Alcoholic Beverage License Application

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Business Name:	Business Location:	
Partners II Pizza of Tyrone	995 Senoia Rd	Tyrone GA 30290
Nature of Business: Restaurant	Mailing Address: 995 Senoia Rd	Business Phone Number: 770-306-3363
Name of Licensee: John Victor Kaufman	Home Address:	Home Phone Number:
Name of Licensee Representative:	Home Address:	Home Phone Number:

Please indicate type of licenses applying for:

Retail Consumption Dealer		Retail Package Dealer		Wholesale Dealer	
X	Malt Beverage & Wine		Malt Beverage & Wine		Malt Beverage & Wine
	Distilled Spirits		Distilled Spirits		Distilled Spirits
X	Off-Premises Catering		----------		----------

Please Indicate type of business:

	Sole Ownership List owner information below		Partnership List information below for all general partners		Close Corporation List information below for all officers, directors, and stockholders		Corporation List registered agent for service of process below

NAME	ADDRESS	PHONE NUMBER (Home and Business)
John Victor Kaufman		770-306-3363
Teresa Noelle Kaufman		