TH	E COMMISSION OF GEORGETOV	VN-QUITMAN COUNTY	Received by		
	P.O. BOX 114/25 OLD SC	CHOOL ROAD	Date		
	GEORGETOWN, G	A 39854			
	Phone(229) 334-0903-Fa	x(229)334-2151			
	APPLICATION FOR LICE	OLIC BEVERAGES			
1.	Type of license-Please check one: New	Renewal (complete pag	es 1,2,3,4,5,6,7 &8)		
2.	Type of Business: Restaurant Wine Tasting on Premises Manufacturer/Wholesale Convenience/Supermarket Store				
	*A club or bar must meet the definition of	of a restaurant under the ordnance	to be eligible for a license		
	Will live entertainment be offered? If yes, please explain				
3.	Administrative Fee:				
э.	New application \$255.00	Renewal Application \$100	.00		
4.			.00		
	New application \$255.00		.00		
	New application \$255.00 License Classification & Fees-Please check	all that apply:			
	New application \$255.00 License Classification & Fees-Please check Retail Consumption off Premises:	all that apply:			
	New application \$255.00 License Classification & Fees-Please check Retail Consumption off Premises: Beer and Wine \$1000.00 (class II license	all that apply:	0.00 (Class III license)		
	New application \$255.00 License Classification & Fees-Please check Retail Consumption off Premises: Beer and Wine \$1000.00 (class II license Retail Consumption on Premises:	all that apply: e)Distilled Spirits \$500	0.00 (Class III license)		
	New application \$255.00 License Classification & Fees-Please check Retail Consumption off Premises: Beer and Wine \$1000.00 (class II license Retail Consumption on Premises: Beer & Wine \$2000 (Class IV license)	all that apply: e)Distilled Spirits \$500 Distilled Spirits \$350	0.00 (Class III license)		
	New application \$255.00 License Classification & Fees-Please check Retail Consumption off Premises: Beer and Wine \$1000.00 (class II license Retail Consumption on Premises: Beer & Wine \$2000 (Class IV license) Wholesale:	all that apply: e)Distilled Spirits \$500 Distilled Spirits \$350	0.00 (Class III license)		
4.	New application \$255.00 License Classification & Fees-Please check Retail Consumption off Premises: Beer and Wine \$1000.00 (class II license Retail Consumption on Premises: Beer & Wine \$2000 (Class IV license) Wholesale: Beer, Wine & Distilled Spirits \$3500 (Class	all that apply: e)Distilled Spirits \$500 Distilled Spirits \$350 ass I license)	0.00 (Class III license) 00 (Class V license)		
4.	New application \$255.00 License Classification & Fees-Please check Retail Consumption off Premises: Beer and Wine \$1000.00 (class II license Retail Consumption on Premises: Beer & Wine \$2000 (Class IV license) Wholesale: Beer, Wine & Distilled Spirits \$3500 (Class Business Information:	all that apply:)Distilled Spirits \$500 Distilled Spirits \$350 ass I license)	0.00 (Class III license) 00 (Class V license)		
4.	New application \$255.00 License Classification & Fees-Please check Retail Consumption off Premises: Beer and Wine \$1000.00 (class II license Retail Consumption on Premises: Beer & Wine \$2000 (Class IV license) Wholesale: Beer, Wine & Distilled Spirits \$3500 (Class Business Information: Business Name	all that apply: e)Distilled Spirits \$500 Distilled Spirits \$350 ass I license)	0.00 (Class III license) 00 (Class V license)		
4.	New application \$255.00 License Classification & Fees-Please check Retail Consumption off Premises: Beer and Wine \$1000.00 (class II license) Retail Consumption on Premises: Beer & Wine \$2000 (Class IV license) Wholesale: Beer, Wine & Distilled Spirits \$3500 (Class Business Information: Business NameBusiness Advertising Name	all that apply: (a)Distilled Spirits \$500 Distilled Spirits \$350 ass I license) Phone	0.00 (Class III license) 00 (Class V license)		
4.	New application \$255.00 License Classification & Fees-Please check Retail Consumption off Premises: Beer and Wine \$1000.00 (class II license) Retail Consumption on Premises: Beer & Wine \$2000 (Class IV license) Wholesale: Beer, Wine & Distilled Spirits \$3500 (Class Business Information: Business Name Business Advertising Name Location Address	all that apply: e)Distilled Spirits \$500 Distilled Spirits \$350 ass I license) Phone StateZip	0.00 (Class III license) 00 (Class V license)		

5. Type of Ownership (Please mark appropriate box and fill out section a, b, c, or d as indicated):

Individual(a)	Partnership(b)	Limited Liability Co(c)	Corporation(d)	
ndividual:				
Full Legal Name				
Mailing Address		Physical Address		
City	State	Zip	Code	
Home Phone		Alternate Phone		
RaceSex	DOB	SSN		
Partnership/LLC: All applicants who are non-individual persons shall list the names, addresses and ownership interest of each owner of greater interest. Partnership or LLC Name				
Mailing Address		Physical Address		
City	State	Zip	Code	
Home Phone		_Alternate Phone		
Partners:				
Full Legal Name			% Interest	
Mailing Address		Physical Address	:	
City	Sta	ateZ	ip Code	
Home Phone		_Alternate phone		
Race	SexDOB	SSN		
Full Legal Name		q	% Interest	
Mailing AddressPhysical Address				
Mailing Address.				
		iteZi	p Code	
City	Sta		p Code	

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8. Corporation:

All applicants who are non-individual persons shall list the names, addresses and ownership interest of each owner of a 5% or greater interest.

