P.O. Box 838 134 S.
Oak Street Jackson,
GA 30233 Phone:
770-775-7535 Fax:
770-775-8051

ALCOHOLIC BEVERAGE LICENSE APPLICATION PROCEDURE

- **COMPLETE THE APPLICATION AND SUBMIT ALL PAPERWORK AND FEES.**
    1. **A SEPARATE CHECK FOR $150.00 FOR ADMINISTRATIVE FEES. THIS IS NON-REFUNDABLE.**
    2. **A SEPARATE CHECK FOR THE LICENSE FEE.**
- **INSTRUCTIONS TO OBTAIN FINGERPRINT/CRIMINAL BACKGROUND CHECK WILL BE GIVEN UPON RECEIPT OF THE COMPLETED PAPERWORK AND FEES. FINGERPRINT/CRIMINAL BACKGROUND CHECKS MUST BE RUN WITHIN 15 DAYS OF APPLICATION SUBMISSION.**
- **YOU WILL BE NOTIFIED WHEN THE BACKGROUND RESULTS HAVE BEEN RECEIVED AND THE APPLICATION HAS BEEN REVIEWED BY THE CITY OF JACKSON CHIEF OF POLICE AND CITY MANAGER.**
- **IF THE LICENSE REQUEST IS APPROVED, A LICENSE WILL BE ISSUED AND YOU WILL THEN BE REQUIRED TO OBTAIN A LICENSE FROM THE STATE OF GEORGIA BEFORE YOU CAN LEGALLY SELL OR SERVE ALCOHOLIC BEVERAGES.**

INSTRUCTIONS AND CONDITIONS FOR APPLYING FOR A LICENSE TO SELL ALCOHOLIC BEVERAGES IN THE CITY OF JACKSON GEORGIA

- **Every question must be fully and correctly answered, type written or legibly hand printed. Do not use initials. Spell out all names. Failure to do so may result in the denial, or if granted, the later revocation of a license. If necessary, answer any question on a separate sheet of paper and indicate in the space provided that a separate sheet is attached.**
- **All fees must be paid when the application is submitted. A SEPARATE CHECK/CASH IS REQUIRED FOR THE FILING FEES, AS THIS IS NON-REFUNDABLE.**
- **Any changes in the ownership or any other status of the licensed operation which would change any answers on the original application must be reported to the City of Jackson within 10 working days from the time of such change. Be aware that licenses are not transferable, and changes could require a NEW APPLICATION be completed and approved.**
- **If the business should get a new manager, after the issuance of the license, the new manager will be required to submit a Schedule A — Personnel Statement and a fingerprint and Criminal Background Check.**
- **A State of Georgia Alcohol License is required before you can purchase and sell alcoholic beverages. Please contact the Georgia Department of Revenue at 877-423-6711 or visit the website http://dor.georgia.gov/alcohol-licensing for information.**

Completed Applications should be returned in person to:

City Hall, City of Jackson
Attn: Marjorie Stansell
134 S. Oak St.
Jackson, GA 30233 Phone: 770-775-7535

CITY OF JACKSON

ALCOHOLIC BEVERAGE PERMIT APPLICATION CHECKLIST

- ☐ Applicants must be at least 21 years of age.
- ☐ Applicant must be a U S Citizen or a Permanent Resident Alien
- ☐ City of Jackson Alcoholic Beverage Application — Completed, Signed, Dated, and Notarized
- ☐ Copy of Applicant's State Driver's License
- ☐ Copy of Facility/Building lease agreement or Property Deed

A Fingerprint and Criminal Background Check for Each Owner and/or Manager is required. Instructions on obtaining this requirement will be given upon receipt of the completed application and fees.

