

**CITY OF CALHOUN
ALCOHOL LICENSE
REQUEST FOR MANAGER CHANGE**

CHECK LIST

- ☐ Complete and submit your application via email to snelson@calnet-ga.net, or you may mail or hand deliver to City Hall at 226 South Wall Street, Calhoun, GA 30701
- ☐ One document to prove the managers residential address – Must be Gordon County or adjacent county resident.
- ☐ Before the manager change application shall be added to the agenda the LiveScan criminal history must be completed. After submission of the application to City Hall please contact the Calhoun Police Department at 10 McDaniel Station Road. After submitting application an appointment must be made in by calling 706-629-1234.
- ☐ Please complete the [SAVE and E-Verify Combined Form](#) and return separately to SNelson@calnet-ga.net along with a [Secure-and-Verifiable-Document](#).
- ☐ \$50.00 Application Fee

**CITY OF CALHOUN, GEORGIA
ALCOHOL - BEER, WINE, LIQUOR
MANAGER CHANGE APPLICATION**

Business Name _____ Store address _____

Type of License _____

Prior Manager _____

Name of Proposed Manager _____ Telephone Number _____ Email _____

Manager's Date of Birth _____ State and County of Birth _____ Date of Obtaining Manager Position _____

Manager's Current Home Address _____ County of Residence _____

(Must be a resident of Gordon County, or an adjacent county, at the time of this application and remain a resident of Gordon County, or an adjacent county, at all times while managing a store with a license for sale of alcoholic beverages in the City of Calhoun.)

Business Phone Number _____ Manager's Home Phone Number _____ Length of Employment with Licensee _____

Name and Address of Nearest Relative _____

Oath:

"I solemnly swear that the above facts are true to the best of my knowledge and that I am actively participating in the management of the operation."

Printed Name _____

Signature _____

(City Use Only)

Council Date: _____ (Approved/Denied)