

## **ALCOHOL LICENSE APPLICATION**

For businesses requiring an alcohol license, an alcohol application packet should be picked up at the Blue Ridge City Hall. The application process takes approximately 2 weeks. **Only establishments that meet the definition of a restaurant set forth in the City Alcohol Ordinance will be allowed to apply for an alcohol pouring permit.** For information regarding these requirements, please contact the licensing department of the Blue Ridge City Hall at (706) 632-2091. Applicants will need to complete the City of Blue Ridge Alcohol License Application and be accountable for the City of Blue Ridge Alcohol Ordinance. Applicants will be given a copy of the Alcohol Ordinance, and required to sign an acknowledgement of receipt. Each applicant will also be required to sign an authorization for a background check and fingerprinting.

City of Blue Ridge Alcohol License are issued on a calendar year basis (January 1<sup>st</sup> through December 31<sup>st</sup>). The initial license fee will begin to be prorated half price **after July 1<sup>st</sup>.** However, the administrative fees and inspection fees will not be prorated. **In accordance with Section 110.45-23 of the City of Blue Ridge Alcohol Ordinance, the fees due at time of application will not be prorated if application is submitted before July 1<sup>st</sup>.**

Once a City of Blue Ridge Alcohol permit is issued, you are required to file for a State Alcohol License with the Georgia Department of Revenue, Alcohol Division ***PRIOR*** to buying your inventory, selling or serving. Once a state alcohol license has been issued, the applicant will need to submit a copy to the Licensing Department at Blue Ridge City Hall, which will be kept in your City of Blue Ridge file.

While completing the application process, if you are unclear on any part of the application, or if you have any questions, please feel free to contact the Licensing Department at (706) 632-2091.

Sincerely,

Kelsey Ledford  
City Clerk  
City of Blue Ridge  
480 West First Street  
Blue Ridge, GA 30513

**INSPECTION CHECKLIST -**  
**BUSINESS LICENSE WITH ALCOHOL**

Business Name: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

- Alcohol Application Submitted
- Acknowledgment of Receipt of Alcohol Ordinance Received
- Business License Application Submitted
- Acknowledgment of Receipt of Business License Ordinance Received
- Inspection Fee Paid (\$35.00)
- Deposit Received (\$250.00)
- Background Check Completed & Fee Collected (\$30.00)
- Fingerprinting Completed
- Grease Trap (Restaurants & Food Prep Facilities Only) \_\_\_\_\_  
\_\_\_\_\_
- Appropriately Zoned
- Drawing of Premises Received (Must show location with respect to all streets within 600 feet in every direction. Must also depict the distance from the premises (being the front door) to each premise (being the front door) of each church, school building, or other pertinent facility)
- Location Meets Distance Requirements Set Forth in Alcohol Ordinance (Appropriate distance away from schools grounds, churches, alcohol treatment facilities, etc. – Please see pages 14-16 of the City of Blue Ridge Alcohol Ordinance)
- Copy of Lease Received (If applicable) \_\_\_\_
- Copy of Proposed Menu Received
- Copy of Proposed Hours of Operation Received
- Health Department Approval Received \_\_\_\_
- Bathrooms up to Code \_\_\_\_\_
- Seating Requirements Met (If occupant load exceeds 100 or more, must have approval from State Fire Marshall): No. of Seats for customers: \_\_\_\_\_
- Patio in Accordance with the City of Blue Ridge Alcohol Ordinance and applicable safety codes – Please see pages 55-56 of Ordinance (If applicable) \_\_\_\_\_
- Full Payment Received \_\_\_\_\_

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date



**3. TYPE OF BUSINESS**

\_\_\_\_\_ Grocery Store    \_\_\_\_\_ Convenience Store    \_\_\_\_\_ Restaurant    \_\_\_\_\_ Brew Pub  
\_\_\_\_\_ Farm Winery/Tasting Room    \_\_\_\_\_ Brewery

**4. BUSINESS INFORMATION**

Name of Business \_\_\_\_\_

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**5. APPLICANT**

Full Name: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

SSN# \_\_\_\_\_ DOB: \_\_\_\_\_

**6. PROPERTY (Owner of the property (land and building) where business is located)**

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

If space is rented: (attach copy of lease)

