



BARTOW COUNTY

Community Development Department

Steve Taylor, Sole Commissioner

Lamont Kiser, PE, CFM, Director

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE FOR LICENSE YEAR _____

Office Use Only:

Date Received: _____ Clerk: _____ BW #: _____ State Lic. #: _____ B/L #: _____
 Comm. Hearing Date: _____ Expires: _____ Expires: _____
 License Fee: _____ Date Paid: _____

INSTRUCTIONS: EACH AND EVERY question must be fully answered (typewritten or printed in blue or black 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 documentation and a certified check or money order for the exact fee (made payable to Bartow County Community Development).

Corporations, LLCs, partnerships and other business entities that are applying for a license shall designate an individual shareholder, member or partner as the applicant, and if said person is not a resident of the county, shall also designate a responsible resident. Pursuant to O.C.G.A. § 3-3-2, the responsible resident shall be responsible for any matter relating to the license, including being chargeable for violations of this article. The owner and responsible resident, by submitting an application, shall be deemed to have agreed to this responsibility and to have waived any defenses or objections to such actions.

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.

 Printed Name of **Applicant** Date

 Signature of **Applicant** Date

 Printed Name of **Witness** Date

 Signature of **Witness** Date

 Printed Name of **Resp. Res.** Date

 Signature of **Resp. Res.** Date

 Printed Name of **Witness** Date

 Signature of **Witness** Date

LICENSE TYPES AND FEES:

This application is being made for a (_____) **NEW LICENSE** or a (_____) **LICENSE RENEWAL** or a (_____) **TRANSFER OF BUSINESS OWNERSHIP** for *(not all license types are transferrable)*:

- _____ Retail Malt Beverage Package \$500.00
- _____ Retail Wine Package \$400.00
- _____ Retail Combination Package of Malt Beverage and Wine \$900.00
- _____ Consumption on Premises Package of Malt Beverage and Wine \$900.00 *(no distilled spirits)*
- _____ Consumption on Premises Malt Beverage, Wine and Distilled Spirits \$1,500.00
- _____ Consumption on Premises Farm Winery Tasting Room \$500.00
- _____ Wholesale of Malt Beverage \$500.00
- _____ Wholesale of Wine \$500.00
- _____ Manufacturing of Malt Beverage and/or Wine \$3,000.00
- _____ Special Event, Consumption on Premises for one or two calendar days \$0.00
- _____ Festival License \$100.00 per day
- _____ Brewpub Manufacturing Plus Consumption on Premises for Malt Beverages \$900.00
- _____ Brewpub Consumption on Premises for Wine and Distilled Spirits Endorsement, additional \$500.00
- _____ Brewpub Sales to Wholesalers Endorsement, additional \$200.00
- _____ Brewpub Retail Package Sales of Beer and/or Growlers Endorsement on Premises, additional \$500.00
- _____ Alcoholic Beverage Caterer \$200.00 *(must also possess a consumption on premises license)*

TRANSFER OF BUSINESS OWNERSHIP: *If the business is to commence, or ownership transfer, between January and March, 100% of the fee is due; if between April and June, 75% of the fee is due; if between July and September, 50% of the fee is due, and if between October and December, 25% of the fee is due.*

CHANGE IN RESPONSIBLE RESIDENT:

- _____ Retail Malt Beverage Package \$100.00
- _____ Retail Wine Package \$100.00
- _____ Retail Combination Package of Malt Beverage and Wine \$100.00
- _____ Consumption on Premises Package of Malt Beverage and Wine \$100.00 *(no distilled spirits)*
- _____ Consumption on Premises Malt Beverage, Wine and Distilled Spirits \$100.00

INVESTIGATIVE FEES: *Each application for a license (except an application for a special event license) shall be subject to the license fee above, plus an investigative fee in the amount of \$100.00 (\$50.00 for renewal of licenses where no changes have occurred). Should the applicant be denied a license or should the applicant withdraw the application prior to its being submitted to the commissioner, **no part of the fee is refundable.***

License Fee: _____ + Investigative Fee: _____ = Total Fee: _____

BUSINESS INFORMATION:

Name of Proprietor or Corporation: _____

Address of Registered Corporation: _____

List all pertinent information for each person, firm or corporation having any interest in this application and the type and percent of that interest. **(Provide a copy of the articles of incorporation, LLC and/or partnership.)**

Name	Address	Birth Date	Sex	Interest
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Trade Name of Business: _____

(A copy of the Trade Name Registration may be required if using a DBA.)

