CITY OF WHITESBURG
ALCOHOLIC BEVERAGE LICENSE APPLICATION

60 Booster Field Drive
Whitesburg, GA 30185
Telephone: 770-834-0848 Fax: 770-832-1180
Email: cdollar@whitesburg-ga.com

INSTRUCTIONS: Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in that space that a separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed in person by the applicant with the Whitesburg City Hall, 60 Booster Field Drive, Whitesburg, Georgia 30185 together with all supporting documentation and a check for the required non-refundable application fee.

A license issued to an individual shall be issued in the name of the individual. A license issued to a partnership shall be issued in the name of the partnership and in the name of one of the partners who shall be the named licensee. A license issued to a corporation having as its principal business the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the majority stockholder or a principal officer of the corporation; and such majority stockholder or officer shall be the named licensee. A license issued to a corporation having as its principal business an activity other than the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the officer or employee of the corporation primarily responsible for the operation of the licensed premises; and such officer or employee shall be the named licensee.

NON-REFUNDABLE APPLICATION FEE

Package Beer **$100.00** ☐ Pouring Restaurant – All **$250.00** ☐ Retail Distilled Spirits Package **$500.00** ☐

Package Wine **$100.00** ☐ Pouring Beer & Wine **$100.00** ☐

TYPE OF OUTLET (Check Only One):

☐ Retail Package Sales ☐ Restaurant

TYPE OF LICENSE/Annual License Fee (Check Only One):

☐ Retail Package Malt Beverages & Wine **$350.00** ☐ Retail Sale of Distilled Spirits Package **$5,000**

☐ Pouring License Restaurant **$2,500.00** ☐ Limited Pouring License Restaurant **$500.00**

* PART I *

1. TYPE OF OWNERSHIP:

☐ Individual ☐ Partnership ☐ Corporation

(A) If individual, give full name and legal address of owner:

_____
Full Name Address

(B) If corporation/partnership give corporate/partnership name:

_____

Federal Tax ID: _____

Name, percent interest and legal address of principle stockholders and corporate officers or partners:

_____
Full Name Address % Interest

_____
Full Name Address % Interest

_____
Full Name Address % Interest

_____
Full Name Address % Interest

_____
Full Name Address % Interest

Describe the principle business of the corporation/partnership:

_____

Full name, legal residence, and social security number of the named licensee (a) Individual (b) Principal Officer/Employer (c) Partner, each partner must be a named licensee:

_____
Full Name Address

2. Is the above address your legal and bona-fide place of domicile? ☐ Yes ☐ No
3. Trade name of business for which application is made: _____

4. Address of business for which application is made: _____

Phone Number: _____
Business Home

Mailing Address: _____

If additional space is required, please attach to this application, noting which section it refers to.

*** PART II ***

1. Will the proposed outlet have live entertainment? ☐ Yes ☐ No (If yes, describe how often and what type in detail)

_____

_____

_____

2. Have you received a copy of the City of Whitesburg Alcoholic Beverage Ordinance? ☐ Yes ☐ No
   No application will be processed until receipt of a copy of this ordinance is acknowledged.

3. Have you included with this application a check for the non-refundable application fee required by Chapter 3 of the Alcohol Beverage Ordinance of the City of Whitesburg? ☐ Yes ☐ No

4. As required by Chapter 3 of the Alcoholic Beverage Ordinance of the City of Whitesburg, have you included the following with this application? Please check the applicable answer(s).

   (a) A copy of the deed to the premises to be licensed, if owned by applicant. ☐

   (b) A copy of the lease agreement covering the premises to be licensed, if leased by the applicant. ☐

   (c) In the case of a partnership, a copy of the partnership agreement. ☐

   (d) In the case of a corporation, a copy of the articles of incorporation. ☐

   (e) A current stamped certificate from a registered surveyor which shows a scale drawing of the premises and the location at which the applicant desires to operate an alcoholic beverage outlet and which shows, with linear foot measurements where appropriate, such location's compliance or noncompliance with the provisions of Chapter 3 of the Alcoholic Beverage Ordinance of the City of Whitesburg. ☐

5. Have you confirmed with the City of Whitesburg Community Development Department that the location of the proposed outlet is in a zoning district approved for the sale of alcoholic beverages subject to the specific limitations of the respective district as provided for in Chapter 3 of the Alcoholic Beverage Ordinance of the City of Whitesburg?
   Yes ☐ No ☐

6. If applicable, have you received approval from the City of Whitesburg Building Official for any new construction, renovations, remodeling, etc. at the premises to be licensed? ☐ Yes ☐ No

7. If applicable, have you received an approved site plan from the City of Whitesburg for the location of the premises to be licensed? ☐ Yes ☐ No

8. If applicable, have you received a Carroll County Health Department Food Service Permit and any other applicable local, state, or federal permits, etc. required for a food service establishment?
☐ Yes ☐ No

9. Do you comply with the requirements of Regulation 560-2-2-.38 below? ☐ Yes ☐ No
Neither a retail dealer or retail consumption dealer, whether licensed in this State or not, nor any of his employees or members of such retail dealers or retail consumption dealer's immediate family shall have, own, or enjoy any ownership interest in, or partnership arrangement or other business association with the business of any wholesaler, manufacturer, producer, shipper, importer or broker.