Name of Corporation	Name should be shown exactly a	is in Articles of Incorporation or	Charter)
Date of Incorporation	Place of Incorpora	tion	
Mailing address.	Physical Address		
City	State	Zip Code	
Home Phone	Alternate Phone		
9. Property: Owner of the property (L	and & building) where the busines	s will be located	
Full Legal Name			
Mailing Address	Р	hysical Address	
City	State	Zip Code	
Home Phone	Alternate Phone		
Yes No If yes, p	where the business is to be located please state name of the lessee.		
	Р		
	State		
Home Phone	Alternate	Phone	
10. Residency/Age requi Is there any party identif five (25) years of age?	rement: ied in Question 7 or Question 9 tha	t is not a legal resident of the Ur	nited States and at least twenty
YesNo If yes	, please give full details on separate	e sheet.	
If not a U.S. Citizen, can t YesNo If yes	they legally be employed in the Unit, please explain:	ted States?	

11. Disclosure of previous denials:

Is there anyone connected with this business that has applied for a beer, wine and/or liquor license from Georgetown-Quitman County or other City or County in the State of Georgia or other state or political subdivision and been denied such? ____Yes ____No If yes, please explain:

12. Disclosure of licenses held:

Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category?

____Yes _____No If yes, please explain:

13. Disclosure of felony/other convictions or offenses: <u>FAILURE TO MAKE FULL DISCLOSURE IN RESPONSES TO THESE</u> <u>QUESTIONS MAY RESULT IN DENIAL OR SUBSEQUENT REVOCATION OF THE LICENSE</u>.

a. Have you ever been arrested, indicted, convicted or entered a plea of nolo contendere for any offense by any State, County, City, Federal or Foreign Governmental Authority? (Do not include minor traffic violations.)

____Yes ____No If yes, please explain in detail and include dates, place, charges and disposition.

b. Is there anyone connected with this business that has entered a plea of nolo contendere or been convicted of a felony or a crime involving moral turpitude?

____Yes ____No If yes, please explain in detail and include dates, place, charges and disposition.

c. Is there anyone connected with business that has entered a plea of nolo contendere or been convicted of any State, Federal or Local ordinance pertaining to the manufacture, possession, use, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof within the last ten years immediately prior to the filing of this application?

____Yes ____No If yes, please explain in detail and include dates, place, charges and disposition.

d. Is there anyone connected with this business that has been found in violation of the ordinances of Georgetown-Quitman County, or any other county or municipality, governing alcoholic beverages licenses with the last five years immediately prior to the filing of this application?

____Yes ____No If yes, please explain in detail and include dates, place, charges and disposition.

e. Is there anyone connected with this business that has been convicted under any Federal, State or County law for a criminal offense involving alcoholic beverages, gambling or tax law violations?

____Yes ____No If yes, please explain in detail and include dates, place, charges and disposition.

f. Has any place of business engaged in the sale of distilled spirits, wine or malt beverages with which you have been associated ever been cited or charged at any time with any violation of Georgia law or Federal law or municipal law or any rule or regulation or ordinance concerning the sale of such products?

____Yes ____No If yes, please explain in detail and include dates, place, charges and disposition.

14. Attached a certified scale drawing of the proposed premises by a registered land surveyor or professional engineer, showing the distance requirement from church and school.

15. Attach evidence or ownership or the building or proposed building or a copy of the lease if the applicant is leasing the building.

16. If the applicant is a franchise, attach a copy of the franchise agreement or contract.

17. If establishment is a restaurant, attach a copy of the menu(s).

18. For Building:

- a) If the building is complete, attach copies of detailed site plans of said building including outside premises and floor plan.
- b) If the building is proposed, attach copies of proposed site plan and specification and building permit of the proposed building.
- c) Show all areas where alcoholic beverages may be sold, served or consumed.

APPLICANT'S/AGENT OATH:

I, ______, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a license to sell alcoholic beverage in Georgetown-Quitman County, Georgia is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said license.

Print applicant's full name as signed below

Signature of Applicant

Title

Date

Sworn to and subscribed before me

this _____day of _____, 20_____.

Notary Public (SEAL)

Expire

Affidavit of Immigration

O.C.G.A. § 50-36-1(e)(2) Affidavit

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

١, _

Name of individual	Title
on behalf of	state that:

Business Name

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:

Please attach a copy of the verifiable document to this Affidavit.