Landlord's name: \_\_\_\_\_

Landlord's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**7. Residency/Age Requirement:**

Is the applicant and managing agent at least twenty-one (21) years of age or older? \_\_\_\_\_

Is the applicant:

- \_\_\_\_\_ A United States Citizen
- \_\_\_\_\_ A legal permanent resident
- \_\_\_\_\_ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

Is the managing agent:

- \_\_\_\_\_ A United States Citizen
- \_\_\_\_\_ A legal permanent resident
- \_\_\_\_\_ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

Sworn to and subscribed before me:

This \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
My Commission Expires:

\_\_\_\_\_  
Title of Applicant                      Date:

**FOR OFFICE USE ONLY:**

License fee Enclosed: \$ _____
Name of Business _____
State License # _____ Occupational Tax License #: _____
Date of Approval or Denial _____

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D. C.*





By signing below, I am acknowledging that I have received a copy of the City of Blue Ridge Alcohol Ordinance, and that said Ordinance has been reviewed with me by the City of Blue Ridge Licensing Department Official.

I also acknowledge that I have been informed of the City of Blue Ridge policy on initial licensing fee proration. I understand that any alcohol license application submitted prior to July 1<sup>st</sup> **will not** be prorated, and that the full license fee will be due.

Furthermore, I acknowledge that I have been informed that in order to be granted an alcohol license from the City of Blue Ridge for pouring on the premises (and to maintain said license), my establishment must meet the requirements of a restaurant that are set forth in the City Alcohol Ordinance. I understand that my establishment must derive at least 50% of the business volume from the sale of prepared meals or food (not including the sale of alcoholic beverages). I also understand that I will be required to submit a monthly report under oath by the **15<sup>th</sup> of each month** to the Blue Ridge Licensing Clerk demonstrating that the food sales requirements have been met.

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Signature

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Print Name

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Date

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Signature of Licensing Department Official

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Date



## **EMPLOYEE ALCOHOLIC BEVERAGE POURING PERMIT REQUIREMENTS**

- 1) No more than three (3) drinks should be served to a customer without ordering food.
- 2) If an establishment has a patio area, patrons must exit the patio through the main entrance of the establishment.
- 3) Employees who sell to underage customers (anyone under 21 years of age) will lose their employee pouring permit, which will prohibit that individual from being able to obtain restaurant jobs within the City of Blue Ridge that would require them to serve alcoholic beverages.
- 4) The consent for criminal history that is signed at time of application is valid for the duration of employment. Any drug and/or alcohol convictions or felony convictions will lead to revocations of the employee's alcohol pouring permit.
- 5) All licenses issued by the City of Blue Ridge, including employee pouring permits, shall constitute a grant of privilege, and will be suspended or revoked if ordinance violations occur.
- 6) Employees are prohibited from consuming alcoholic beverages during work hours.
- 7) In the event that an employee fails to verify proper identification (driver's license, military identification card, or passport) and furnishes alcoholic beverages to an underage customer, in addition to the City of Blue Ridge suspending or revoking their employee pouring permit, their employer can choose to require that employee to pay the civil fine that the City of Blue Ridge will impose on the establishment. This fine will be \$500.00 or \$1,000.00, depending on whether it is the first or second offense for the establishment.
- 8) No alcoholic beverages are to be furnished, sold, or offered for sale for consumption on Christmas Day. Additionally, no consumption on the premises, dealer of alcoholic beverages shall furnish, sell or offer for sale any alcoholic beverages prior to 9:00 a.m. or after 11:30 p.m., except on Labor Day, Memorial Day, July 4 and New Year's Eve, and sales shall be allowed until 11:59 p.m.
- 9) If a customer wants to leave the eating establishment with a partially consumed bottle of wine, the bottle must be placed in a bag or other container that is secured in such a manner that it is visibly apparent if the container has been subsequently opened or tampered with, and a dated receipt for the bottle of wine and the meal must be attached to the container. Please inform the customer that the sealed container should be placed in a locked glove compartment, a locked trunk, or the area behind the last upright seat if their vehicle is not equipped with a trunk.
- 10) No customer should bring/carry any alcoholic beverage into the restaurant with them. This is considered brown bagging, which is not allowed within the City of Blue Ridge. If

they wish to drink an alcoholic beverage with their meal, it must be purchased at the eating establishment they are patronizing.

