



City of Cochran

Alcoholic Beverage License Application

January 1, 2026 – December 31, 2026

Date: _____

Name of Business:

Physical Address of Business:

Mailing Address of Business:

Applicant Name:

Applicant Date of Birth: _____

Phone Number of Owner/Operator:

Federal ID # or SS #: _____

Description of Business:

Alcoholic Beverage License – \$1,000

Applications and payments are to be made between December 1, 2026, and December 15, 2026. Any licenses that are paid after December 31, 2026, will be subject to a 10% fee added on to the cost of the license. Any payments not received by the close of business on December 31, 2026, may be subject to legal action for the selling of alcohol without a valid license.

I certify that the information reported herein is true and correct.

Signature

**RETURN COMPLETED FORM WITH CORRECT AMOUNT OF TAX DUE TO:
CITY OF COCHRAN, 112 W DYKES ST, COCHRAN, GA 31014.**

BUSINESS LICENSE WILL BE MAILED TO ADDRESS GIVEN ON THIS FORM

PLEASE PROVIDE A COPY OF DRIVERS LICENSE