CORDELE POLICE DEPARTMENT

ALCOHOL LICENSE APPLICATION

Applicant's Full Legal Name: _____

Name of Establishment: _____

Address: _____

Telephone: _____ Date : _____

Type of Application

	Beer Only – Consumed Off Premises	A02	$350.00
	Beer Only – Consumed On Premises	A01	$400.00
	Wine Only – Consumed Off Premises	A00	$550.00
	Wine Only – Consumed On Premises	A00	$600.00
	Beer & Wine – Consumed Off Premises	A04	$900.00
	Beer & Wine – Consumed On Premises	A05	$1,000.00
	Liquor, Beer & Wine – Package (Off Premises Only)	A03	$4,225.00

To Be Completed By Police Department Staff

Distance to the nearest Church: _____ Nearest Church Name: _____

Church Address: _____

Distance to the nearest School Ground or Youth Center: _____

Nearest School/Youth Center Name: _____

School/Youth Center Address: _____

Distance Requirements Meet Per GA Code 3-3-21 - Yes: ____ No: ____

Application Reviewed By (print name): _____

Signature: _____

Concerns:

_____

_____

_____

_____

_____

Initial Approval Yes: ____ No: ____ Date Forwarded To Chief of Police: _____

Date Application Reviewed by Chief of Police: _____ Signature of Chief of Police: _____

CITY OF CORDELE

INDIVIDUAL CONSENT REQUEST FOR DISSEMENIATION OF RECORDS AND INFORMATION

Named – Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize **Agency/Company Name:** _____ to conduct an inquiry for the purpose(s) listed below to receive any Georgia and or national criminal history record information as authorized by state and federal law.

Please Print All Information

Full Legal Name_____
Address _____
Telephone _____
Sex: Male ____ Female ____ Race: _____ **Date of Birth:** _____ **Social Security No:** _____

☐ This authorization is valid for _____ days from date of signature.

☐ I, _____, the City of Cordele to fingerprint me and have my fingerprints ran through a national database.

☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature **Date**

FOR ALCOHOL PERMITS ONLY

After completion of the background investigation the named applicant above has been:

☐ **Approved**

☐ **Denied**

CITY OF CORDELE

APPLICATION FOR ALCOHOL BEVERAGE LICENSE

Name of Establishment: _____

Address of Establishment: _____

Telephone: _____ Date : _____

Type of Application

	Beer Only – Consumed Off Premises	A02	$350.00
	Beer Only – Consumed On Premises	A01	$400.00
	Wine Only – Consumed Off Premises	A00	$550.00
	Wine Only – Consumed On Premises	A00	$600.00
	Beer & Wine – Consumed Off Premises	A04	$900.00
	Beer & Wine – Consumed On Premises	A05	$1,000.00
	Liquor, Beer & Wine – Package (Off Premises Only)	A03	$4,225.00

Applicant Information:

Applicant's Full Name: _____

List any other names known by including maiden or previous married:

_____

_____ _____ _____

Social Security Number Date of Birth (MM/DD/YYYY Age

_____ _____ _____

Sex Height Weight

Applicant's Street Address: _____

Mailing Address (if different): _____

Applicant's Previous Address (List for the past ten (10) years (Use additional sheets if necessary)

1. **Dates: From** _____ **To** _____

   Street Address:

   _____

   County _____ **City/State/Zip Code** _____

2. **Dates: From** _____ **To** _____

   Street Address:

   _____

   County _____ **City/State/Zip Code** _____

3. **Dates: From** _____ **To** _____

   Street Address:

   _____

List the names and addresses of all Directors, Officers, Managers, Owners, Stockholders or other persons with interest in this business. (*Use additional sheets if necessary)*

Interest Holder's Full Name: _____

List any other names known by including maiden or previous married:

_____

_____ _____

Date of Birth (MM/DD/YYYY **Social Security Number**

_____

Interest Holder's Full Name: _____

List any other names known by including maiden or previous:

_____

_____ _____

Date of Birth (MM/DD/YYYY **Social Security Number**

I have received a copy of the Ordinances relating to the operation of establishments selling alcoholic beverages in the City of Cordele. I understand these requirements and will comply with all of the provisions contained therein.

Applicant's Signature: _____

I have completed each question to the best of my knowledge. I understand the making of any untrue or misleading statement in the application for the above listed license shall be sufficient cause for the denial, suspension, revocation, or cancellation of such license by the City Commission without refund of any part of the license fee.

Applicant's Signature: _____

Attach a copy of Driver's License and Social Security Card.
A Money Order payable to the City of Cordele in the amount of $45.00.