- 11) No customer shall be allowed to leave an eating establishment with an alcoholic beverage to consume all or any part of the drink outside in the parking lot, or entrance areas, or outside of the premises of the licensed eating establishment, except in a previously approved patio/open area.
- 12) Employees should not knowingly sell alcoholic beverages to a person who is intoxicated. Failure to abide by this regulation will be a violation of the City of Blue Ridge Alcohol Ordinance, and shall be cause for revocation of the employee's alcoholic beverage pouring permit.
- 13) Only one alcoholic beverage at a time shall be delivered to any customer.
- 14) No employee, manager, or owner shall encourage or permit on the licensed premises any "drinking game."

I, \_\_\_\_\_, understand the above regulations and requirements, and acknowledge that they have been discussed with me by the Alcohol Licensing Clerk of the City of Blue Ridge. I further acknowledge that I understand that upon receiving an employee alcoholic beverage pouring permit for any restaurant within the City of Blue Ridge, I will be responsible for abiding by these regulations.

\_\_\_\_\_  
Signature of Alcohol Permit Holder

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Restaurant

\_\_\_\_\_  
Signature of Alcohol Licensing Clerk

\_\_\_\_\_  
Date Signed

**EMPLOYEE ACKNOWLEDGEMENT**

By signing below, I acknowledge receipt of Section 110.45-34 of the Blue Ridge Alcohol Ordinance (Employees). I understand that my application will be denied if any of the following apply to me:

- I am under 18 years of age.
- I have been convicted of any drug or alcohol misdemeanor within the past two (2) years.
- I have been convicted, plead guilty or entered a plea of nolo contendere to a crime involving the sale or possession of alcoholic beverages within three (3) years of the date of application.
- I have been convicted of any felony within the past three (3) years.
- I am currently serving a probation or parole sentence.
- I have previously held an alcoholic beverage license or employee permit through the City of Blue Ridge which has been revoked within five (5) years of the date of current application.

I acknowledge that the \$30.00 application fee will not be refunded if my criminal history comes back showing such violations as stated above.

I further understand that, if approved, this permit will expire 1 year from the date of issuance, and must be renewed at that time. My employee permit may be suspended or revoked by the City of Blue Ridge Licensing Agent if it is determined that I have violated any provision of the Blue Ridge Alcohol Ordinance or committed any offense which would make me ineligible to hold such a permit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**APPLICATION FOR EMPLOYEE PERMIT FOR ALCOHOLIC BEVERAGES**  
**--MUST BE 18 YEARS OF AGE OR OLDER TO APPLY--**  
**(Submit to the Chief of Police or His Designee, or Other Authorized City Agent)**

PLEASE PRINT OR TYPE

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

Please state Employee's:

(1) NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_ RACE \_\_\_\_\_ SEX  Male  Female

SOCIAL SECURITY NUMBER \_\_\_\_\_

MAIDEN NAME (OR PREVIOUSLY USED NAME) \_\_\_\_\_

(2) Have you been convicted, plead guilty or entered a plea of nolo contendere to any crime involving the sale or possession of alcoholic beverages or any felony within 3 years of the date of this application?  Yes  No

(a) If so, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) Have you been the holder of an alcoholic beverage license or employee permit which has been revoked within (5) years of the date of this application?  Yes  No

(4) Name of employer that sells alcoholic beverages \_\_\_\_\_.

(5) **Please furnish a valid Driver's License and one other current identification.** Valid, current identification includes but is not limited to any document issued by a governmental agency containing a physical description of the person, such person's photograph, and giving such person's date of birth, and includes, without being limited to, a passport, military identification card, or any identification card authorized by O.C.G.A. 40-5-100.

