

CITY OF JACKSONVILLE

Finance Department

APPLICATION FOR RETAIL BEER AND WINE LICENSE

Owners Full Name: _____ SSN: _____ Date: _____

Applicant's Name: _____

Home Address: _____

City and State: _____

Are you a resident of NC? _____ How long? _____

Name of Business: _____

Location of Business: _____

Owner of the Premises where business is located: _____

(PLEASE CHECK ALL THAT APPLY)

Type of License _____ Beer _____ Wine _____ On Premises _____ Off Premises

I (we) certify that I am (we are) a citizen and resident (s) of the state of North Carolina and not less than Twenty-one (21) years of age; that I am (we are) of good moral character and have not been convicted or entered a plea or nolo contendere to; A felony or other crime involving moral turpitude within the past three (3) years, or a violation of the prohibition laws wither state or federal, within the past two (2) years prior to the filing of this application. That I (we) have in no way violated the laws related to the sale of beer, that I (we) intended to carry out the business authorized by the license for ourselves under my (our) supervision and direction.

I (we) agree to employ in said business only persons of good moral character who have never been convicted of a felony and who have not been adjudged guilty of violating the prohibition laws, with state or federal, within the past two (2) years from the time of employment and who is no way violated the laws relating to the sale of Beer, etc.

As a condition upon which license may be granted, I (we) agree that the same may be revoked and canceled, in sole discretion of the city council at any time they are of the opinion that the same should be revoked and canceled; However, I am (we are) to have ten (10) days notice hereof and the privilege with said time of appearing before the said council in my (our) behalf.

A certified copy of my court record for the past five (5) years is attached.

Notary Public

Signature of Applicant
(To be signed before a Notary)

My Commission Expires: _____

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REFERENCES

We, the undersigned do hereby certify that we have known the above applicant for the number of years indicated and believe him/her to be a person of good moral character.

Name _____ Address _____ Number of Years ____ Phone

Name _____ Address _____ Number of Years ____ Phone

Name _____ Address _____ Number of Years ____ Phone

OFFICE USE ONLY:

OFFICER – POLICE DEPARTMENT

DATE

STATE LICENCE NUMBER