The application must be accompanied by ALL PERMIT FEES (Separate check for Admin/Advertising Fee)

- ☐ A drawing, printout or layout of the property requesting to obtain an alcohol license. This drawing must include all surrounding churches, schools, housing authorities, and or alcohol treatment facilities adjacent to the property.
- ☐ The Facility/Building compliant with applicable County, City, and State of Georgia Alcohol Codes
- ☐ Applicant Statement
- ☐ Financial Statement
- ☐ Employee List

APPLICATIONS WILL NOT BE SUBMITTED FOR APPROVAL TO THE CITY OF JACKSON CHIEF OF POLICE OR CITY COUNCIL UNTIL ALL REQUIRED PAPERWORK IS SUBMITTED. THE PREMISES MUST BE IN COMPLIANCE WITH ALL CITY OF JACKSON ORDINANCES DEALING WITH BUILDING SAFETY AND ZONING PRIOR TO SUBMISSION.

ONCE THE LICENSE IS APPROVED BY THE CITY OF JACKSON, THE APPLICANT MUST APPLY FOR A STATE OF GEORGIA ALCOHOL LICENSE. ONCE THE STATE LICENSE IS RECEIVED, THEN THE APPLICANT MAY LEGALLY BEGIN TO SELL OR SERVE ALCOHOLIC BEVERAGES.

THE PREMISES OF THE HOLDER OF A RETAIL CONSUMPTION DEALER FOR THE SALE OF ALCOHOLIC BEVERAGES SHALL BE OPEN TO INSPECTION AT ANY TIME BY OFFICERS OR OFFICIALS AUTHORIZED TO CONDUCT SUCH INSPECTIONS BY THE COUNTY, CITY, STATE, OR FEDERAL AUTHORITIES. LICENSES UNDER THIS ORDINANCE SHALL BE DISPLAYED PROMINENTLY AT ALL TIMES ON THE PREMISES FOR WHICH SAME WAS ISSUED.

CITY OF JACKSON
ALCOHOLIC BEVERAGE APPLICATION

This application must be completed in its entirety and all required accompanying documents, including fees, submitted before it will be considered by the City of Jackson, GA.

1. Check the type license sought:
_____ Retail (Package) Sales _____
_____ Consumption On Premises _____
_____ Wholesaler _____

2. Check all beverages you intend to sell:
_____ Malt Beverages
_____ Wine
_____ Distilled Spirits

0. Under what name will the business operate?

1. What type of organization owns your business?
_____ Sole proprietor or individual (go to question 5)
_____ Partnership (go to question 6)
_____ Corporation (go to question 7)
_____ Limited liability corporation (go to question 7)

2. Indicate the name of the individual who owns the business (then go to question 8):
_____

3. Indicate the names of all partners in the business enterprise (then go to question 8):
_____
_____

4. Indicate the name of the corporation or limited liability corporation which owns the business and give the state of incorporation. If other than Georgia, is the corporation registered with the Georgia Secretary of State?
_____
_____

A. List the name of each officer, director, shareholder holding more than ten percent (10%) of stock, and member of a limited liability company. For each person listed, Indicate their relationship to the corporation (such as office held, stock owned, etc.):
_____
_____
_____

B. Provide the name, address and telephone number of the registered agent of the corporation:
_____
_____

8. For each person identified in questions 5 through 7, a separate (schedule A) must be completed and attached to the application form.

9. What type of business will this be?
_____Restaurant _____ Hotel/Motel
_____ _____ Lounge Private Club/ Private Recreational Club
_____ _____ Drugstore Grocery/Convenience Store
_____ Package Store – Alcoholic Beverages

10. How many alcoholic beverage licenses are held by this business entity in the State of Georgia? _____ Provide for each license held the street address, city and type business.

_____
_____
_____

If other licenses are not now held, but have been held in the past, indicate for each former license the business name, street address, city and type of business.

_____
_____
_____

11. What is the street address for the business?

_____

12. Provide the telephone number for the business. (If not yet issued, so indicate, this information must be supplied before opening.) _____

13. What is the current zoning of the property? _____

14. Attach a blueprint or scale drawing of the premises for which an alcoholic beverage license is sought.

15. Attach a survey of the premises which shows the distance from the establishment to be licensed from the nearest school, church, alcohol treatment center, distilled spirits package store.

