

# CITY OF LITHONIA - 2026

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

### APPLICANT INFORMATION

INSTRUCTIONS: EVERY QUESTION MUST BE ANSWERED FULLY AND ACCURATELY. IF THE SPACE PROVIDED IS NOT SUFFICIENT, ANSWER THE QUESTION ON A SEPARATE SHEET AND INDICATE IN THAT SPACE THAT A SEPARATE SHEET IS ATTACHED. WHEN COMPLETED, IT MUST BE DATED, SIGNED AND VERIFIED UNDER OATH BY THE LICENSEE AND FILED WITH CITY HALL TOGETHER WITH ALL SUPPORTING PAPERS, AND A CERTIFIED CHECK FOR THE EXACT FEES. IN THE CASE OF A CORPORATION, THE LICENSE SHALL BE ISSUED JOINTLY TO THE CORPORATION AND TO THE MAJORITY STOCKHOLDER IF AN INDIVIDUAL. IF THE MAJORITY STOCKHOLDER IS ANOT AN INDIVIDUAL, THE LICENSE SHALL BE ISSUED JOINTLY TO THE CORPORATION AND ITS REGISTERED AGENT. IN THE CASE OF A PARTNERSHIP, THE LICENSE SHALL BE ISSUED TO ONE OF THE PARTNERS.

Licensees Full Name (Last, First, Initial)

|                |      |        |
|----------------|------|--------|
| Date of birth: | SSN: | Phone: |
|----------------|------|--------|

Current address:

|       |        |           |
|-------|--------|-----------|
| City: | State: | ZIP Code: |
|-------|--------|-----------|

|                          |  |  |
|--------------------------|--|--|
| Business Mailing Address |  |  |
|--------------------------|--|--|

|       |        |           |
|-------|--------|-----------|
| City: | State: | ZIP Code: |
|-------|--------|-----------|

|                |                      |  |
|----------------|----------------------|--|
| Business Phone | Current City License |  |
|----------------|----------------------|--|

|   |   |                                      |
|---|---|--------------------------------------|
| Type of Ownership: <input type="checkbox"/> Single Proprietor | <input type="checkbox"/> Partnership or Association | <input type="checkbox"/> Corporation |
|---|---|--------------------------------------|

Corporation Name: (If applicable)

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) \_\_\_\_\_

|                        |                         |             |
|------------------------|-------------------------|-------------|
| Date of Incorporation: | Place of Incorporation: | % Interest: |
|------------------------|-------------------------|-------------|

Partner(s) Corp. Officer(s) Name(s) & Resident Addresses

\*Licenses are issued only for a number of months remaining in calendar year, any partial months shall be counted as a full month. License fees are not refundable.

\*\* Sunday sales permits are issued only to consumption on premises establishments. New establishments are given six months to comply with the 50% food sales of total gross food and beverage sales; no affidavit is required for new establishments.

|                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Renewal with other changes (specify) |
|--------------------------------------|---|

|   |  |
|---|--|
| <input type="checkbox"/> Renewal, without changes | <input type="checkbox"/> Change(s) for Current License (specify) |
|---|--|

|   |  |
|---|--|
| <input type="checkbox"/> Renewal with new Ownership |  |
|---|--|

|   |  |
|---|--|
| <input type="checkbox"/> Type of Business:<br><input type="checkbox"/> Package Store<br><input type="checkbox"/> Restaurant<br><input type="checkbox"/> VFW<br><input type="checkbox"/> BPOE (Elks) | <input type="checkbox"/> Grocery<br><input type="checkbox"/> Gas Station with grocery<br><input type="checkbox"/> Country Club<br><input type="checkbox"/> American Legion<br><input type="checkbox"/> Other (specify) |
|---|--|

Type of License: ☐ Package ☐ Consumption on Premises ☐ Wholesaler

|  | Monthly Fee | Months | Fee Due |
|--|-------------|--------|---------|
| <input type="checkbox"/> Beer, Retail              | \$42.00     | X      | =       |
| <input type="checkbox"/> Wine, Retail              | \$42.00     | X      | =       |
| <input type="checkbox"/> Beer and Wine, Retail     | \$62.50     | X      | =       |
| <input type="checkbox"/> Distilled Spirits, Retail | \$84.00     | X      | =       |
| Beer, Wholesale Dealer (annual)                    | \$100.00    |        |         |

|  |                   |         |     |                     |
|--|-------------------|---------|-----|---------------------|
| Wine, Wholesale Dealer (annual)  | \$100.00          |         |     |                     |
| Distilled spirits, Wholesale Dealer (annual)   | \$100.00          |         |     |                     |
| Sunday Sales **  | \$20.00           | X       |     | =                   |
| 1. Will you have entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in detail:   |                   |         |     |                     |
| 2. Does the licensee, partner, corporation, or owner have any ownership interest in any other licensed alcoholic beverage business in the State of Georgia? If yes, give name, business name, and location of business.                                  |                   |         |     |                     |
| 3. List the full name, address, and other pertinent information for each person having any interest in the application and the percentage of interest.   |                   |         |     |                     |
| NAME   | RESIDENCE ADDRESS | SSN NO. | DOB | % INTEREST          |
|  |                   |         |     |                     |
|  |                   |         |     |                     |
|  |                   |         |     |                     |
|  |                   |         |     |                     |
|  |                   |         |     |                     |
|  |                   |         |     |                     |
|  |                   |         |     |                     |
| 4. List the name and address of the owners of the building and land and the name and address of the lessor and sub lessor and amount of rent paid.   |                   |         |     |                     |
| Name   |                   | Address |     | Amount of Rent Paid |
| Owner of Building  |                   |         |     |                     |
| Owner of Land  |                   |         |     |                     |
| Lessor   |                   |         |     |                     |
| Sub Lessor   |                   |         |     |                     |
| 5. How much of the capital is being invested in the business and by whom?  |                   |         |     |                     |
| Name   |                   | Address |     | Amount Invested     |
|  |                   |         |     |                     |
|  |                   |         |     |                     |
|  |                   |         |     |                     |
| 6. How much of the capital of this business is borrowed and from whom?   |                   |         |     |                     |
| 7. Name of the manager of the business for which this application is filed and state how compensated?  |                   |         |     |                     |
|  |                   |         |     |                     |
| Name   |                   | Address |     | Percent Interest    |
|  |                   |         |     |                     |
|  |                   |         |     |                     |
|  |                   |         |     |                     |
| 8. Have you attached a copy of the floor plan of the establishment showing entrances, exits and location of alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |         |     |                     |
| 9. Is this a corporation, partnership, or single proprietorship? If this is a corporation, please file a copy of your corporate papers showing the officers and date incorporated. If partnership, please file a copy of the partnership papers, if any. |                   |         |     |                     |
| Have you attached a registered agent form? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |         |     |                     |
| 10. Have you received a copy of the City of Lithonia Alcohol Beverages Ordinance? (No application can be processed until you acknowledge receipt of a copy of this ordinance)  |                   |         |     |                     |

| PERSONNEL STATEMENT  |                 |             |
|--|-----------------|-------------|
| <p><b>Instructions:</b> This personnel statement must be executed under oath, by the licensee, all owners, managers, and officers and/or directors of the corporation of any place of business applying for an alcoholic beverage license. Each question must be fully answered. If space provided is not sufficient answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. A separate personnel statement for all the above persons must be submitted with each license application.</p> |                 |             |
| 1.Full name:   |                 |             |
| 2.Full name and address of business of which this personnel statement is a part:   |                 |             |
| 3. Position of applicant in business:  |                 |             |
| State ownership or interest, if any, in this business:   |                 |             |
| Salary or annual compensation:   |                 |             |
| 4. Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, recycling, or selling alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |             |
| If yes, give names and locations and amount of interest in each:   |                 |             |
| 5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:  |                 |             |
| 6. Has any alcoholic beverage business in which you hold (or have held) any financial interest or in which you are employed by ever been cited for any violation of the rules and regulations of the State Revenue commissioner relating to the sale and distribution of alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, give details:  |                 |             |
| 7. In the past ten years have you bought and sold any alcoholic beverage business, give details (date, license number, persons, and considerations involved)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                 |             |
| 8. Have you ever been denied bond by a commercial security company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:   |                 |             |
| 9. Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |             |
| What city?   | What county?    | What state? |
| 10. Other names used by applicant: maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.   |                 |             |
|  |                 |             |
|  |                 |             |
| Home address:  | Home phone:     |             |
| Business address:  | Business phone: |             |
| Social Security No.:   | Place of birth: |             |
| Date of birth:   | U.S. Citizen:   | By birth:   |