(6) Employee or employer must submit the requisite employee permit fee in the amount of \$30.00.

(7) I hereby authorize the City of Blue Ridge, Georgia and the Blue Ridge Police Department to obtain fingerprints from me, and conduct a criminal history check pertaining to me which may be in the files of any state or local criminal justice agency, including all those in Georgia. I also give consent to the City of Blue Ridge, Georgia and the Blue Ridge Police Department to perform periodic criminal history background checks of me for the duration of the validity of my employee permit that authorizes me to serve alcoholic beverages within the City of Blue Ridge, Georgia.

NOTE: Under the City of Blue Ridge ordinance and regulations, it is the mandatory duty of an employee who furnishes, sells, distributes, or serves alcoholic beverages to customers, to require the customers to produce proper identification that indicates the customers are age 21 or older prior to furnishing the alcoholic beverages to said customers.

NOTE: An employee who distributes, furnishes, sells, or serves alcoholic beverages to a customer under the age of 21 has committed a criminal violation under Georgia law, and may be criminally prosecuted for such sale or distribution.

Signature of Employee \_\_\_\_\_

Sworn to and subscribed  
before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

[Affix Notary Seal]

**FOR CHIEF OF POLICE,  
POLICE DEPARTMENT, OR  
OTHER DESIGNATED CITY AGENT  
USE ONLY:**

**Results of Criminal Background Check:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disposition:** APPROVE [  ]  
REJECT [  ]

## **INVESTIGATION AUTHORIZATION (RELEASE) & BACKGROUND SCREENING ORDER FORM**

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be requested and completed, which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history (only when permitted by law and where it is related to the duties and responsibilities of the position sought), character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA) and other federal, state, and local laws, and can be requested only after a conditional job offer has been made. This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment background screening service, located at 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366 (www.laborchex.com). LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment background screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

**PRIVACY NOTE:** LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its clients. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s) from LABORCHEX, including details about the sources of information. Such information will be provided to you at no cost. The company, business, or organization at which you applied for a job must also provide a copy of the report to you, if you request it from them.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use, as well as workers' compensation information (as according to federal guidelines stated above). I authorize LABORCHEX to verify the facts stated by me on the attached/forwarded application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and other verified information. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above. This release will be valid for my entire period of employment.

**Note: I understand that if I am a resident of CA, MA, ME, MN, NJ, NY, OK, and WA I can obtain a copy of the completed consumer report from LABORCHEX by checking this box { }, which will also include a document called "A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)." Please be sure to provide your full mailing address below.**

Print Name: \_\_\_\_\_  
Last First Middle Initial Maiden Name

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

(DOB and SSN used only for identification purposes to ensure accuracy of reports)

Driver's License Number #: \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### **BELOW IS FOR COMPANY USE ONLY**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

#### **CHECK SCREENINGS REQUIRED FOR THIS APPLICANT**

- |   |  |
|---|--|
| _____ Previous Employment Verification*                             | _____ Driving Record Check                                   |
| _____ D.O.T. _____ (Special Screening for Commercial Drivers)*      | _____ Workers' Compensation                                  |
| _____ Education Verification*                                       | _____ Employment Credit Report                               |
| _____ Professional/Personal References*                             |  |
| _____ Professional License & Credential Check*                      |  |
| _____ Official Education Transcripts                                |  |
| _____ CRIMINAL RECORD CHECKS (list jurisdictions below)             |  |
| _____ CrimeChexPLUS Multi-State Criminal Index Check                |  |
| _____ <u>List Criminal Record Jurisdictions To Be Checked Here:</u> | _____ National Address Search & Social Security # Validation |
| _____ Nationwide Federal Violations Criminal Record Check           |  |

**\*If you are not using the website to place orders for these levels of screening, please include the completed job application (along with a copy of the this signed release) in your FAX to LABORCHEX.**

Signature of Official Authorizing Investigation: \_\_\_\_\_

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

**Liquor Pouring Tax  
Statement for Month of  
\_\_\_\_\_, 20\_\_\_\_**

**Taxes are due by the 15<sup>th</sup> of each month. A 25% penalty is due if not received by this date.**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Total Sales of Liquor: \_\_\_\_\_

Multiply by 0.03 to get subtotal (Percentage of Excise Tax Due to City)

Subtotal: \_\_\_\_\_

**If not past due**, multiply subtotal by 0.03 to get amount due licensee (Percentage of Excise Tax Due to Licensee Pursuant to Section 35.02-2 (e)).

