5. If Applicant is an Entity, Full Name of the Individual Making this Application for the Applicant  6. Street Address of establishment for which license is sought:  4553 Greenwy Dr. Valdosta GA 31602  7. Street Address of Applicant's Primary Place of Business, if different from question #6 above	1 <del>3</del>	List any aliases, tradenames, or other names under which the Applicant is known or cosiness, or has been known or conducted business during the past three years:
6. Street Address of establishment for which license is sought:  4553 Greenwy Dr. Valdosta GA 31602	5.	If Applicant is an Entity, Full Name of the Individual Making this Application for the Applican
	6.	
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