Street Address: _____

Mailing Address: _____

Business Location Phone #: _____ Business Location Fax #: _____

Type of Business: _____

Georgia Sales Tax #: _____ F E I #: _____ Tax Exempt #: _____

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) _____

Has this place of business or anyone connected therewith been convicted under a federal, state or local statute, law, ordinance or regulation relating to a) theft, conversion or fraud; b) drugs or alcohol; c) taxes or d) alcoholic beverage license? YES _____ NO _____ (if yes, give details on separate sheet, including jurisdiction, date, type of charge, disposition of charge, etc.)

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

List full name and address and other pertinent information of the owner of the building if the building is leased.

Property Owner: (Name and Address) _____

Phone #: _____ **(Provide evidence of ownership of the business premises or a copy of the lease and/or sub-lease.)**

APPLICANT: (License Holder's FULL Name) List all names/aliases used in the last five years.

Sex: _____ Nationality: _____ Social Security #: _____

Length of Residency: _____ County of Residence: _____

Home Address: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____ Business #: _____

Email Address: _____

Birthplace: _____ County: _____ Birth Date: _____

Driver's License #: _____

Build: _____ Height: _____ Weight: _____ lbs. Hair: _____ Eyes: _____

Physical Characteristics (deformities, scars, tattoos, etc.): _____

Occupation: _____ Employer: _____

Business Address: _____

Previous Addresses (other than present)

a) _____ County: _____ How Long? _____

b) _____ County: _____ How Long? _____

c) _____ County: _____ How Long? _____

Previous Employment

a) Employer: _____ Address: _____

Job Description: _____

From _____ to _____ Phone #: _____

b) Employer: _____ Address: _____

Job Description: _____

From _____ to _____ Phone #: _____

c) Employer: _____ Address: _____

Job Description: _____

From _____ to _____ Phone #: _____

APPLICANT CONTINUED:

List all previous arrests and disposition of the charges (including driving under the influence) date and place of arrest and conviction. (except minor traffic offences such as speeding)

- a) _____
- b) _____
- c) _____

Have you ever been fingerprinted? _____ Where? _____

RESPONSIBLE RESIDENT: (License Holder's FULL Name) List all names/aliases used in the last five years.

Sex: _____ Nationality: _____ Social Security #: _____

Length of Residency: _____ County of Residence: _____

Home Address: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____ Business #: _____

Email Address: _____

Birthplace: _____ County: _____ Birth Date: _____

Driver's License #: _____

Build: _____ Height: _____ Weight: _____ lbs. Hair: _____ Eyes: _____

Physical Characteristics (deformities, scars, tattoos, etc.): _____

Occupation: _____ Employer: _____

Business Address: _____

Previous Addresses (other than present)

a) _____ County: _____ How Long? _____

b) _____ County: _____ How Long? _____

c) _____ County: _____ How Long? _____

RESPONSIBLE RESIDENT CONTINUED:

Previous Employment

a) Employer: _____ Address: _____

Job Description: _____

From _____ to _____ Phone #: _____

b) Employer: _____ Address: _____

Job Description: _____

From _____ to _____ Phone #: _____

c) Employer: _____ Address: _____

Job Description: _____

From _____ to _____ Phone #: _____

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

a) _____

b) _____

c) _____

Have you ever been fingerprinted? _____ Where? _____

SECURE AND VERIFIABLE DOCUMENTS:

Sec. 44-64.- General application requirements and procedures.

The following requirements apply to all license applications, and renewals, unless otherwise noted.

(4) The following identification items shall be presented to the business license office by the applicant and responsible resident prior to an application or renewal being filed for all licenses issued pursuant to this article.

