



APPLICATION FOR RENEWAL OF ALCOHOLIC BEVERAGE LICENSE

CITY OF UNION CITY, GEORGIA

5047 Union Street Union City, GA 30291 Phone (770) 515-7959 Email: Finance@unioncityga.gov

FOR OFFICIAL USE ONLY:

Date Received: _____ 20____

TYPE OF LICENSE:

Local License No. _____

Package Sales _____

Fee Enclosed \$ _____

On-Premise Consumption _____

INSTRUCTIONS: Read through entire application before answering any questions. EVERY question and sub-question must be fully and completely answered. Do not leave any questions blank. 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 the form is completed, it must be dated, signed and verified under oath by the applicant and filed with the City Administrator, City of Union City, Georgia, together with all supporting papers, one complete copy, and money order or certified check for the exact fee. Personal checks will not be accepted. A copy of the relevant alcoholic beverage ordinance is available for your use.

1. (a) Full name, address & legal residence of person making application.

Name: _____

Address: _____

Resident of: City _____ County _____ State _____ Zip _____

Phone: _____ Email: _____

(b) Is the above address the same as the address listed on your previous year's renewal application/original application? _____ If not, how long have you lived at the above address? _____

2. Trade name of business for which license is requested:

3. Location of business for which license is requested:

Address _____

Telephone Number: _____

Mailing Address: _____
(If different from above)

4. Since your last application, has the ownership or loan structure of the business changed in any way? (This would including borrowing money from other lenders; adding, replacing or removing any partners, co-owners, corporate owners, or shareholders of corporate owners; or conducting any changes in the amount or percentage of any ownership interests.) _____ If yes, complete questions 5, 6, 7, 8 (a) – (c) and 9. If no skip to question 10.

5. Name and residence of each person, partnership and corporation having any ownership interest in the business, and amount of such interest.

Name	Address	Interest
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Name	Address	Interest
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Name	Address	Interest
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6. If this business will be owned in whole or in part by a partnership, corporation or any other association, list the members of such organization and give their address, county and state of their legal residence, and the amount of their interest.

Name	Address	Residence	Interest
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Name	Address	Residence	Interest
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Name	Address	Residence	Interest
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7. How much of the capital of this business is borrowed and from whom? (attach exhibits if necessary)

Amount	Lender	Address
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Amount	Lender	Address
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8. (a) Does any person or organization listed in questions 5, 6 or 7 have any financial interest whatsoever in any other business selling distilled spirits, wine or beer, either in this state or any other state? _____

If so, list the name of such person or organization, the name and location of such other business, and the amount and type of interest. _____

(b) List the name of the spouse of any person mentioned in questions 5, 6 or 7 who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Business	Interest
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(c) List the name of the father, mother, brother, sister, son or daughter, or the spouse of any such relative, of any person mentioned in questions 5, 6 or 7 who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Business	Interest
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Name	Business	Interest
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9. Is any non-resident of the State of Georgia interested in the operation of this business in any way whatsoever? If so, list such non-resident's legal name and address and what interest is involved.

Name	Address	Interest
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Name	Address	Interest
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10. (a) Is the applicant and/or license holder the owner of the building where business is to be conducted?

(b) Is the applicant and/or license holder the owner of the land where business is to be conducted?

(c) If you answer is "No" to either question, state whether you lease, sublease, or rent the building and whether you lease, sublease or rent the land or both.

(d) State the full names and addresses of the owners of the building, the names and addresses of the owners of the land, and the names and addresses of all lessors and/or sublessors, unless the names and addresses of those parties have not changed since the previous year's application. Attach copies of all lease agreements as exhibits to question 10 unless there have been no changes.

Building Owner	Address	Relationship to applicant or any other owners
Land Owner	Address	Relationship to applicant or any other owners
Other	Address	Relationship to applicant or any other owners

(e) Has the applicant and/or license holder entered into an agreement or contract with either the owner, lessor or sublessor for either the building or the land or both which provides for the payment of rent on a percentage or profit sharing basis?

If "yes", please list the terms of such agreement or contract, and attach a copy of such agreement or contract if in written form

11. Since you last application, have any entrances or exits to or from your place of business, or any passageways between your place of business and any adjacent place of business been built or added?:
If "yes", describe each such entrance, exit or passageway.