10. Has the named licensee and all other persons otherwise required, submitted themselves to the Carroll County Sheriff's Office for fingerprinting and background check(s) as provided for in Chapter 3 of the Alcoholic Beverage Ordinance of the City of Whitesburg? ☐ Yes ☐ No

11. Has the named licensee, any partner(s), the corporation, or any corporate officer been:

(a) Convicted within the last ten (10) years of any felony or any misdemeanor involving moral turpitude? ☐ Yes ☐ No

(b) Any other misdemeanor within the past five (5) years? ☐ Yes ☐ No

(c) Denied or had revoked, within the past five (5) years, any license to sell alcoholic beverages issued by any government entity? ☐ Yes ☐ No

(d) Been convicted of selling alcohol to a minor within the past three (3) years? ☐ Yes ☐ No

If the answer to any portion of question 11 is yes, describe in detail and give dates of occurrences:

_____

_____

_____

12. Has any alcoholic beverage business in which the named licensee, partner(s), the corporation, or corporate officers holds or has held any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinance/legislation relating to the sale or distribution of alcoholic beverage? ☐ Yes ☐ No

If yes, describe in detail and give dates:

_____

_____

_____

13. On behalf of the name licensee, provide three (3) personal references (not relatives, former employers, fellow employees or school teachers) who are responsible, reputable adults, business or professional men or women, who have known the named licensee during the past five (5) years.

Include name, residence, business address, and number of years known.

_____

_____

14. Is the named licensee a citizen of the U.S.? ☐ Yes ☐ No

_____

Place of Birth Date of Birth

*** PART III ***

VERIFICATION

State of Georgia, _____ County

I, _____, Licensee, do solemnly swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

_____

Applicants Signature (FULL NAME IN INK)

I hereby certify that _____ signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____ 20_____

_____ My Commission Expires: _____

Notary Public

(Seal)

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for 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 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 retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI 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 FBI 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 FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI 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 obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: https://gbi.georgia.gov/services/obtaining-criminal-history-recordinformation-frequently-asked-questions.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. 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 challenged 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.) 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-askedquestions.
- 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 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.

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 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

Signature: _____ Date: _____

Georgia Crime Information Center

Criminal Background Consent Form

I hereby authorize _____
(Name of person receiving history)

to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in the State of Georgia.

_____
Full Name (print)

_____
Address

_____ _____ _____ _____-_____-_____
Sex Race Date of Birth Social Security Number

_____
Signature

_____
Date

****

Special Employment Provisions (check if applicable):

☐ Employment with mentally disabled (Purpose code 'M')
☐ Employment with elder care (Purpose code 'N')
☐ Employment with children (Purpose code 'W')

One of the following must be checked:
☐ This authorization is valid for 90/180/_____ (circle one) days from date of signature.
☐ I, _____ to give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

☐ Record Attached
☐ No Record

Operator: _____

Date: _____

CITY OF WHITESBURG
ALCOHOL LICENSING DEPARTMENT
60 BOOSTER FIELD DRIVE
WHITESBURG, GA 30185
770-834-0848 Office 770-832-1180 Fax

DATE: _____

_____ is to be fingerprinted for a Criminal History.
NAME OF APPLICANT

Finger Printing under **ORI # GA923387Z** using Live Scan Device to determine licensing eligibility.

I, _____ do hereby authorize the City of Whitesburg to receive any
NAME (FULL PRINTED NAME)
Criminal History Record information pertaining to me which may be in the Files of any State or Local Criminal Justice Agency.

_____
SIGNATURE OF APPLICANT

_____ *DATE:* _____
NOTARY SIGNATURE

AFFIX SEAL My Commission Expires: _____

CARROLL COUNTY SHERIFF'S DEPARTMENT STAFF

Fingerprinting administered by _____ of the Carroll County Sheriff's Dept.
CCSO EMPLOYEE

Date Fingerprinting Performed at Carroll County Sheriff's Department: _____

Date Criminal History Received & Verified: _____

Record Found: ☐ No Record Found: ☐

Criminal History Waiver Required for Licensing Authorization: YES: ☐ NO: ☐
Applicant Approved for License Issuance: YES: ☐ NO: ☐

Please notify the City of Whitesburg Alcohol Coordinator at 770-834-0848 or via email at cdollar@whitesburg-ga.com when the GBI/FBI response is received. A representative from the City of Whitesburg will pick up the Original Criminal History Response. Please attach this document to said response. Thank you!

WHITESBURG CITY HALL STAFF SIGN AND DATE: _____