



# City of Ringgold

150 Tennessee Street  
Ringgold, GA 30736

Office (706) 935-3061  
Fax (706) 965-7446

## APPLICATION FOR CITY OF RINGGOLD MALT BEVERAGE-LIQUOR-AND/OR WINE LICENSE YEAR 20\_\_\_\_

License NO. \_\_\_\_\_

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

☐ On premises consumption ☐ Off premises consumption

**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, notarized and filed with the License Department, together with all supporting papers.**

### OATH

OATH: I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application 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 have received a copy of the City of Ringgold Malt Beverage and Wine Ordinance as amended and swear affirm that I will abide by and comply with all of the terms of the ordinance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business and/or Organization Name

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

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

1. Applicant: Name of Individual

(NO initials, spell out all names); List all names used in the last five years and maiden name.

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

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

C/Eyes \_\_\_\_\_ C/Hair \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Name of all minor children \_\_\_\_\_

2. List all convictions, guilty pleas and pleas of nolo contendere for violation of all laws, City, State, and Federal of both applicant and spouse.

\_\_\_\_\_ Applicant must be fingerprinted by the Catoosa County Sheriff's Office.  
Fingerprints must be made at least fifteen (15) days prior to issuance of any license in order to allow for the investigation of the applicant.

\_\_\_\_\_ A State Approved Photo I.D. must accompany this application.

\_\_\_\_\_ Attach, for proof, a copy of U.S. Citizenship.

\_\_\_\_\_ Attach copy of deed or lease

\_\_\_\_\_ Please Provide a copy of the State of Georgia License to sell Alcoholic Beverages (once received from state).

3. Name of Business \_\_\_\_\_

Form of Business: (Check one)

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

Business Street Address:

\_\_\_\_\_

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

Mailing Address (If different from business street address)

\_\_\_\_\_

Names and address of all persons having any financial interest in the business:

\_\_\_\_\_

\_\_\_\_\_

This application is for license for the following: (Place "yes" or "no" in each blank)

|                                                     | (ON) Premises | (Off) Premises |
|-----------------------------------------------------|---------------|----------------|
| <del>\$500</del> Retail outlet (malt beverage)      | _____         | _____          |
| <del>\$500</del> Wholesale outlet (malt beverage)   | _____         | _____          |
| <del>\$500</del> Retail (wine)                      | _____         | _____          |
| <del>\$500</del> Wholesale (wine)                   | _____         | _____          |
| <del>\$4000</del> Retail Outlet (Distilled Spirits) | _____         | _____          |
| <del>\$500</del> Private Club                       | _____         | _____          |
| <del>\$500</del> Micro-Brewery                      | _____         | _____          |
| <del>\$500</del> Brew Pub                           | _____         | _____          |
| <del>\$500</del> Micro-Distillery                   | _____         | _____          |

4. Name of Landlord or property owner \_\_\_\_\_

Address of Landlord or property owner \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is existing building being used or new building erected \_\_\_\_\_

Trade name or proposed trade name of business \_\_\_\_\_

5. Proposed Outlet Manager if different from applicant

Name \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_

6. List all convictions, guilty pleas and pleas of nolo contendere for violation of all laws, City, State, and Federal of both Outlet Manager and spouse.

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

\_\_\_\_\_ **Applicant must be fingerprinted by the Catoosa County Sheriff's Office. Fingerprints must be made at least fifteen (15) days prior to issuance of any license in order to allow for the investigation of the applicant.**

\_\_\_\_\_ **A State Approved Photo I.D. must accompany this application.**

\_\_\_\_\_ **Attach, for proof, a copy of U.S. Citizenship.**

## Affidavit Verifying Status For City of Ringgold Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Ringgold, Georgia Alcohol License, Malt Beverage and/or Wine License, Pouring Permit, Occupational Tax Certificate or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a \_\_\_\_\_ with the City of Ringgold, Georgia.

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

1) \_\_\_\_\_ I am a United States citizen

or

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

\*

Alien Registration Number for non-citizens

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_



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## DESIGNATED AGENT CONSENT AND INFORMATION FORM CITY OF RINGGOLD ALCOHOLIC BEVERAGE LICENSE

I, \_\_\_\_\_ do hereby consent to serve as the Designated Agent for the licensee, owners, officers, and/or directors and perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Ringgold, Georgia. I understand the basic purpose is to have and continuously maintain in Catoosa County a Designated Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served. **I understand that the Designated Agent must be a resident of Catoosa County.**

\_\_\_\_\_  
SIGNATURE OF DESIGNATED AGENT:

\_\_\_\_\_  
DATE

Print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## SIGN OFF SHEET

- This Is to Certify That I Have Received and Read the City of Ringgold Code of Ordinances Chapter 6 Entitled Alcoholic Beverage. **Can be found at:**  
[https://library.municode.com/ga/ringgold/codes/code\\_of\\_ordinances?nodeId=PTIICOOR\\_CH6ALBE](https://library.municode.com/ga/ringgold/codes/code_of_ordinances?nodeId=PTIICOOR_CH6ALBE)
- This Is to Also to Certify That I Understand the Rules & Regulations Required by the City of Ringgold to Include but Not Inclusive of the Following:
  - Closing & Vacation of Premises
  - Hours of Operations
  - Sales to Underage Persons
- This Is to Certify That I Understand That a Copy of this Chapter Shall Remain on the Premises of My Establishment Permanently.

