

LIBERTY COUNTY BOARD OF COMMISSIONERS
APPLICATION FOR
ALCOHOL BEVERAGE LICENSE
NON TRANSFERABLE
MUST BE SUBMITTED WITH ALL FEES AND DOCUMENTATION
ANSWER ALL QUESTIONS BELOW



BUSINESS INFORMATION

Legal Name of Business: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Position of Applicant in Business: _____

Tax Map & Parcel Number: _____ Zoning: _____

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ Non-Profit

Type of Business: ☐ Restaurant ☐ Convenience Store

☐ Package Store ☐ Grocery

☐ Special Event ☐ Other: _____

Is the property where the business is located owned by the applicant: ☐ Yes ☐ No
If No, a copy of the rent or lease agreement must be attached.

Is the location of your business in compliance with the Liberty County Code of Ordinance Section 4-32? ☐ Yes ☐ No

LICENSE TYPE

Type of License Requested (*Check All That Apply*):

Consumption on Premise:

☐ Wine

☐ Beer

☐ Liquor

Package Sales:

☐ Wine

☐ Beer

☐ Liquor

APPLICANT INFORMATION

Full Name: _____

Other Names Used by Applicant: (Maiden, Former Marriages, etc) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Social Security Number: _____ Drivers License Number _____

Race: _____ Sex: _____ Color of Eyes: _____

Date of Birth: _____ Place of Birth: _____

U.S. Citizen: ☐ Yes ☐ No (if No, please complete a citizenship verification below)

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

If married, divorced or widowed, complete the below requested information on spouse:

Full Name of Spouse: _____

Social Security Number: _____ Date of Birth: _____

Place of Marriage: _____ Date of Marriage: _____

Name of Spouse Employer: _____

Citizenship Verification (if applicable)

U.S. Citizen by Naturalization

Date and Port of Entry: _____

Date: _____ Place: _____

Court: _____

Certification Number: _____

Alien Registration Number: _____

Native Country: _____

Derived Parents Certification No.(s): _____

PERSONAL STATEMENT OF FACTS

Failure to make full disclosure in response to these questions may result in denial of subsequent revocation of the requested alcoholic beverage license.

Are you a resident in the State of Georgia? ☐ Yes ☐ No

How many years? _____ In what County? _____

For the last calendar year, did you file and pay any county property tax? ☐ Yes ☐ No

How much? _____ Where? _____

Education: Please list all schools above elementary

School name	Address	Dates attended	Degrees or Certificates Received
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Record: Please list employers for the previous ten (10) years

From/To	Employee	Occupation	Salary Reson for Leaving
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Residence: Please list your residence for the past ten (10) years

From/To	Street Address	City	State
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References: Give three (3) personal references (not relatives)

Name	Address	Phone Number	Years Known
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL STATEMENT OF FACTS (continued)

Failure to make full disclosure in response to these questions may result in denial of subsequent revocation of the requested alcoholic beverage license.

☐ **Yes**

☐ **No**

Have you ever been convicted of, plead guilty to, or plead nolo contendere to any federal, state or local offense, whether a misdemeanor or felony involving (1) moral turpitude (2) alcoholic beverages, gambling, or tax law violations or (3) violations relating to the Georgia Controlled Substances act? Do not include minor traffic violations.

☐ **Yes**

☐ **No**

Have you ever been held in civil or criminal contempt by any federal, state or local court?

☐ **Yes**

☐ **No**

Have you been denied or had revoked any license to sell alcoholic beverages?

☐ **Yes**

☐ **No**

Do you have any interest in any other alcoholic beverage business or any interest in a liquor distillery or wholesale distribution regardless of its location?

☐ **Yes**

☐ **No**

Does any member of your immediate family have any interest in any other alcoholic beverage business or any interest in a liquor distillery or wholesale distribution regardless of its location? (Immediate family shall include spouses, parents, children, brothers and sisters, related by blood or marriage)

☐ **Yes**

☐ **No**

Have you ever been denied a bond by a commercial surety company?

If you answered yes to any of the above questions on this page please provide details below.

VERIFICATION

Note: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly.
This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

I, _____, hereby swear or affirm the information disclosed in this application is true and correct, and further provide that I have read and understand the Liberty County Alcohol Ordinance in its entirety. As the applicant of the alcohol license I will abide by, observe and conduct this business according to the rules and regulations prescribed by the Ordinance.

I hereby authorize Liberty County Board of Commissioners to receive any criminal history record pertaining to me which may be in the files of any state, federal or local criminal justice agency.

Signature of Applicant

Printed Name of Applicant

Date

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

Sworn to and subscribed before me this

_____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

AFFIX SEAL HERE

O.C.G.A. § 50-36-1(e)(2)
U.S. CITIZEN / QUALIFIED ALIEN AFFIDAVIT

As a result of recent law change, Liberty County Board of Commissioners is required to obtain from each person applying for a particular public benefit (including new and renewal licenses) a signed and sworn affidavit verifying his or her lawful presence in the United States that is accompanied by a copy of at least one "secure and verifiable document." By executing this affidavit under oath, as an applicant for :

☐ **Occupational Tax Certificate** ☐ **Alcoholic Beverage License** ☐ **Special Event License/Permit**

for, (Business Name) _____
as referenced to in O.C.G.A. § 50-36-1, from the Liberty County Board of Commissioners, the undersigned applicant verifies one of the following with respect to my application for a public benefit (check one of the following):

- a. ☐ I am a United States citizen 18 years of age or older. Submit a legible front and back copy of your current secure and verifiable document(s) such as driver's license, passport or other document.
- b. ☐ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____ (Required).

