

PEACH COUNTY RETAIL PACKAGE SALES LICENSE APPLICATION

1. NAME OF BUSINESS: _____

2. BUSINESS PHYSICAL ADDRESS: _____

3. STATE TAXPAYER ID NO.: _____

4. NAME OF LICENSEE: _____

ADDRESS: _____

TELEPHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

5. IF A PARTNERSHIP, PROVIDE THE FOLLOWING INFORMATION FOR EACH PARTNER:

▪ Name: _____ Address: _____ Date of Birth: _____ SSN: _____

▪ Name: _____ Address: _____ Date of Birth: _____ SSN: _____

▪ Name: _____ Address: _____ Date of Birth: _____ SSN: _____

▪ Name: _____ Address: _____ Date of Birth: _____ SSN: _____

▪ Name: _____ Address: _____ Date of Birth: _____ SSN: _____

6. IF A CORPORATION, PROVIDE:

- a. Name of Corporation: _____
- b. Federal Tax ID No.: _____
- c. Local Address: _____

- d. Telephone: _____
- e. Date of Incorporation: _____
- f. Designated County Agent: _____
- g. Designated County Agent Address: _____

- h. Designated County Social Security Number: _____
- i. Date of Birth of Designated County Agent: _____
- j. Telephone of Designated County Agent: _____

7. IF APPLICANT IS APPLYING ON BEHALF OF A NON-PROFIT ORGANIZATION, AS RECOGNIZED BY THE INTERNAL REVENUE SERVICE, STATE THE FOLLOWING:

- a. Name of organization: _____
- b. When and where chartered: _____
- c. Applicant's office and Duties in said organization: _____
- d. Federal Employer ID Number: _____
- e. Has a federal tax form #990 for said organization for the following years: _____

8. TYPE OF LICENSE:

[☐] Retail or [☐] Wholesaler

[☐] Consumption or [☐] Package

[☐] Other (Specify): _____

a. Alcohol Sold:

[☐] Beer [☐] Wine [☐] Distilled Spirits

b. Type of Business:

[☐] Package Store [☐] Service Station [☐] Club [☐] Grocery [☐] Winery

[☐] Restaurant [☐] Tavern [☐] Other (Specify): _____

9. DISTANCE FROM NEAREST SCHOOL OR COLLEGE: _____

10. DISTANCE FROM NEAREST CHURCH GROUNDS: _____

11. DISTANCE FROM NEAREST RESIDENTIAL PARCEL: _____

12. DISTANCE FROM NEAREST OTHER BUSINESS LICENSED TO SELL DISTILLED SPIRITS: _____

13. LIST ALL REGISTERED BUSINESS FUNCTIONS AT THIS LOCATION:

- Function: _____ Registration Number _____
Trade Name: _____
- Function: _____ Registration Number _____
Trade Name: _____
- Function: _____ Registration Number _____
Trade Name: _____
- Function: _____ Registration Number _____
Trade Name: _____
- Function: _____ Registration Number _____
Trade Name: _____

14. HAVE YOU, THE LICENSEE, OR ANY OTHER PERSON HAVING ANY INTEREST IN THE BUSINESS FOR WHICH THIS APPLICATION IS MADE, EVER BEEN DETAINED, ARRESTED, INDICTED, OR CONVICTED FOR ANY OFFENSE BY ANY STATE, COUNTY, CITY, FEDERAL OR FOREIGN OFFICER OR ANY OTHER GOVERNMENTAL AUTHORITY:

☐] YES

☐] NO

(If yes, give complete details. Failure to make full disclosure in response to this question will result in denial of the application or a revocation of the license if information should have been given but was not, for any reason whatsoever, is forthcoming to the granting of the license) Use additional sheets if necessary.

15. GIVE LICENSE NUMBER(S) FOR CURRENT YEAR ALCOHOLIC BEVERAGE LICENSE(S):_____

16. DO YOU OWN THE PROPERTY ON WHICH THIS BUSINESS WILL BE OPERATED?

☐] Yes

☐] No

(If no, list below the name and address of the property owner and/or building owner, if separate. Also, a copy of the lease agreement must be attached)

▪ Owner's Name: _____

▪ Social Security Number: _____

▪ Owner's Address: _____

▪ Monthly Lease Payment: _____

17. HAS ANY INDIVIDUAL, FIRM, PARTNERSHIP OR CORPORATION PREVIOUSLY APPLIED FOR A PEACH COUNTY ALCOHOLIC BEVERAGE LICENSE AT THE ADDRESS WHERE BUSINESS IS TO BE CONDUCTED?

[☐] Yes

[☐] No

If yes, Complete the following:

- Name of former applicant: _____
- Date of application: _____
- License Number: _____

18. NAME OF PERSON OR PERSONS TO BE MANAGER(S) OF OR WHICH ANY CONTROL OVER DAILY AFFAIRS OF BUSINESS FOR WHICH THE APPLICATION IS FILED; STATE HOW COMPENSATED, HOURS ON PREMISES AND ANSWER BELOW:

- Name: _____
- Social Security Number: _____
- Home Address: _____

- Telephone Number: _____
- Fully Describe position and control: _____
- Percent of interest: _____

19. DOES ANY PERSON WITH AN INTEREST IN THIS LICENSE OR THEIR FAMILY MEMBER(S) ALREADY OWN OR HAVE AN INTEREST IN ANOTHER BUSINESS SELLING DISTILLED SPIRITS IN PEACH COUNTY?

[☐] Yes

[☐] No

OATH AND CONSENT STATEMENT

I declare under penalty of perjury that this statement has been examined by me, and to the best of my knowledge and belief is true, correct and complete. I further acknowledge that any false information contained herein shall be grounds for rejection of the application.

The applicant consents that all necessary investigation reports on the applicant and any employees in the applicant's establishment, including but not limited to credit reports and reports from law enforcement agencies, may be obtained by Peach County and the applicant will be responsible for the costs thereof. Upon request, the applicant shall also obtain these consent forms from each employee who will be employed in the applicant's establishment. Peach County also requires fingerprints and/or photographs of the applicant's employees for the purpose of conducting its investigation.

Signature

Date

Title

I hereby certify that _____ is personally known to me that said applicant signed the foregoing application after stating to me personal knowledge and understanding of all statements and answers made herein and under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20____

NOTARY PUBLIC, _____ County, GA
My Commission Expires: _____

FOR OFFICIAL USE ONLY

County Marshall's Recommendation

[☐] Approved

[☐] Denied

Reason(s) Thereof:

Date Issued:

License Number:
