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

Signature of Responsible Party      Date                   Witness      Date

Revised 10/23/07
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
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.
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_____________________________
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________
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 of 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 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 Name (printed) ______________________________________________________

Signature: _________________________________________________________________________

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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 More 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: 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: _____________________
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 newspaper to be published for a period of two weeks. You must bring in the Affidavit from the Newspaper 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.*