



1328504012



Georgia Department of Revenue  
Alcohol and Tobacco Division  
Telephone: (404) 417-4900  
E-mail: [ATDIV@dor.ga.gov](mailto:ATDIV@dor.ga.gov)

**CERTIFICATE OF RESIDENCE FOR RETAIL LICENSE APPLICANTS ONLY**

Submit online at <https://gtc.dor.ga.gov>

STATE OF GEORGIA, \_\_\_\_\_ COUNTY:

I, \_\_\_\_\_, Judge of the Probate Court for

\_\_\_\_\_ County, Georgia, hereby certify that

\_\_\_\_\_ is now, and has been a bona fide resident of the

State of Georgia for one year and the County of \_\_\_\_\_

for one year immediately preceding the date of this affidavit, based upon the affidavit of applicant,

and the evidence submitted therewith.

I further certify that \_\_\_\_\_ is a resident of  
a municipality or a county wherein the sale of distilled spirits is authorized.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Probate  
Court, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

\_\_\_\_\_  
JUDGE OF THE PROBATE COURT

(AFFIX SEAL)

\_\_\_\_\_  
COUNTY, GEORGIA