

CERTIFICATION REGARDING APPLICATION

Personally, appeared before the undersigned officer duly authorized to administer oaths, the undersigned

affiant, who after first being duly sworn, hereby affirms, says and certifies that he/she is the Owner of Beogn Bee. UC , is
authorized to make and execute this application on behalf of the Applicant, and further hereby affirms,
says and certifies as to each of the following:
I have read and understand the Lowndes County Alcoholic Beverage Ordinance and will ensure that all
employees of the establishment for which licensure is sought will be familiar with the provisions and
regulations of that Ordinance.
I will ensure that the establishment for which licensure is sought complies at all times with all applicable
laws, rules and regulations of the United States, the State of Georgia and Lowndes County, now in force
or which may hereafter be enacted as relates to the sale, distribution, or consumption of alcoholic
beverages.
I understand that any license issued is valid for a period of one year, beginning January 1st and expiring
December 31st, that no license shall be assignable or transferrable either to a new licensee or for another
location, and that no portion of the license fee shall be refunded should the license be revoked during the
license year or should the establishment close.
The information, documents and statements made or contained in this Application, or submitted as a part
thereof or supplementary thereto is in each case accurate and complete. I further understand that making
false or fraudulent statements and/or representations in or with respect to this Application may subject
me to criminal and/or civil penalties including a fine and/or imprisonment.
Submitted herewith is the sum of $\$ \frac{4700.0}{}$ [must be a cashier's check, money order, other
certified funds, or cash] which includes the license fee for the year, or partial year, plus the administration
fee. I understand that, should the Application be denied, I will receive a refund for the license fee only
and that the administration fee is non-refundable.
Bria C. Valla
Signature of Individual Making this Application
Sworn to and subscribed before me
this 10th day of DECEMBER 20 24. Date: 12/10/2024
al Velosas
Notary Public O
N. STAR OF STA
My commission expires: AUGUST 11, 2028.
GEORGIA
My commission expires: AUGUST 11, 2028. EXPIRES GEORGIA AUGUST 11, 2028
PIRLICAS