12. Name the manager of the business for which this application is filed and state how he is compensated.

Name

Address

Compensation: Check One:

Salary _____ Hourly _____ Commission _____ Combination of any 3 _____

13. List all other liquor, beer or wine businesses that your general manager is interested in, employed by, or associated with, in any way whatsoever:

Name

Address

Liquor, beer or wine business name

Type of interest and amount

14. Name all employees of this business involved in serving, pouring, or bartending positions, or in cashier positions. In addition, name all managers and/or supervisors. Indicate the exact position for each person named. Note: Applies only to the particular business for which this license application is made. (attach exhibits if necessary) _____

15. Has any place of business engaged in the sale of distilled spirits, wine or beer with which you have been associated ever been cited or charged at any time with any violation of federal law, state law, county law or municipal law, or any rule, regulation or ordinance, concerning the sale of such products?

Authority issuing citation

violation alleged

results

Authority issuing citation

violation alleged

results

16. Did the applicant or any person listed in questions 5, 6 or 7 have any interest in any business engaged in the sale of distilled spirits during the preceding calendar year? If so, state.

Name

Business

Interest

Name

Business

Interest

Read and Complete the following:

17. Each person listed in questions 12 and 14 is required to obtain a Server's Permit from the Union City Police Department. Each individual must complete the application form and pay the required server's permit fee in order to obtain their current year picture identification. Any changes in the list of employees must be filed with the chief of Police within three (3) days from the date of such change. Initial below to indicate that this is fully understood. _____
18. 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, or any personnel statement which is made a part of this application, such change must be reported to the city administrator within ten (10) days. The failure to make such report shall be cause for the revocation of any license issued pursuant to this application. Initial below to indicate that this is fully understood. _____
19. Please initial each following paragraph if you have read it, understand it, and agree with the information contained therein.
- (a) I agree to abide by all laws, rules and regulations of the United States, the State of Georgia and the City of Union City, either now in force or hereafter promulgated or enacted, regulating and governing the sale of alcoholic beverages and liquors. _____
- (b) I understand that any license issued shall be valid from the date of issuance or the first day of January of each subsequent year, and shall expire December 31, in the year issued. I also understand that no license shall be assignable or transferable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of revocation of said license or for any other reason. _____
- (c) As applicant and/or license holder, I have read the Ordinance governing the sale of beer, wine, or other alcoholic beverages, and all amendments thereto in the City of Union City, Georgia. _____

NOTE: BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS APPLICATION IS TO BE EXECUTED UNDER OATH, IS SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HERewith. APPLICANT UNDERSTANDS THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION IS CONDITIONED UPON THE TRUTH OF THE ANSWERS AND STATEMENTS MADE HEREIN, AND ANY FALSE OR FRAUDULENT STATEMENT OR ANSWER WITHIN THIS APPLICATION OR ATTACHMENTS THERETO SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION.

V E R I F I C A T I O N

STATE OF GEORGIA, _____ COUNTY

I, _____, applicant 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 for a City of Union City license as a dealer in alcoholic beverages and/or liquors are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

Applicant's Signature (Full Name in Ink)

I certify that _____
(the above-named applicant)

is personally known to me, that he/she 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_____

(Affix Seal)

NOTARY PUBLIC

UNION CITY POLICE DEPARTMENT	CONSENT TO OBTAIN CRIMINAL HISTORY & DRIVER'S HISTORY FOR ISSUANCE OF PERMIT
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I hereby authorize the Union City Police Services Bureau and its agents to receive any criminal history or driver's history pertaining to me which may be in the files of any state or local criminal justice agency

Date: _____

Applicant Signature: _____

PRINT ALL OF THE FOLLOWING INFORMATION

NAME		
_____	_____	_____
Last Name	First Name	Middle Name

ADDRESS		
_____	_____	_____
Street # and Name	Apt. #	City/State/ZIP

TELEPHONE #

Area Code/Number

NAME OF BUSINESS Associated with Permit

TELEPHONE # Associated with Permit

Area Code/Number

DATE OF BIRTH
____/____/____
Month Date Year

SOCIAL SECURITY #
____-____-____

DRIVER'S LICENSE #
____-____-____

NOTARY SIGNATURE & SEAL

VITAL STATISTICS					
HEIGHT	WEIGHT	HAIR	EYES	SEX	RACE
FT IN	LBS	Color	Color	M F	
____' ____"	_____	_____	_____	_____	_____

DO NOT WRITE BELOW THIS LINE

☐ Alcohol Permit	☐ Other: _____
☐ Taxi Permit	

☐ Criminal History	☐ Driver's History	☐ Other
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☐ Approved for Permit	Permit Number
☐ Permit Denied	

Receipt Number

APPROVED BY

Signature and Title

DATE APPROVED
____/____/____
Month Date Year