Revised November 2014

|  |  |                           |              |
|--|--|---------------------------|--------------|
| <b>Attach photo graph (front view) taken within the past year.</b>   |  | <b>Attach photo below</b> |              |
|  |  |                           |              |
| <b>Signature of Applicant:</b>   |  |                           |              |
| <b>REGISTERED AGENT FORM</b>   |  |                           |              |
| <b>Business Name:</b>  |  |                           |              |
| <b>Business Location:</b>  |  |                           |              |
| <b>City, State, Zip Code:</b>  |  |                           |              |
| <p>I, _____ do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of the Alcoholic Beverages Ordinance of Lithonia (every establishment holding an alcoholic beverage license in the City of Lithonia must have a registered agent and this person must be a resident of DeKalb County, Georgia).</p> <p>This _____ day of _____</p> |  |                           |              |
| <b>Signature of Agent:</b>   |  |                           |              |
| <b>Type or Print Name of Agent:</b>  |  |                           |              |
| <b>Agent's Home Address:</b>   |  | <b>City</b>               | <b>State</b> |
|  |  |                           | <b>Zip</b>   |
|  |  |                           |              |
| <b>Sex:</b> <input type="checkbox"/> F <input type="checkbox"/> M  |  | <b>Race:</b>              |              |
| <b>Agent's Social Security Number</b>  |  | <b>DOB:</b>               |              |
|  |  |                           |              |
| <b>APPROVED:</b>   |  |                           |              |
| <b>Signature of Licensee:</b>  |  |                           |              |
| <b>Signature of Owner:</b>   |  |                           |              |
| <b>Signature of Officer or Director</b>  |  | <b>Title:</b>             |              |
| <b>Signature of Officer of Director</b>  |  | <b>Title:</b>             |              |
| <b>Affidavit of Person having Knowledge of Applicant's Residence</b>   |  |                           |              |

State of Georgia, \_\_\_\_\_ County

Personally appeared before the undersigned Notary Public who says under oath that he or she is personally acquainted with

\_\_\_\_\_  
(Name of alcoholic beverage license applicant)

\_\_\_\_\_  
(Name of Person having knowledge)

And that he or she knows of his/her own knowledge that said applicant has resided in the County of \_\_\_\_\_

State of Georgia, since 19\_\_\_\_, and is now a resident of said State and county, and from one year prior

to \_\_\_\_\_ day \_\_\_\_\_ 19 \_\_\_\_ has resided at \_\_\_\_\_  
(address of licensee for past year)

**Affiant**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_

**Notary Public:** \_\_\_\_\_

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

(SEAL)

Note: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Licensee understands that any license issued pursuant to this application is condition upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_, Licensee, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for city license are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

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Licensee Signature (full name in ink)

I hereby certify that \_\_\_\_\_  
(Full name of licensee)

Signed his/her name to the forgoing application after stating to me that he/she knew and understood all statements and answers made therein and, under oath actually administered by me, has sworn that said statements are and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_

Notary Public (SEAL)

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

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date

**REPORT OF SURVEY FOR ALCOHOLIC BEVERAGE LICENSE**

Applicant Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

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

The undersigned has examined the subject location and has made measurements to determine the compliance or non-compliance with distance requirements as follows:

\_\_\_\_\_Yards to the (nearest school building, educational building, school grounds, or college campus. The term *school building* applies only to state, county, city or church school buildings and to such buildings at such other schools in which are taught subjects commonly taught in the common schools and colleges of this state. The term *campus* is defined as buildings used for educational purposes and the space adjoining such buildings necessary and convenient and habitually used for educational purposes)

Which is located at \_\_\_\_\_  
(street address of facility)

\_\_\_\_\_yards to the (alcoholic treatment center) which is located at \_\_\_\_\_  
(street address of facility)

**A DISTANCE OF ONE HUNDRED (100) YARDS IS REQUIRED**

All measurements shall be as follows:

- a) From the front door of the structure from which beverage is sold or offered for sale; then
- b) In a straight line to the nearest public sidewalk, walkway, street, road, or highway, then
- c) Along such public sidewalk, walkways, street, road, or highway by the nearest routes; then
- d) To the front door of the building, or to the nearest portion of the grounds, whichever is applicable under this city code.

**A SCALE DRAWING OF THE LOCATION OF THE PREMISES SHOWING THE DISTANCE TO THE ABOVE MUST BE ATTACHED.**

In my opinion, the premises indicated above meet the distance requirements for licensing.

\_\_\_\_\_  
Georgia Registered Land Surveyor

\_\_\_\_\_  
Surveyor No.

