



CITY OF MADISON  
P. O. BOX 32  
MADISON, GA 30650

PHONE: 706-342-1251  
FAX: 706-342-3454

## Attachment 8

### APPLICATION FOR PACKAGE MALT BEVERAGE AND WINE LICENSE

I, HABIB R. CHAUDHRY, am a potentially eligible  
(Print Name)

applicant under the City of Madison, Georgia, Retail Malt Beverage and Wine License regulations, a copy of which I have received and read and shall have cause to be complied with all times. I make application for a license to engage in the sale of malt beverages and wine at retail in the City of Madison, Georgia, at the following:

Name of Proposed License Holder: HABIB R. CHAUDHRY  
Name of Business: MGS RETAIL, INC DBA Gulf food Mart  
Business Street Address: 1241 PATENTON RD, MADISON, GA 30658

I am a citizen of the United States or a resident alien legally entitled to work in the United States, at least 25 years of age and have been a resident of the State of Georgia for at least one (1) year prior to the filing of this application. I shall be actively involved in the management and operation of the business for which the license is requested. If I am making this application as an agent for a corporation or LLC or other entity, I state that the corporation or LLC or other entity is eligible for such a license, and I am authorized to act on its behalf and bind it through my actions herein. I agree on behalf thereof that any license to sell malt beverages or wine is a privilege, and not a right.

I understand that a violation of any of the laws, ordinances, regulations, or statutes of the State of Georgia and/or the City of Madison, Georgia, pertaining to the sale of malt beverages and/or wine may result in the suspension or revocation of the license. I further understand that this license can be revoked because of the violation of such a law, statute, regulation, or ordinance by any agent or employee of the business, including, but not limited to, the sale of beer or wine to a person under 21 years of age. I understand such offenses could lead to incarceration for up to six months.

I further agree to accept all communications at the above address from the City of Madison, Georgia, regarding this application and any malt beverage and wine license granted there under, and waive any right to notification at a different address.

[Redacted Signature]

CHET SANDERS  
NOTARY PUBLIC  
Clarke County  
State of Georgia  
My Comm. Expires Jan. 6, 2015

subscribed before me, this 7th day of August, 2015.

Notary Public, Morgan County, Ga.  
My commission expires Jan 6, 2018

License approved \_\_\_\_\_ not approved \_\_\_\_\_ CITY OF MADISON, GEORGIA

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Mayor

Attest: \_\_\_\_\_  
City Clerk