Total Amount Due Licensee: \_\_\_\_\_

**If paid after the 15<sup>th</sup>**, add a 25% Penalty to the above subtotal and **Do Not** multiply subtotal by 0.03 to calculate amount due licensee.

Total: \_\_\_\_\_

**If not past due**, to obtain the grand total due to the City, subtract from the subtotal the amount due to licensee from above.

Grand Total Due to City of Blue Ridge: \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that the above information is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please return THIS original form with your payment to:  
City of Blue Ridge, 480 West First Street, Blue Ridge, GA 30513

**Example:**

Total Sales of Liquor: \$6,000.00

X 0.03 (Percentage of Excise Tax Due to City)

Subtotal: \$180.00

X 0.03 (Percentage of Excise Tax Due to Licensee Pursuant to Section 35.02-2 (e)(3), **if not past due**).

Total Amount Due to Licensee: \$5.40

**If paid after the 15<sup>th</sup>**, add a 25% penalty to above subtotal.

subtotal:  $\$180.00 \times .25 = \$45.00$

**If not past due**, subtract amount due to licensee from subtotal.

**Paid on or before the 15<sup>th</sup>:**

Grand Total Due to City of Blue Ridge:  $\$180.00 - \$5.40 = \underline{\$174.60}$

**Paid after the 15<sup>th</sup>:**

Grand Total Due to City of Blue Ridge:  $\$180.00 + \$45.00 = \underline{\$225.00}$



CITY OF BLUE RIDGE

MALT BEVERAGE, WINE, AND DISTILLED SPIRITS  
MONTHLY FOOD & BEVERAGE SALES REPORT

REPORT FOR THE MONTH OF \_\_\_\_\_, 20\_\_

Business Name

Address

Business Owner's Name

Business Manager's Name

1. Gross Monthly Sales.....\$\_\_\_\_\_

\*Only consumable sales should be included in the gross monthly sales. Ex. Retail should not be included.

a. Monthly Sales of Food.....\$\_\_\_\_\_

b. Monthly Sales of Wine.....\$\_\_\_\_\_

c. Monthly Sales of Malt Beverages.....\$\_\_\_\_\_

d. Monthly Sales of Distilled Spirits.....\$\_\_\_\_\_

2. Total Monthly Alcohol Sales.....\$\_\_\_\_\_

3. Percentage of Monthly Alcohol Sales.....\_\_\_\_\_

To get percentage of alcohol sales, divide total monthly alcohol sales by the gross monthly sales.

This report must be filed with the City of Blue Ridge licensing department by the **fifteenth (15<sup>th</sup>) day of each month** following the month for which you are reporting. (Example - Report for May will be due by June 15<sup>th</sup>)

**\*\*ATTACH A COPY OF YOUR STATE SALES TAX REPORT AND A COMPUTER GENERATED REPORT SHOWING THE SALES RECORDED ABOVE\*\***

I certify that this report and the preceding pages have been examined by me and is a true and complete return for the period stated.

Date

Business Owner's Signature

**CITY OF BLUE RIDGE**  
**LIST OF EMPLOYEES**  
**BUSINESSES WITH ALCOHOL POURING LICENSE**

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REPORT FOR THE MONTH OF \_\_\_\_\_, 20\_\_\_\_  
**(MUST BE SUBMITTED BY THE 15<sup>TH</sup> OF EACH MONTH)**

\_\_\_\_\_  
**Business Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Business Owner's Name**

\_\_\_\_\_  
**Business Manager's Name**

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**Employees employed in a capacity which would require an employee beverage pouring permit:**

	NAME	BIRTHDAY
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

**Employees who have terminated employment during the period being reported:**

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____