(SEAL)

**SUNDAY SALES APPLICATION  
AFFIDAVIT AND CERTIFICATION**

Note: This part only applies to licensed consumption on the premises establishments deriving a minimum of fifty percent (50%) of their total annual gross food and beverage sales from the sale of prepared meals or food, or licensed establishments deriving at least fifty percent (50%) of their total annual gross income from the rental of rooms for overnight lodging.

Name of Establishment:

Address of Establishment:

Licensee's Name:



Note: For new establishments, the below affidavit shall not be required and such establishments shall be allowed six (6) months to comply with the 50% rule; however, the licensee must sign the application and indicate his/her title.

The following information must be provided:

|  |          |            |
|--|----------|------------|
| Gross receipts from food and food service, this period | \$ _____ | ( _____ %) |
| Gross receipts from beverage service, this period      | \$ _____ | ( _____ %) |
| Gross receipts for food and beverage, this period      | \$ _____ | ( 100 %)   |

Briefly describe the method by which receipts are segregated daily into food and beverage service:

I hereby affirm in consideration of selling beer, malt beverages, and wine for consumption on the premises on Sunday between the hours of 12:30 p.m. and 12:00 midnight that, in accordance with the City of Lithonia Alcoholic Beverages Ordinance, at least 50% of this licensed establishment's annual gross food and beverage sales receipts is derived from the sale of prepared meals and food. I further affirm that the City of Lithonia may audit our records to verify same at its discretion.

\_\_\_\_\_  
Signature of Preparer and Title

\_\_\_\_\_  
Signature of Licensee and Title

State of Georgia, \_\_\_\_\_ County \_\_\_\_\_

Sworn under oath this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

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

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

(SEAL)

Note: Sunday sales permits are granted for the full calendar year for the number of months remaining in the calendar year. The permit fee shall be prorated based on the number of months remaining in the calendar year; partial months shall be counted as a full month. Fees are not refundable and permits shall not be transferable.

All annual permit renewals shall be filled with the \_\_\_\_\_ of Lithonia not later than November 30 of the year preceding the license year for which the permit is to be issued unless the \_\_\_\_\_ agrees to a reasonable extension. All renewals are subject to audit.

## APPLICATION FOR OPEN AREA, DECK AND/OR PATIO SALES

**Note:** This part only applies to licensed consumption on the premises establishments.

**Name of establishment:** \_\_\_\_\_

**Address of establishment:** \_\_\_\_\_

**Licensee's Name:** \_\_\_\_\_

No consumption and/or sale of alcoholic beverages shall be allowed in open areas, decks, patios, or similar unenclosed spaces on the premises of an establishment licensed to sell alcoholic beverages unless this application is completed, submitted to the , and approved by the Board of Mayor and Commissioners of the City of Lithonia under such conditions as it may deem appropriate for the protection of public health, safety and welfare including, but not limited to, maximum capacity, ingress and egress.

A site plan showing the enclosed structure and the open area, deck, patio, or similar unenclosed space on the premises must be indicated thereon.

I hereby make application for approval of a \_\_\_\_\_ (patio, deck, other open and unenclosed space) sales area for the consumption and/or sale of alcoholic beverages. I understand it shall be prohibited for customers to leave the premises with open beverages and it is the licensee's responsibility to ensure that no open beverages are sold and carried from the premises.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date of Application

**Date received by :** \_\_\_\_\_

**Agenda item for** \_\_\_\_\_ **meeting of the Board of Mayor and Commissioners**

**Approved this** \_\_\_\_\_ **day of** \_\_\_\_\_, 20\_\_\_\_

**Restrictions, if any** \_\_\_\_\_

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

**Board of Mayor and Commissioners**

**Attest:**

\_\_\_\_\_  
Mayor

\_\_\_\_\_

## LIST OF EMPLOYEES

**Note:** This part only applies to consumption on the premises establishments.

**Name of establishment:** \_\_\_\_\_

**Address of Establishment:** \_\_\_\_\_

**City Beverage License No.:** \_\_\_\_\_

**List employees who will sell, serve, or dispense alcoholic beverages (must obtain alcoholic beverage permit from the City; separate signed application required to be filed by each employee):**

| Name of Employee | Position | Home Address | Home Phone No. |
|------------------|----------|--------------|----------------|
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |
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|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |

**List employees who will not sell, serve, or dispense alcoholic beverages but who will be in close proximity to such alcoholic beverages, e.g., host, hostess, doorman, or bouncer (must obtain non-alcoholic beverage permit from the City; separate signed application required to be filled by each employee):**

| Name of Employee | Position | Home Address | Home Phone No. |
|------------------|----------|--------------|----------------|
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |
|                  |          |              |                |