- a. Naturalization documents or valid passport or birth certificate;
- b. Valid driver's license or valid state identification card; or
- c. Social Security card or work visa.

Office Use Only:

Documents Received for the Applicant:

_____ Naturalization Document _____ Passport _____ Birth Certificate
_____ Driver's License _____ State ID card _____ Social Security card _____ Work Visa

Documents Received for the Responsible Resident:

_____ Naturalization Document _____ Passport _____ Birth Certificate
_____ Driver's License _____ State ID card _____ Social Security card _____ Work Visa

SAVE Verification Received:

Applicant - Date verified: _____ Clerk: _____ N/A _____
Responsible Resident - Date verified: _____ Clerk: _____ N/A _____

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENT AFFIDAVIT

O.C.G.A. § 50-36-1(e)(2)

Form A: ALL LICENSE HOLDERS (each applicant/responsible resident *MUST* complete a separate affidavit)

By executing this affidavit under oath, as an applicant for a(n) _____, as referenced in O.C.G.A. § 50-36-1, from Bartow County Government, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1. _____ I am a United States citizen.
2. _____ I am a legal permanent resident of the United States.
3. _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: _____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and may face criminal penalties as allowed by such criminal statute.

Executed on _____, _____, _____, in _____ (city), _____ (state).

Printed Name of Applicant

Signature of Applicant

Business Name

Sworn to and subscribed before me this
_____ day of _____, _____.

~SEAL~

Notary Public

_____ Date my Commission Expires

**BARTOW COUNTY TAX OFFICE
CERTIFICATION**

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. Parcel Tax Map ID Number: _____

There are no delinquent taxes owing to Bartow County either upon real property or personal property by any of the following names 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 _____, _____.

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.

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) and NCIC. I have been advised that this information will be used by the County for the purposes 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 _____, _____.

Applicant's Printed Name

Applicant's Signature

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) and NCIC. I have been advised that this information will be used by the County for the purposes 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 _____, _____.

Responsible Resident's Printed Name

Responsible Resident's Signature

BARTOW COUNTY SHERIFF'S DEPARTMENT

APPLICANT CERTIFICATION

This is to certify that according to the records in the Bartow County Sheriff's Department and GCIC,

Applicant's FULL Name _____

Address _____

Date of Birth _____ Driver's License # _____

Social Security # _____ Visa or Alien # _____

The applicant _____ HAS or _____ 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: A separate form must be completed and submitted to the Sheriff's Department for each person listed on the criminal information, release and consent forms. Applications will not be complete without 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 printed Name: _____

Applicant's Signature: _____

BARTOW COUNTY SHERIFF'S DEPARTMENT

RESPONSIBLE RESIDENT CERTIFICATION

This is to certify that according to the records in the Bartow County Sheriff's Department and GCIC,

Responsible Resident's FULL Name _____

Address _____

Date of Birth _____ Driver's License # _____

Social Security # _____ Visa or Alien # _____

The applicant _____ HAS or _____ 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: A separate form must be completed and submitted to the Sheriff's Department for each person listed on the criminal information, release and consent forms. Applications will not be complete without 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 printed Name: _____

Applicant's Signature: _____

Land Surveyor Requirement: *(for NEW locations only)*

Each application for a license shall be accompanied by a scale drawing showing the nearest church, school or college or shall have attached thereto an affidavit of a registered land surveyor that the proposed location of the licensed premises complies with the distance requirements of this article and any state or federal law.

Surveyors Certification

I, _____, a registered land surveyor in the State of Georgia do hereby certify that I have examined the property of _____ (Business Name)

for which there has been an application for an alcoholic beverage 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 from door to door unless State law specifies otherwise. 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 of _____, _____.

Registered Land Surveyor
State of Georgia No. _____

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 cause 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.

Printed Name of Applicant

Signature of Applicant

Printed Name of Resp. Resident

Signature of Resp. Resident

Doing Business As or Organization Name

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public, State of Georgia

My Commission Expires: _____

-SEAL-