

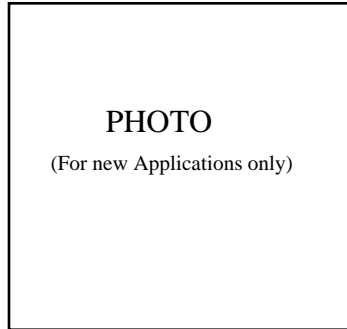
**BARTOW COUNTY APPLICATION  
FOR NEW MALT BEVERAGE, WINE  
AND ALCOHOLIC BEVERAGE LICENSE  
FOR LICENSE YEAR 20**

DATE OF APPLICATION \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

Please attach a passport photo.  
(The application will not be complete without it.)

- \_\_\_\_\_ New Application
- \_\_\_\_\_ Renewal
- \_\_\_\_\_ New Ownership
- \_\_\_\_\_ Change in Management



Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

**INSTRUCTIONS:** EACH AND EVERY question must be fully answered (typewritten or printed in ink). If the question does not pertain, so indicate. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed with the License Department, together with all supporting papers and a certified check or money order for the exact fee.

**I HEREBY CERTIFY AS APPLICANT THAT I HAVE RECEIVED, READ AND UNDERSTAND THE BARTOW COUNTY REGULATIONS CONTROLLING ALCOHOLIC BEVERAGES AND HEREBY AGREE TO COMPLY WITH SAID REGULATIONS AND STATE LAW GOVERNING THE SALE OF ALCOHOLIC BEVERAGES.**

Signature of Applicant	Date	Witness	Date
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Signature of Responsible Party	Date	Witness	Date
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APPLICATION FOR (CHECK APPROPRIATE SECTION):

1. (a) New License

- \_\_\_\_\_ 1. Malt Beverage Package - Fee \$500 (\$400 License Fee and \$100 Filing Fee)
- \_\_\_\_\_ 2. Wine Package - Fee \$400 (\$300 License Fee and \$100 Filing Fee)
- \_\_\_\_\_ 3. Malt Beverage and Wine Package - Fee \$900 (\$800 License Fee and \$100 Filing Fee)
- \_\_\_\_\_ 4. Consumption on Premises - Fee \$1,000 (\$900 License Fee and \$100 Filing Fee) NO DISTILLED SPIRITS
- \_\_\_\_\_ 5. Consumption on Premises –Malt Beverage, Wine and Distilled Spirits \$1500.00 (\$1400.00 License Fee and \$100.00 filing Fee)

(b) Renewal License

- \_\_\_\_\_ 1. Malt Beverage Package - Fee \$500 (\$450 License Fee and \$50 Filing Fee)
- \_\_\_\_\_ 2. Wine Package - Fee \$400 (\$350 License Fee and \$50 Filing Fee)
- \_\_\_\_\_ 3. Malt Beverage and Wine Package - Fee \$900 (\$850 License Fee and \$50 Filing Fee) NO DISTILLED SPIRITS
- \_\_\_\_\_ 4. Consumption on Premises - Fee \$1500 (\$1450 License Fee and \$50 Filing Fee) WITH DISTILLED SPIRITS

(c) Transfer of Ownership

- \_\_\_\_\_ 1. Malt Beverage Package - Fee \$500 (\$400 License Fee and \$100 Filing Fee)
- \_\_\_\_\_ 2. Wine Package - Fee \$400 (\$300 License Fee and \$100 Filing Fee)
- \_\_\_\_\_ 3. Malt Beverage and Wine Package - Fee \$900 (\$800 License Fee and \$100 Filing Fee) NO DISTILLED SPIRITS
- \_\_\_\_\_ 4. Consumption on Premises - Fee \$1,500 (\$1400 License Fee and \$100 Filing Fee) WITH DISTILLED SPIRITS

(c) Change in Resident Manager (New application to be filled out if company information has changed.)

- \_\_\_\_\_ 1. Malt Beverage Package - Fee \$100
- \_\_\_\_\_ 2. Wine Package - Fee \$100
- \_\_\_\_\_ 3. Malt Beverage and Wine Package - Fee \$100
- \_\_\_\_\_ 4. Consumption on Premises - Fee \$100 (With and Without Distilled Spirits)

(d) Wholesale License

- \_\_\_\_\_ Malt Beverage Package - \$100.00
- \_\_\_\_\_ Wine Package - \$100.00

Manufacturing

- \_\_\_\_\_ Malt Beverage - \$3000.00
- \_\_\_\_\_ Wine Fee – \$3000.00
  
- \_\_\_\_\_ Special Events - NO charge for up to 2 days

\_\_\_\_\_ Festivals - \$100.00 Per Day

\_\_\_\_\_ Brewpubs (with various endorsements). \_\_\_\_\_ Alcoholic Beverage Caterers - \$100.00 (per day)

NO REFUND shall be made to license holders whose license is suspended or revoked. Annual license fees shall NOT be pro-rated for applications whose businesses operate for less than one calendar year.

