CERTIFICATION REGARDING APPLICATION

Personally, appeared before the undersigned of undersigned affiant, who after first being duly swor	n, hereby affirms, says and certifies that he/she is
the Coner of	Naylors Pantry is
authorized to make and execute this application on b	pehalf of the Applicant, and further hereby affirms,
says and certifies as to each of the following:	
I have read and understand the Lowndes County Alc employees of the establishment for which licensure regulations of that Ordinance.	_
I will ensure that the establishment for which licensure laws, rules and regulations of the United States, the Story which may hereafter be enacted as relates to the beverages.	State of Georgia and Lowndes County, now in force
I understand that any license issued is valid for a per December 31 st , that no license shall be assignable another location, and that no portion of the license f during the license year or should the establishment of	or transferrable either to a new licensee or for ee shall be refunded should the license be revoked
The information, documents and statements made of part thereof or supplementary thereto is in each case making false or fraudulent statements and/or repressubject me to criminal and/or civil penalties including	e accurate and complete. I further understand that entations in or with respect to this Application may
Submitted herewith is the sum of \$ 650. cccccccccccccccccccccccccccccccccccc	oplication be denied, I will receive a refund for the
	O. G.
	Signature of Individual Making this Application
Sworn to and subscribed before me	
this 27 day of Septembo 19.	Date: 9/27/19
Vistope B Emanuel	· ·
Notary Public	
My commission expires: September 16,20 EXPIRES	22
TEMBER 16. 2022 - 7	-