State of Georgia
Georgia Department of Revenue
Administrative Hearing Office

PLEA OF NO CONTEST FORM

The undersigned Licensee enters a **PLEA OF NO CONTEST** to the charges set for hearing on _____ (date) at_____(time) in_____(location), Georgia. I certify that I have read and understand the Department's ALCOHOLIC BEVERAGE AND TOBACCO LICENSEE COMPLIANCE STANDARDS AND PROGRESSIVE DISCIPLINE POLICY. I acknowledge that the privilege of maintaining my Georgia state alcoholic beverage and/or tobacco license is conditioned upon compliance with all laws and rules governing alcoholic beverages and/or tobacco in this state, and that failure to comply with such laws will subject the licensee to the imposition of penalties in accordance with the ALCOHOLIC BEVERAGE AND TOBACCO LICENSEE COMPLIANCE STANDARDS AND PROGRESSIVE DISCIPLINE POLICY.

This_____day of_____, 20_____

_____
SIGNATURE OF LICENSEE (OR DESIGNEE)

_____
NAME OF LICENSEE (PRINT)

_____
NAME OF BUSINESS (PRINT)

_____
STATE ALCOHOL OR TOBACCO LICENSE NUMBER

_____
CITATION NUMBER

* * * * * * * * * * * * * *

Please use the following space to provide the Hearing Officer with any statements that you want the officer to review during the evaluation of this matter.

_____

_____

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_____

(Continue explanation on a separate sheet of paper if necessary)