2. Applicant: License Holder's Name (NO initials, spell out all names); List all names used in the last five years. Applicant must completely fill out page 5 of this form.

\_\_\_\_\_

3. This license is for the use of:

Name (Owner of Business) \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_

4. Trade Name of Business \_\_\_\_\_

Type of Business: \_\_\_\_\_

Georgia Sales Tax # \_\_\_\_\_ F E I Number \_\_\_\_\_

Tax Exempt Number (if Applicable) \_\_\_\_\_

Mailing Address (If different from business address)

\_\_\_\_\_

5. Has any person with an interest in this application ever made an application for an alcoholic beverage license at any previous time in any jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, give name of jurisdiction, date and disposition of that application or applications.)

\_\_\_\_\_

6. Has this place of business or anyone connected therewith been cited or charged at any time with any violation of Local, State or Federal law or regulation or any rule or regulation by any jurisdiction pertaining to alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, give details on separate sheet, including jurisdiction, date, type of charge, disposition of charge)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List all pertinent information for each person, firm or corporation having ANY interest in this application and the type and percent of that interest.

Name	Address	Birth Date	Sex	Interest

8. List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms or corporations herein listed are interested in, employed by, or associated with in any way whatsoever.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. List full name and address and other pertinent information of the owner of the building if the building is leased. (Attach copy of current lease)

Owner	Address	Other Information

10. Investigation for application for alcoholic Beverage license

**Applicant Name** \_\_\_\_\_

Aliases \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_

SS# \_\_\_\_\_ Length of Residency \_\_\_\_\_

Home Address \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Address \_\_\_\_\_

County \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Birthplace \_\_\_\_\_ County \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Driver's License # \_\_\_\_\_ Education \_\_\_\_\_

Build \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Physical Characteristics \_\_\_\_\_

(Deformities, Scars, Tattoos, Etc.)

Previous Employment

(1) Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Phone \_\_\_\_\_

(2) Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

(3) Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Phone \_\_\_\_\_

11. Previous Address (other than present)

(1) \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

(2) \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

(3) \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

12. List all previous arrests and disposition of the charges (Including driving under the influence) date and place of arrest and conviction. (Except minor traffic offenses such as speeding)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Have you ever been fingerprinted? \_\_\_\_\_ Where \_\_\_\_\_

13. Investigation for application for alcoholic Beverage license

**Responsible Resident Name** \_\_\_\_\_

Aliases \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_

SS# \_\_\_\_\_ Length of Residency \_\_\_\_\_

Home Address \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Address \_\_\_\_\_

County \_\_\_\_\_ Business Phone \_ (\_\_\_\_) \_\_\_\_\_

Birthplace \_\_\_\_\_ County \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Driver's License # \_\_\_\_\_ Education \_\_\_\_\_

Build \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Physical Characteristics \_\_\_\_\_

\_\_\_\_\_  
(Deformities, Scars, Tattoos, Etc.)

Previous Employment

(1) Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Phone \_\_\_\_\_

(2) Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Phone \_\_\_\_\_

(3) Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Phone \_\_\_\_\_

14. Previous Address (other than present)

(1) \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

(2) \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

(3) \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

15. List all previous arrests and disposition of the charges (Including driving under the influence) date and place of arrest and conviction. (Except minor traffic offenses such as speeding)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Have you ever been fingerprinted? \_\_\_\_\_ Where \_\_\_\_\_

16. Is the place of business more than 500 feet from the nearest school building, school ground, college campus, or church as measured by the most direct route of travel on the ground?

Yes it is more than 500 feet \_\_\_\_\_ No it is not more than 500 feet \_\_\_\_\_

**YOU MUST SUBMIT A SURVEYOR'S STATEMENT**  
(See page 9 for statement form)

## Surveyors Certification

I \_\_\_\_\_, a registered land surveyor in the State of Georgia do hereby certify that I have examined the property of \_\_\_\_\_  
\_\_\_\_\_ (name of business) for which there has been an application for a malt beverage and/or wine license in Bartow County by \_\_\_\_\_  
\_\_\_\_\_ (applicant's name).