16. Are the premises completed? _____ If not, has a building permit been issued? _____
Date of anticipated completion. _____
If license is for Retail Package Sales – Distilled Spirits, what is the square footage of building? _____

17. If this license is for the retail package sale of malt beverages and/or wine, provide the wholesale value of the inventory of food, tobacco products, household supplies, and periodicals which will be available on the premises: _____
If this license is for the retail package sale of distilled spirts (Package Store), provide the wholesale value of the inventory of all alcoholic beverages. _____

18. Has this business entity ever had an alcoholic beverage license suspended or revoked or ever been charged with an alcoholic beverage violation? _____

If the answer to question 18 is yes, provide full details as to the date, city, name, and location of licensed facility, charge and final disposition.

_____
_____
_____

19. Provide the name of the manger of the premises for which a license is sought. A Schedule "A" must be completed and attached for the manager.

_____

20. For each employee, provide his or her name, current address, phone number, and date of birth. Attach additional sheets of paper as necessary.

_____
_____
_____
_____
_____

21. License fees must be paid in full and included with the application form. <u>The Administrative and Advertising fee of $150.00 is non-refundable. Please submit a separate check for this fee.</u>

A. Retail Dealers:
   Package Sales – Beer.....$500.00
   Package Sales – Wine.....$500.00
   Package Sales – Distilled Spirits $5000.00

B. Retail Consumption, Restaurants, Hotels and Motels:
   i. Malt Beverages – Beer $500.00
   ii. Wine $500.00
   iii. Brewpubs.....$750.00
   iv. Distilled Spirits $1500.00

C. Retail Consumption, Private Clubs and Private Recreational Clubs:
   i. Malt Beverages – Beer $500.00
   ii. Wine $500.00
   iv. Distilled Spirits.....$1500.00

D. Wholesale Dealers maintaining a fixed location within the City...$100.00

E. Additional licenses for Hotels, Motels, Private Clubs and Recreational Clubs, pursuant to Section 6-33 .....$1000.00

F. Administrative/Advertising Fee.....$150.00

License Fee:
Admin/Advertising Fee: _____

TOTAL FEE DUE:

I hereby certify that I have received and reviewed the City of Jackson Alcoholic Beverage Ordinance and all information supplied in this application for an alcoholic beverage license. I further certify that all information contained in this application and its supporting documents is true and accurate.

I further state that I will submit a copy of my State of Georgia Alcohol License to the City of Jackson prior to dispensing any alcoholic beverage.

This the _____day of , _____ .

Personally appeared before me this the
_____day of _____ , _____ .

Applicant

_____

Notary Public

On Behalf of_

SCHEDULE A
ALCOHOLIC BEVERAGE APPLICATION
APPLICANT STATEMENT

A separate Schedule A must be attached for each person identified in questions 5, 6, 7 and 19 of the City of Jackson, GA Alcoholic Beverage Application. All statements must be submitted in conjunction with the Alcoholic Beverage Application.

1. Name: _____ Date of Birth:

2. Relationship to proposed business: _____

3. Current Address: _____

4. Telephone Number: _____

5. All addresses for the past 10 years:
_____
_____
_____

6. Are you a U.S. Citizen? _____Resident Alien

7. Have you, within the past ten years, been convicted of, or entered a plea of guilty or nolo to any crime or offense? _____If so, provide the nature of the crime or offense and the court which handled the matter and the date.
_____
_____

8. Have you ever been charged with violating any law or ordinance related to alcoholic beverages?_____If so, provide the nature of the violation, the date and the jurisdiction which handled the matter and the final disposition: _____
_____
_____

9. Has any business with which you were affiliated as owner, manager, employee, stockholder, officer, director, partner or in any other capacity or any other person in connection with such a business been charged with violating any law or ordinance related to alcoholic beverages, narcotics, prostitution, or gambling? _____ If so, provide the nature of the offense, the jurisdiction which handled the matter, date, and final disposition: _____
_____
_____

10. Do you currently, or have you in the past, held an interest in any other alcoholic beverage license? _____ If so, provide the jurisdiction in which the license is or was held, the dates held, business name, street address, telephone number, and type of business: _____

_____

_____

_____

_____

11. If you no longer hold an interest in any license identified in Section 10, provide complete information as to when, why and how your interest ceased: _____

_____

_____

12. Have you ever had an alcoholic beverage license suspended or revoked? _____If so, provide the date, jurisdiction, name and type of business: _____

_____

_____

13. Attach a current financial statement for yourself.

I certify that the information provided by me on this Schedule A is true and correct.

This the _____ day of , _____ .

_____
Signature

_____
Print Name

Personally appeared before me this the
_____day of , _____.

_____
Notary Public

APPLICANT MUST BRING PROOF OF IDENTIFICATION (DRIVER'S LICENSE)

CRIMINAL HISTORY

I HAVE NEVER BEEN CONVICTED OF A FELONY IN THE COURTS OF THIS STATE OR ANY OTHER STATE, TERRITORY, COUNTRY OR THE UNITED STATES. THE TERM "CONVICTION" INCLUDES A FINDING OR A VERDICT OF GUILTY, PLEA OF NOLO CONTENDERE REGARDLESS OF WHETHER THE ADJUDICATION OF GUILTY OR SENTENCE IS WITHHELD OR NOT ENTERED THEREON (FIRST OFFENDER).

_____ _____

SIGNATURE DATE

MISDEMEANORS, FELONIES, TRAFFIC
(WRITE IN NONE IF NO CRIMINAL RECORD)
IF ADDITIONAL SPACE NEEDED – USE BACK OF THIS PAGE

CHARGE	DATE	LOCATION	DISPOSITION
CHARGE	DATE	LOCATION	DISPOSITION
CHARGE	DATE	LOCATION	DISPOSITION

AFFIDAVIT

NOTICE:ANY PERSON WHO KNOWINGLY AND WILLFULLY, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME OR DEVICE, A MATERIAL FACT; MAKES A FALSE FICTUTIOUS OR FRAUDULENT STATEMENT OR REPRESENTATION, OR MAKES OR USES ANY FALSE WRITINGS OR DOCUMENT, KNOWING THE SAME TO CONTAIN ANY FALSE, FICITIOUS, OR FRAUDULENT STATEMENT OR ENTRY, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF STATE GOVERNMENT OF ANY COUNTY, CITY OR OTHER POLITICAL SUBDIVISION OF THIS STATE, SHALL, UPON CONVICTION THEREOF, BE PUNISHED BY A FINE OF NOT MORE THAN $1000.00 OR BY IMPRISONMENT FOR NOT LESS THAN ONE NOR MORE THAN FIVE YEARS, OR BOTH.

I ATTEST AND AFFIRM THAT I HAVE REVIEWED THIS APPLICATION AND THE INFORMATION SUPPLIED IS TRUE TO THE BEST OF MY KNOWLEDGE.

_____ _____

SIGNATURE DATE

CONSENT FORM

I hereby authorize the City of Jackson to receive any criminal history record information pertaining to me which may by in the files of any state or local criminal justice agency in Georgia.

_____
Full Name (Printed)

_____
Address

_____	_____	_____	_____
Sex	Race	D.O.B.	Social Security Number

_____
Signature

_____
Date

Personally appeared before me this the
_____day of , _____ .

_____
Notary Public

RECOMMENDATION OF THE JACKSON POLICE DEPARTMENT

The above applicant who is applying for a retail alcoholic beverage license has been thoroughly checked, and it is hereby recommended that the application be:

APPROVED

DISAPPROVED _____

Chief of Police_____ Date: _____

RECOMMENDATION OF THE CITY MANAGER

APPROVED _____

DISAPPROVED _____

_____ Date:_____
City Manager

This _____ day of License issued License Number

INSTRUCTIONS FOR OBTAINING A FINGERPRINT AND CRIMINAL BACKGROUND CHECK REQUIRED FOR AN ALCOHOLIC BEVERAGE LICENSE

Go to the Website https://fieldprintgeorgia.com/individuals

1. **Click on Schedule Appointment.**
2. **Click on Sign Up.**
3. **Consent Agreement.**
4. **Create an account.**
5. **The City of Jackson's Agency ID is- GA923179Z**
6. **Once you have registered, contact Marjorie Stansell at City Hall at 770-775-7535 for approval of your registration. You will not be able to schedule your background check/ fingerprinting until you have been approved through the City of Jackson.**