**List employees whose duties are limited solely to those of busboy, cook, or dishwasher (no permit required):**

| Name of Employee | Position | Home Address | Home Phone |
|------------------|----------|--------------|------------|
|                  |          |              |            |
|                  |          |              |            |
|                  |          |              |            |
|                  |          |              |            |
|                  |          |              |            |

**STATEMENT OF CLEARANCE FROM CHIEF OF POLICE  
CITY OF LITHONIA, GEORGIA**

Provide information below as appropriate to the establishment:

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Name of establishment to be licensed

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Name of sole proprietor

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If a corporation: Name of corporation and name of majority stockholder if an individual

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If a partnership: Name of partnership and the names of the partners

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Name(s) of manager(s) of establishment to be licensed

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Name of registered agent

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Address of establishment

If this application is for consumption on the premises, the applicant/licensee has filed with the Lithonia Police Department names of all employees with their home addresses and home telephone numbers.

Complete and exhaustive investigation has been completed and attached hereto are such investigation reports and recommendations.

Chief of Police, City of Lithonia

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Signature

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Date

## CHECK – OFF LIST

- ☐ Application (Parts I and II). All blanks must be completed and signed and notarized where indicated
- ☐ Personnel Statements (Part III). Required on sole proprietor, all partners, all stockholders with more than 10% ownership, all corporate officers and all managers. Original pictures are required on each form. Photocopy blank form as necessary.
- ☐ Registered Agent Form (Part IV). Registered agent for service of process must reside in DeKalb County Georgia.
- ☐ Affidavit of Person Having Knowledge Applicant's Residence (Part V).
- ☐ Legal Survey (Part VI). Scale drawing showing location of establishment and completion of surveyor's certification.
- ☐ Floor Plan Drawing. Consumption on premises establishments must show kitchen and customer area; convenience stores, grocery stores, gas, drug or dry goods stores must show 80% floor space and storage area devoted to the retail sale of other products.
- ☐ Copy of Menu. Only applies to consumption on premises establishments.
- ☐ Sunday Sales Application; Affidavit and Certification (Part VIII). If sales outside the building interior are desired; only applies to consumption on premises establishments; site plan required; must be approved by the Board of Mayor and Commission of the City of Lithonia.
- ☐ Certified Check for Applicable License Fee. Prorated on number of remaining months in the calendar year; any portion of a month is counted as a full month.
- ☐ Check or Cash for Investigative/Administrative Fee. For new licenses only unless a renewal application is filed with the after the deadline of November 30<sup>th</sup>.
- ☐ Check for Business License. Only applies to those establishments physically located inside the corporate limits of Lithonia.
- ☐ Health Approval. Only applies to consumption on the premises establishments.
- ☐ Fire Approval. Only applies to consumption on the premises establishments.
- ☐ Performance Bond. Only applies to wholesalers.
- ☐ List of Employees (Part IX). Only applies to consumption on the premises establishments.
- ☐ Statements of Clearance from Chief of Police (Part X). Required on applicants, licensees, managers. Applicant/Licensee will be a sole proprietor, major partner, or majority stockholder of the corporation if an individual, if majority stockholder is not an individual, the corporation's registered agent.
- ☐ Review of Code and the Following Notes:
  1. It is advisable that applicants for any alcoholic beverage license make no expenditures, sign no contracts or obligate themselves in any manner without first making themselves aware of all requirements for compliance with State and City Codes.
  2. Any police, health, and fire clearances must be approved in writing by these departments and sent to the before your application for a license can be completely processed.
  3. Any questions you may have with regard to the interpretation of the City of Lithonia Code or its application to your particular situation must be submitted in writing to the City Clerk. Your questions will be reviewed and

answered in writing as appropriate. You must not rely on verbal interpretations of the code of verbal opinions with regard to its application to your particular situation.

4. In addition to the City license, a State license is required; contact the Georgia Department of Revenue.
5. Contact the IRS District Office relative to a federal occupation tax stamp.
6. Employees should make individual application for alcoholic beverage or non-alcoholic beverage permits. No alcoholic beverage permits shall be issued until the establishment's beverage license application is approved.

Note: If renewal with no changes, only Part I must be completed except that consumption on the premises establishments must also complete Part IX (list of employees) and Part VII (Sunday Sales Application) for each year that such sales are desired.

Have you received a copy of the City of Lithonia Alcoholic Beverages Ordinance? (No application can be processed until you acknowledge receipt of a copy of this ordinance)

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Signature of Applicant