Augusta-Richmond County
Board of Commissioners

Planning & Development
1803 Marvin Griffin Road
Augusta, GA. 30906

ALCOHOL BEVERAGE PERSONNEL STATEMENT

1. Full name of applicant: _____ Social Security #: _____
2. Trade name and address of business of which this personnel statement is a part: _____
   _____
   _____
3. Position of applicant in dealer's business: _____
   State ownership, or profit-sharing interest, if any, in this business: _____ Salary: _____
   Annual profit or compensation derived from this business: _____
4. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the business premises? ( ) Yes ( ) No If yes, give details. _____
   _____
   _____
   _____
5. Do you have any financial interest, or are you employed, in any wholesale or retail alcoholic beverages business other than the business submitting the license application of which this personnel statement is a part? ( ) Yes ( ) No If yes, give names, locations and amount of interest in each. _____
   _____
   _____
6. Do you presently have or had in the past, any financial or ownership interest and/or presently employed, or in the past, been employed, in any business engaged in distilling, bottling, rectifying, or selling (wholesale or retail) alcoholic beverages in this State or outside this State which has not otherwise been disclosed in this statement? ( ) Yes ( ) No If yes, explain. _____
   _____
   _____
7. Other names used by applicant: Maiden name, names by former marriages, former names changed legally or otherwise. Aliases, nicknames, etc. Specify which and show dates used.
   _____
   _____
8. Home address: _____
9. Business address: _____
10. Place of Birth _____ Date of Birth _____ U.S. Citizen: ( ) Yes ( ) No By Birth: ( ) Yes ( ) No
    Naturalized: _____ Date, Place and Court: _____ Certificate No.: _____
    Petition No.: _____ Derived Parents Certificate No.(s): _____ Alien Registration No.: _____
    Native Country: _____ Date and Port of Entry: _____
11. How many consecutive years and months have you been a legal resident of Georgia? Years: _____ Months: _____
12. Marital Status: ( ) Married ( ) Widowed ( ) Divorced ( ) Separated ( ) Single
13. If married, divorced or widowed, complete the below requested information on spouse.
    Full name of spouse: _____ Social Security No.: _____
    Wife's Maiden name: _____ Place of Birth _____
    Date of Birth: _____ Place of Marriage: _____ Date of Marriage: _____
    Name of spouse's employer: _____
    Address of employer: _____
14. Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____ Color of hair: _____ Color of eyes: _____

15. Give names and addresses of all children and stepchildren: (Regardless of Age)

Full Name	Address	Age	Place of Birth	Occupation
A.				
B.				
C.				
D.				
E.				
F.				

16. Give names and addresses of immediate living relatives:

Full Name and Relationship	Address	Age	Place of Birth	Occupation
A.(Father)				
B.(Mother)				
C.(Brothers and Sisters)				
D. (Father-in-Law)				
E. (Mother-in-Law)				

17. Are you a registered voter in the State of Georgia? ( ) Yes ( ) No In what County? _____ How many years? _____
18. For the last calendar year, did you file a Georgia income tax return? ( ) Yes ( ) No How much tax did you pay? _____
19. For the last calendar year, did you file a Georgia intangible tax return? ( ) Yes ( ) No How much tax did you pay? _____
20. For the last calendar year, did you file and pay any county property tax? ( ) Yes ( ) No How much tax did you pay? _____
    Where? _____
21. For the last calendar year, did you file and pay any city property tax? ( ) Yes ( ) No How much tax did you pay? _____
    Where? _____
22. Have you ever had any financial interest in an alcoholic beverages business, which was denied a liquor license? ( ) Yes ( ) No If yes, Give full details. _____
23. Has any alcoholic beverages business in which you hold, or have 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 Commissioners relating to the sale and distribution of alcoholic beverages? ( ) Yes ( )No If yes, give full details. _____

24. Of the persons listed under Question 15 and 16, indicate which, if any, are engaged in any business handling alcoholic beverages as an owner, stockholder, or employee, and the name of such business.

25. Are you a member of, or affiliated in any way with any alcoholic beverages trade association, organization or group? ( ) Yes ( ) No If yes, give names and time of affiliation.

26. Do you pay dues, fees, or commissions, or make contributions to such organizations? ( ) Yes ( ) No if yes, state toe amount paid to each for the last four calendar years.

27. Do any of the following presently have, or had in the past, any license or financial or ownership interest whatsoever in any business dealing in alcoholic beverages: spouse, parents, step-parents, parent-in-law, brothers and sisters, step-brothers and step-sisters, brothers-in-law and sisters-in-law, children, step-children and children-in-law? ( ) Yes ( ) No If yes, give details. _____

28. Have you during the past ten years bought and/or sold any local or state alcoholic beverage license in this State or outside this State? ( ) Yes ( ) No If yes, give details (date, license number, persons and considerations involved). _____

29. If during the past ten years you have bought, sold, or exchanged any real estate, automobiles, or securities with any other person engaged in the alcohol beverages business, or with any regulatory office, give full details (date, property, persons and considerations involved.)

30. Have you ever visited or resided in any foreign country except while in the Armed Forces of the United States? ( ) Yes ( ) No If yes, give details. _____

31. Have you ever been denied a bond by a commercial surety company? ( ) Yes ( ) No If yes, give details. _____

32. List any close relatives (including in-laws) now residing outside the United States, except those actively serving in the Armed Forces of the United States. (Give name, relation, age, and place of residence, citizenship). _____

33. Education: (all schools above elementary – give name of school, address, dates attended, and degrees or certificates received).

FROM		TO		Name of School	Address	Degree or Certificate Received
Month	Year	Month	Year			

34. Employment Records: (Give most recent experience first. If self-employed, give details.)

FROM		TO		Occupation and Description of Duties Performed	Salaries Received	Employers	State	Reason for Leaving
Month	Year	Month	Year					

35. Lists in reverse chronological order all of your residence for the past ten years.

DATES		STREET	CITY	STATE
From	To			

36. References. Give three personal references, not relative, former employers, fellow employees, or school teachers, who are responsible, reputable, adults, business or professional men or women, who have known you well during the past five years (Name, residence, business address, and number of years known).

_____

_____

_____

37. Military service: (Serial numbers, branch of service, period of service, type of discharge.)

_____

_____

_____

38. Have you ever been arrested, or held by Federal, State, or other law-enforcement authorities, for any violation of any federal, state, county or municipal law, regulation or ordinance? (Do not include traffic violations, unless they are offenses pertaining to alcohol or drugs, such as driving under the influence.) All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. ( ) Yes ( ) No Explain:_____

_____

_____

39. State amount of capital that is or will be invested in business. _____
    a. State amount of capital you, the applicant, personally have invested, or will invest in business. _____
    b. State mount of capital of business, which is, or will be borrowed. _____
    c. If any capital is borrowed, state name of lender(s), address of such lender(s), amount of capital borrowed for each, date of the loan(s), and true rate of interest on each. (A copy of note(s) or other evidence of indebtedness, with all amendments, must be attached to application.)

Name of Lender	Address	Amount	Date	Interest Rate

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.

Verification

State of Georgia,_____ County.

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true.

_____

Applicant's signature (Full name and in ink)

I hereby certify that _____, (The above signed person) is personally known to me, that he signed his name to the foregoing application stating to me that he 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 _____, in the year _____.

_____

Notary Public