Submit a legible front and back copy of one of the following secure and verifiable documents:
U.S. Permanent Resident Card (I-551), or
Valid Foreign Passport with I-94, or
Temporary Resident Alien Card (I-688), or
Employment Authorization Card (I-766 or I-688B), or
Employment Authorization Document (I-688B), or
Refugee Travel Document (I-571)

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 it shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute. Furthermore, the undersigned applicant hereby verifies that applicant has provided at least one secure and verifiable document, as defined by O.C.G.A. §50-36-2 with this affidavit.

Signature of Applicant

Printed Name of Applicant

Sworn to and subscribed before me this

_____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

AFFIX SEAL HERE

BOARD OF COMMISSIONERS LIBERTY COUNTY

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CHAIRMAN

MARION STEVENS, SR
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JUSTIN I. FRASIER
DISTRICT 2

CONNIE THRIFT
DISTRICT 3

100 Main Street • Suite 1320
Hinesville, Georgia 31313
(912) 876-2164



C. TIMOTHY BLOUNT
DISTRICT 4

GARY GILLIARD
DISTRICT 5

EDDIE J. WALDEN
DISTRICT 6

JOSEPH M. MOSLEY, AICP
COUNTY ADMINISTRATOR

To: Liberty Consolidated Planning Commission

From: County Administrator

Subject: Alcohol Beverage License Application

1. Consider the location for which the enclosed license is sought and determine possible traffic congestion; no original license shall be issued hereunder, where the business building in which the license is located is within one hundred and fifty (150) feet of any area zoned residential, or unless the business building of the proposed location is situated more than six hundred (600) feet from any property line of any library, church, shrine, chapel or a mortuary, or other place used exclusively for religious services, and more than six hundred (600) feet from any property line of any school or college campus. The distance set out shall be measured in a straight line and shall be computed from property line of the aforesaid library, church, school, or area zoned residential to the building in which is located the business for which the license is being sought.

2. Following an on-site inspection of the proposed location, I recommend that this license (check one).

☐

Be Issued

☐

Be Denied

If you do not recommend approval, indicate your reasons below:

Date

LCPC Representative

Online Registration for Mandatory Fingerprinting:

Prior to submitting your alcohol application packet to the Liberty County Building and Licensing Department you must first register online to be approved for fingerprinting. Please complete online application and once you submit your alcohol application and pay your licensing fees the appointment will be approved and you will be able to schedule at a location of your choice to have the fingerprinting completed.

Register online at:
<https://ga.state.identogo.com>

Service Code: 2TGR22

Reviewing Agency: GA923543Z

I confirm that I have applied online.

Signature of Applicant

Date Applied Online



GEORGIA BUREAU OF INVESTIGATION

Georgia Crime Information Center Georgia Driver's History Consent Form

I hereby authorize Liberty County Sheriff's Office to receive a copy of my Georgia driver's history information as part of my application for an alcohol license.

Full Name (print)

Address

Sex

Date of Birth

Driver's License Number

Signature

Date

Name-Based Criminal History Record Information Consent/Inquiry Form

Liberty County Sheriff's Office

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

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for **90** 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	
☐	E - Employment
☐	M - Working with Mentally Disabled
☐	N - Working with Elderly
☐	W - Working with Children
☐	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
☐	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
☐	J - Civilian Criminal Justice Employment (State & III Info Received)
☐	Z - Sworn Criminal Justice Employment (State & III Info Received)

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

☐	No Criminal Record Available
☐	Criminal Record (Attached/Released)
☐	No NCIC/GCIC Warrant
☐	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title



Alcohol Beverage License Application

Criminal History Check

Liberty County Sheriff's Department

FOR OFFICE USE ONLY

_____ Clerk of Courts / State and Superior Court

_____ Detectives Office / Warrants

_____ City Detectives Office

_____ C.I.D. / Fort Stewart

_____ G.C.I.C. - Criminal History & Drivers History

_____ Photo of Building: Is it in a Business or Residential area or near a School Zone?

Detective Name: _____

Detective Signature: _____

Date: _____



Confidential Report of Beverage License Investigation

FOR OFFICE USE ONLY

Trade Name: _____

Name of Applicant: _____

Address of Business: _____

City: _____ State: _____ Zip: _____

Assigned to: _____ Date: _____

Date Investigation Completed: _____

Agents Signature: _____

Meets all requirements: ☐ Yes ☐ No

My department has completed this investigation report and recommend the license applied for be: ☐ Approved ☐ Disapproved

Signature of Sheriff

Date

Comments: _____

LIBERTY COUNTY BOARD OF COMMISSIONERS
APPLICATION FOR ALCOHOL BEVERAGE LICENSE
NON TRANSFERABLE



License Fees Paid:

FOR OFFICE USE ONLY

 Alcohol Application Fee \$250.00

 Wine (Consumption on premise) \$500.00

 Wine (Package Sales) \$500.00

 Beer (Consumption on premise) \$700.00

 Beer (Package Sales) \$700.00

 Liquor (Consumption on premise) \$2300.00

 Liquor (Package Sales) \$2300.00

 Total amount of license or licenses

☐ **Approved by Governing Authority**

☐ **Disapproved by Governing Authority**

Joseph M. Mosley
County Administrator

Date

Further comments concerning application or restrictions applicable to this business:
