

**CITY OF WRENS**  
**DISTILLED SPIRITS**

DATE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_

DESCRIBE PRINCIPAL TYPE OF BUSINESS CONDUCTED: \_\_\_\_\_

AMOUNT PAID FOR DISTILLED SPIRITS, RESTAURANT BEVERAGE DEALER LICENSE: **\$1,000.00**

AMOUNT PAID FOR DISTILLED SPIRITS, RETAIL BEVERAGE DEALER LICENSE: **\$2,000.00**

I HERBY CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND CORRECT:

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

\_\_\_\_\_  
PRINTED NAME

TITLE OF AUTHORIZED PERSON REPORTING: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM WITH CHECK FOR THE CORRECT AMOUNT THE

CITY OF WRENS  
ATTN: MADISON TINER  
P.O. BOX 125  
WRENS, GA 30833

DUE BY JANUARY 30, 2024