



Town of Tyrone
950 Senoia Road
Suite A
Tyrone, GA 30290
Phone: (770)487-4038
www.tyrone.org

Alcoholic Beverage License Application

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

| | | |
|--|-----------------------------------|--|
| Business Name: Tyrone Depot Event Center | Business Location: Tyrone, Ga. | |
| Nature of Business: Event Center | Mailing Address: 847 Senoia Rd | Business Phone Number: 404-922-7085 |
| Name of Licensee: | Home Address: | Home Phone Number: |
| Name of Licensee Representative: William Chad Buffkin | 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 | <input checked="" type="checkbox"/> Malt Beverage | <input checked="" type="checkbox"/> Malt Beverage |
| <input checked="" type="checkbox"/> Wine | <input checked="" type="checkbox"/> Wine | <input checked="" type="checkbox"/> Wine |
| <input checked="" type="checkbox"/> Distilled Spirits | <input checked="" type="checkbox"/> Distilled Spirits | <input checked="" type="checkbox"/> Distilled Spirits |

Please Indicate type of business:

| | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Sole Ownership List owner information below | <input checked="" type="checkbox"/> Partnership List information below for all general partners | <input checked="" 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) |
|-----------------|---------|-------------------------------------|
| Thomas F. Young | | 770-778-1212 |
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