



# Alcoholic Beverage License Application

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Business Name: <i>The Legacy Theatre</i>		Business Location: <i>1175 Senoia Rd</i>	
Nature of Business:		Mailing Address:	Business Phone Number: <i>404 895 1473</i>
Name of Licensee: <i>Bethany Smith</i>		Home Address:	Home Phone Number:
Name of Licensee Representative: <i>"</i>		Home Address:	Home Phone Number:
Please indicate type of licenses applying for:			
Retail Consumption Dealer		Retail Package Dealer	Wholesale Dealer
<input checked="" type="checkbox"/> Malt Beverage & Wine	<input type="checkbox"/> Malt Beverage & Wine	<input type="checkbox"/> Malt Beverage & Wine	
<input type="checkbox"/> Distilled Spirits	<input type="checkbox"/> Distilled Spirits	<input type="checkbox"/> Distilled Spirits	
<input type="checkbox"/> Off-Premises Catering	-----	-----	
Please Indicate type of business:			
<input type="checkbox"/> Sole Ownership List owner information below	<input type="checkbox"/> Partnership List information below for all general partners	<input type="checkbox"/> Close Corporation List information below for all officers, directors, and stockholders	<input checked="" type="checkbox"/> Corporation List registered agent for service of process below
NAME	ADDRESS	PHONE NUMBER (Home and Business)	
<i>Bethany Smith</i>			
<i>Mark Smith</i>			
		<i>Business</i>	
		<i>404-895-1473</i>	

*pd/ck 11/7/26 350*