I have determined that said property, is more than 500 feet of the nearest school building, school ground, college campus, or church as measured by the most direct route of travel on the ground. Said distance was measured from the front door of the structure from which alcoholic beverages are sold or offered for sale; in a straight line to the nearest public sidewalk, walkway, street, road or highway; along such public sidewalks, walkway, street, road or highway by the nearest route; to the nearest portion of the school building, school grounds, college campus, church or church grounds. The word "school" shall include kindergartens, primary and secondary schools, colleges and other educational institutions whether public or private.

This \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Registered Land Surveyor  
State of Georgia No. \_\_\_\_\_



**CERTIFICATION**  
**BARTOW COUNTY TAX OFFICE**

This is to certify there are no delinquent taxes either upon real property or personal property including that of previous owners owing to Bartow County pertaining to the following property:

1. (Name of Business) \_\_\_\_\_
2. (Property location) \_\_\_\_\_
3. (Tax map identification number) \_\_\_\_\_

There are no delinquent taxes owing to Bartow County either upon real property or personal property by any of the following named persons:

1. Applicant \_\_\_\_\_
2. Owner \_\_\_\_\_
3. Any parties of interest in the business named above:  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the tax records of Bartow County and find no delinquent taxes against the property or individuals listed above.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Bartow County Tax Commissioner  
Or Deputy Tax Commissioner

**APPLICANT PLEASE NOTE: AN AFFIDAVIT OF THE TAX COMMISSIONER MUST BE OBTAINED EACH YEAR WHEN RENEWAL APPLICATIONS ARE MADE.**

**Consent Form**

The undersigned hereby authorize the Bartow County Commissioner or his designees to receive any criminal history record information pertaining to me/us which may be in the files of any Federal, State or Local Criminal Justice Agency.

\_\_\_\_\_  
**Applicant's Full Name** (printed)

Signature: \_\_\_\_\_

\_\_\_\_\_  
**Responsible Resident Full Name** (printed)

Signature: \_\_\_\_\_

\_\_\_\_\_  
**Owner's Full Name** (printed)

Signature: \_\_\_\_\_

\_\_\_\_\_  
Part of Interest in Business    Full Name (printed)

Social Security Number \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
Part of Interest in Business    Full Name (printed)

Social Security Number \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to and subscribed before  
Me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Georgia  
My Commission Expires: \_\_\_\_\_

**RELEASE FOR APPLICANT**

The undersigned hereby authorize and request the Sheriff of Bartow County, Georgia, to obtain a records check on me from the Georgia Crime Information Center (GCIC). I have been advised that this information will be used by the County for the purpose of determining whether to issue to me a license to sell alcoholic beverages of any kind, and the Sheriff of Bartow County is hereby authorized to release this information to the Commissioner of Bartow County or his designee.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Party of Interest Business Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Party of Interest Business Signature

**IMPORTANT:** The applicant, owner or party of interest in the business (if different from applicant) including the corporate officer or officers who can convey title to corporate property **MUST** sign this release.

**RELEASE FOR RESPONSIBLE RESIDENT**

The undersigned hereby authorize and request the Sheriff of Bartow County, Georgia, to obtain a records check on me from the Georgia Crime Information Center (GCIC). I have been advised that this information will be used by the County for the purpose of determining whether to issue to me a license to sell alcoholic beverages of any kind, and the Sheriff of Bartow County is hereby authorized to release this information to the Commissioner of Bartow County or his designee.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Responsible Resident Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Party of Interest Business Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Party of Interest Business Signature

**IMPORTANT:** The applicant, owner or party of interest in the business (if different from applicant) including the corporate officer of officers who can convey title to corporate property **MUST** sign this release.

## Certification

### Bartow County Sheriff's Department (Applicant)

This is to certify that according to the records in the Bartow County Sheriff's Department and G.C.I.C.,

(Full Name - No Initials) \_\_\_\_\_

(Address) \_\_\_\_\_

(Date of Birth) \_\_\_\_\_ (SS#) \_\_\_\_\_

(Drivers License #) \_\_\_\_\_ has/has not been convicted of driving under the influence within the past five (5) years and (has the following record) or (has no criminal record).

\_\_\_\_\_  
Sheriff

\_\_\_\_\_  
Date

PLEASE NOTE: The applicant must complete a **separate** form to be submitted to the Sheriff's Department for each person listed on the criminal information, release and consent forms. Application will not be complete with out it.