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Applicant/Designated Agent - Owner

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Notary

**CERTIFICATION**  
**CITY OF RINGGOLD, GEORGIA ALCOHOL BEVERAGE APPLICATION**

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

\_\_\_\_\_  
Address

Will Begin Business On \_\_\_\_\_  
Date

OR

Is Already In Operation And, Will Begin the Sale of Alcohol Beverage on \_\_\_\_\_  
Date

## **Criminal Background Review Certification**

City of Ringgold Police Department

This is to certify that I have reviewed this application and criminal background of the applicant and store manager. I find no reason to deny a malt beverage wine license.

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date



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## BACKGROUND/FINGERRINT APPLICATION

### INSTRUCTIONS TO SHERIFF'S DEPT.:

Background Check: ☐

Applicant Fingerprint Cards (only): ☐

Submit Fingerprints to State: ☐

### REFERENCE #

Alcohol - Applicant ☐

Alcohol - Manager ☐

Alcohol - Server ☐

NAME (full): \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

BEST PHONE #: \_\_\_\_\_ D.O.B: \_\_\_\_\_ S. S. #: \_\_\_\_\_

NAME OF BUSINESS TO USE PERMIT: \_\_\_\_\_

LIST ALL PRIOR ARRESTS (if any): \_\_\_\_\_

### FOR ALCOHOL ONLY:

I UNDERSTAND THE PROVISIONS OF THE CITY OF RINGGOLD'S ALCOHOLIC BEVERAGES ORDINANCE #2016-0411-02.

DATE \_\_\_\_/\_\_\_\_/20\_\_\_\_ SIGNATURE: \_\_\_\_\_

TO BE FILED AT RINGGOLD CITY HALL, 150 TENNESSEE STREET, ALONG WITH A PAYMENT OF \$87.00 PROCESSING FEE.

\$87.00 Fee paid on \_\_\_\_\_, 20\_\_\_\_ ☐ Cash ☐ Ck # \_\_\_\_\_ ☐ Credit Card

### FOR OFFICE USE ONLY:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\$87.00 Processing Fee includes \$42.00 State, \$25.00 Sheriff & \$20.00 City

## Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided 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.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a 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 officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

## Privacy Act Statement

*This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.*

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 statutes 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.

Principle 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 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 the 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.

As of 02/04/2021

**Applicant Privacy Rights  
Notification Signature Form**

**Applicant Notification and Record Challenge:**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

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Signature

Print Name

Date

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize Ringgold Police Department/Ringgold City Hall Agency/Company to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

|                          |             |                      |                               |
|--------------------------|-------------|----------------------|-------------------------------|
| <b>Full Name (print)</b> |             |                      |                               |
| <b>Address</b>           |             |                      |                               |
| <b>Sex</b>               | <b>Race</b> | <b>Date of Birth</b> | <b>Social Security Number</b> |
|                          |             |                      |                               |

- ☒ This authorization is valid for 30 days from date of signature.
- ☐ I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Attorney for Individual (Pur E and U Only) \_\_\_\_\_ Bar Number \_\_\_\_\_ Date \_\_\_\_\_

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

| NON-CRIMINAL JUSTICE PURPOSES                   |                                                                      |
|-------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/>                        | E - Employment                                                       |
| <input type="checkbox"/>                        | M - Working with Mentally Disabled                                   |
| <input type="checkbox"/>                        | N - Working with Elderly                                             |
| <input type="checkbox"/>                        | W - Working with Children                                            |
| <input type="checkbox"/>                        | P - Public Records (no consent required)                             |
| <input type="checkbox"/>                        | F - Probate Court / Weapons Carry License                            |
| PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) |                                                                      |
| <input type="checkbox"/>                        | U - Personal Copy                                                    |
| CRIMINAL JUSTICE EMPLOYMENT                     |                                                                      |
| <input type="checkbox"/>                        | J - Civilian Criminal Justice Employment (State & III Info Received) |
| <input type="checkbox"/>                        | Z - Sworn Criminal Justice Employment (State & III Info Received)    |

The inquiry resulted in the following: (check all that apply)

|                          |                                                        |
|--------------------------|--------------------------------------------------------|
| <input type="checkbox"/> | No Criminal Record Available                           |
| <input type="checkbox"/> | Criminal Record (Attached/Released)                    |
| <input type="checkbox"/> | No NCIC/GCIC Warrant                                   |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant (List Wanting Agency Below) |

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature and Title