIL FOOD STORE DISPLAYING ITS MERCHANDISE MAY, IN THE SAME MANNER AS SUCH OTHER MERCHANDISE IS DISPLAYED, ERECT A SIGN OR SIGNS INDICATING THE COUNTER ON WHICH BEER OR WINE IS SOLD; PROVIDING THE LETTERING ON SUCH SIGNS DOES NOT EXCEED IN SIZE THE LETTERING OF SIGNS ON OTHER COUNTERS WHERE OTHER PRODUCTS ARE SOLD”)? _____

7. ATTACH A CERTIFIED SCALE DRAWING OF THE PROPOSED PREMISES BY A REGISTERED LAND SURVEYOR OR PROFESSIONAL ENGINEER SHOWING THE DISTANCES FROM CHURCHES AND SCHOOLS, CERTIFYING THAT THE LOCATION COMPLIES WITH THE DISTANCE REQUIREMENT FROM CHURCHES, SCHOOLS, AND IN THE CASE OF PACKAGE STORES, FROM OTHER PACKAGE STORES AS REQUIRED BY STATE LAW.
8. ATTACH EVIDENCE OF OWNERSHIP OF THE BUILDING OR PROPOSED BUILDING OR A COPY OF THE LEASE IF THE APPLICANT IS LEASING THE BUILDING.
9. IF THE APPLICANT IS A FRANCHISE, ATTACH A COPY OF THE FRANCHISE AGREEMENT OR CONTRACT.
10. IF BONA FIDE EATING ESTABLISHMENT, ATTACH A COPY OF THE MENU(S).
11. (a) IF BUILDING IS COMPLETE, ATTACH COPIES OF DETAILED PLANS OF SAID BUILDING AND OUTSIDE PREMISES.
(b) IF BUILDING IS PROPOSED, ATTACH COPIES OF PROPOSED PLANS AND SPECIFICATIONS AND A BUILDING PERMIT OF THE PROPOSED BUILDING TO BE BUILT.
12. ATTACH A CERTIFICATE OF OCCUPANCY FROM THE FIRE MARSHAL OF GWINNETT COUNTY. (678-518-6100)
13. IF A BONA FIDE EATING ESTABLISHMENT OR A BANQUET/EVENT HALL, ATTACH A COPY OF YOUR FOOD SERVICE PERMIT FROM THE GWINNETT COUNTY HEALTH DEPARTMENT. (770-963-5132)
14. ATTACH A CERTIFICATE OF OCCUPANCY FROM THE PLANNING AND ZONING DEPARTMENT OF THE CITY OF LILBURN.

NOTE: BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.

STATE OF GEORGIA, _____ COUNTY

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT DAIS STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

(SEAL)