### Consent

The undersigned hereby authorize the Bartow County Commissioner or his designees to receive any criminal history record information pertaining to me/us which may be in the files of any Federal, State or Local Criminal Justice Agency.

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

**Applicant's Full Name** (printed) \_\_\_\_\_

Signature: \_\_\_\_\_

## Certification

### Bartow County Sheriff's Department (Responsible Resident)

This is to certify that according to the records in the Bartow County Sheriff's Department and G.C.I.C.,

(Full Name - No Initials) \_\_\_\_\_

(Address) \_\_\_\_\_

(Date of Birth) \_\_\_\_\_ (SS#) \_\_\_\_\_

(Drivers License #) \_\_\_\_\_ has/has not been convicted of driving under the influence within the past five (5) years and (has the following record) or (has no criminal record).

\_\_\_\_\_  
Sheriff

\_\_\_\_\_  
Date

PLEASE NOTE: The applicant and responsible resident must complete a **separate** form to be submitted to the Sheriff's Department for each person listed on the criminal information, release and consent forms. Application will not be complete with out it.

### Consent

The undersigned hereby authorize the Bartow County Commissioner or his designees to receive any criminal history record information pertaining to me/us which may be in the files of any Federal, State or Local Criminal Justice Agency.

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

**Responsible Resident Full Name** (printed) \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTICE OF APPLICATION FOR  
AN ALCOHOLIC BEVERAGE LICENSE**

The Bartow County Commissioner shall review the application of \_\_\_\_\_  
(Name of person applying)

Who has submitted an application on behalf of \_\_\_\_\_  
(Name of entity for whom application is submitted)

A \_\_\_\_\_ license for \_\_\_\_\_ located at  
(Type of license) (Name of business)

\_\_\_\_\_  
(Address)

Said hearing shall be held in the Commissioner's Office in the Frank Moore Administration and Judicial Center,  
135 West Cherokee Avenue, Cartersville, Georgia, at 10:00 o'clock a.m. on \_\_\_\_\_.

All interested persons are encouraged to attend.

If you will require reasonable accommodation in order to participate in this hearing, please contact Marla Coggins at Suite 217B,  
Frank Moore Administration and Judicial Center, 135 West Cherokee Avenue, Cartersville, Georgia 30120, telephone number  
(770) 387-5020 or TDD (770) 387-5034, at least 72 hours prior to the scheduled time of the hearing.

\_\_\_\_\_  
(Applicant)

**PLEASE NOTE:** Please call the Information Services Office for the date of the next hearing. This noticed must be completed and delivered to the Cartersville, Newspaper, Inc. in accordance with Article V, Section 508, (1). **IT IS IMPORTANT TO COMPLETE THIS PAGE, THIS IS YOUR ADVERTISEMENT. IT CAN NOT BE PUBLISHED UNLESS ALL THE BLANKS ARE COMPLETE. YOU MUST ATTACH THE "TEAR SHEETS" IN WHICH THE AD APPEARED.**

## OATH

OATH: I (WE) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a license to sell alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application conditioned upon a fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change **MUST** be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be caused for the suspension or revocation of any license issued. I (We) have received a copy of the Bartow County alcoholic beverage regulations and understand that this copy is to be kept on the licensed premises at all times.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Responsible Resident

\_\_\_\_\_  
Signature of Owner if Not Applicant

\_\_\_\_\_  
Doing Business As or Organization Name

\_\_\_\_\_  
Title

Sworn to and subscribed before  
Me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Georgia  
My Commission Expires: \_\_\_\_\_



# Alcoholic Beverage License Application

Please read over the entire application carefully. Each line needs to be filled out.

- Pages 1-4** Complete and returned to Bartow County Information Services (BCIS).
- Pages 5-8** Complete and taken to the Sheriff's Department.
- Page 9** To be completed by a registered Land Surveyor and returned to BCIS along with the survey.
- Page 10** Complete and have signed by the Bartow County Tax Office. Return to BCIS
- Page 11 -15** Complete and signed by appropriate parties in front of a notary &/or witness (if required) then taken to Sheriff's Department.
- Page 16** Complete and take to news paper to be published for a period of two weeks. You must bring in the Affidavit from the News Paper office and the actual ads from the paper in which the ad appeared. Our office must have these no later than the Friday before the Commissioner Hearing.
- Page 17** Complete and returned to (BCIS)

**\*\*Please call and make an appointment with Deputy Stone at the Bartow County Sheriff's Department 770-382-5050\*\***

**Our office staff can witness and notarized signatures that are signed in our presence  
\*We cannot witness or notarize any paper that is already signed.\***