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 face criminal penalties as allowed by such criminal statue.

Signature of Applicant:

Date

Printed Name of Applicant:

Subscribed and sworn before me this

____ day of _____, 20_____

Notary Public My Commission Expires:

ACKNOWLEDGEMENT

I authorize the Unified Government of Georgetown-Quitman County and/or the Sheriff Department of Quitman County to conduct a fingerprint based criminal history record check of me. I understand that the Unified Government of Georgetown-Quitman County and/or the Sheriff Department of Quitman County will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand and authorize that the electronic results of this fingerprint check will be received by Unified Government of Georgetown-Quitman County and/or the Sheriff Department of Quitman County for determining my suitability for the an alcohol license.

I further understand that Unified Government of Georgetown-Quitman County and/or the Sheriff Department of Quitman County will maintain a copy of my record and that my records is subject public disclosure under an open records request.

By:	Date	



Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

• A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

• A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

• A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

• An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

• A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind ex.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

• A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR §

274a.2]

• An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

• A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

• A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

• A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

• A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

• A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

• A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services

(USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

• In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document for proof of or documentation of identity, that document will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must provide written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy if the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event and adverse employment or licensing decision is made, you must be informed of all information
 pertinent to that decision to include the contents of the record and the effect the record had upon the decision.
 Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor
 [O.C.G.A 35-3-34(b) and 35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI, or other state criminal history may be obtained at the <u>GBI website</u> (<u>http://gbi.georgia.gov/obtaining-criminal-history-record-information</u>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the <u>GBI website (http://gbi.georgia.gov/obtaing-criminal-history-redcord-information).</u>

I HAVE READ & RECEIVED A COPY OF NON-CRIMINAL JUSTICE PRIVACY RIGHTS

SIGNATURE

DATE

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statuses pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I HAVE READ & RECEIVED A COPY OF THE PRIVACY ACT STATEMENT

SIGNATURE

DATE

BELOW IS FOR COMPANY USE ONLY

SHERIFF DEPARTMENT INVESTIGATION

g. Georgetown-Quitman County Sheriff's Department Investigation						
Location verified: YesNo Background check-List convictions, charges and pending charges on any individuals connected with this business operation:						
Name	Charge/Date		Disposition			
Department Re	commendations:					
Name	Charge/Date		Disposition			
Department Re	commendations:					
Sheriff's Signat	ure Print Name Date	Print Name		Date		

CODE ENFORCEMENT OFFICER PREMISE & STRUCTURE

INSTRUCTIONS: Under oath, each question must be fully answered. If space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached.

1. Type of Business:

Restaurant	Club	_	_ Wine Tasting on Premises	
Manufacturer/Wholesa	le Convenience Store	Supermarket	Other *	
*Please explain				
Full Legal Trade Name of B	usiness			
Mailing Address Physical Address				
City	State	Zip Code		
Home Phone	Alternate Ph	one		
Is this location within a com	mercial zoning district?			
Yes No				
Please indicate zoning classi	fication:			
Does the completed building	g or the proposed building comply enue Commissioner and Laws of t		or Georgetown-Quitman Co	
Does the completed building regulations of the State Rev		ne State of Georgia?		
Does the completed building regulations of the State Rev YesNo If no, please explain reason	enue Commissioner and Laws of th	ne State of Georgia? methods to rectify t	he same:	
Does the completed building regulations of the State Rev YesNo If no, please explain reason	enue Commissioner and Laws of t	ne State of Georgia? methods to rectify t	he same:	
Does the completed building regulations of the State Rev YesNo If no, please explain reason 	enue Commissioner and Laws of th	ne State of Georgia? methods to rectify t 	he same:	
Does the completed building regulations of the State Rev YesNo If no, please explain reason 	enue Commissioner and Laws of the building are readily visible at a	ne State of Georgia? methods to rectify t n sufficient lighting s Il times from the from uch building?	he same:	

6. For Restaurants Only:

а) Number of square feet of total floor area:				
b) Number of square feet devoted to dining	area:		-	
c) Seating capacity:					
d) Number of full time employees:				
e) Do you have a full service kitchen?	Yes No			
f	Hours of service for prepared meals or foo	d:			
g h) Hours of operation:) Is the place of business in full compliance Alcoholic Beverages Ordinance?	with definition of "Restaurant" une	der the Georgetown-Quitman	County	
7. For	Supermarket/Convenience Store Only:				
) Number of square feet of floor area:				
) Number of square feet devoted to the sale) Is the establishment devoted principally to			No	
Ľ	is the establishment devoted principally to	the retail sale of grocenes and roo	ou products:resN	10	
	If no, please explain:			_	
				-	
				-	
				_	
- C	ode Enforcement Signature	Print Name	Date		
	CO	MMISSION OFFICE			
		APPROVED			
_					

Signature

Print Name

Date