APPLICATION

FOR

RETAIL PACKAGE DEALER

OR

RETAIL CONSUMPTION DEALER

LICENSE

CITY OF McRAE
25 South First Avenue
P. O. Box 157
McRae, Georgia 31055

Phone (229) 868-6051 – Fax (229) 868-2747

APPLICATION FOR RETAIL PACKAGE DEALER OR RETAIL CONSUMPTION DEALER LICENSE UNDER THE CITY OF McRAE ALCOHOLIC BEVERAGE ORDINANCE NO. 113-10 AND ANY AMENDMENTS THEREOF

NOTE: The granting of a license under the application shall be a mere privilege subject to be revoked and annulled and will be subject to any further ordinances which may be enacted. The holder of a license issued under this application is required to apply for and obtain an alcoholic beverage license from the State of Georgia BEFORE ANY SALES COMMENCE. Additionally, City licensees are required to abide by all applicable state regulations and laws in addition to the City ordinances.

A separate application must be made for each location. Any misstatement or concealment of fact in the application shall be grounds for denial or revocation of the license issued and shall make the applicant liable to prosecution for perjury under the laws of the state.

1. License Category – please check only one:

   ___ Retail Package Dealer ___ Retail Consumption Dealer

2. Type of Business:

   ___ Package Store ___ Grocery Store ___ Convenience Store ___ Restaurant

   ___ Other (Specify) _____

3. Applicant/Managing Agent: _____
   (Must be at least 21 years of age, a U. S. citizen or an alien lawfully admitted for permanent residency, a resident of Telfair County, Georgia)

   Managing Agent: Race _____ Sex ___ Birth Date _____ SSN _____

   Mailing Address: _____

   City: _____ State: _____ Zip Code: _____

   Business Phone: _____ Managing Agent Phone No.: _____
   (Note: Of the managing agent changes, the licensee shall notify the City within five (5) days of the change. A fee of $100.00 will be charged for the processing of an application for the change of the managing agent and such applicant must be approved by the Alcoholic Beverage Commission.)

4. Business Name: _____

   Business Physical Address: _____

City: _____ State: _____ Zip Code: _____

Does this business have an Occupation License issued by the City of McRae?

___Yes ___No If yes, please insert current License No. _____

If no, please explain _____

5. Registered Agent: _____
(Must be a resident of Telfair County, Georgia and is the person upon whom any process, notice or demand order the Alcoholic Beverage Ordinance is to be served. A written, notarized consent of such agent to serve in this capacity must be filed with this application.)

Registered Agent Physical Address: _____

City: _____ State: _____ Zip Code: _____

Registered Agent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Registered Agent's Phone No.: _____

Registered Agent: Race _____ Sex ___ Birth Date _____ SSN _____
(Note: If the registered agent changes, the licensees shall notify the City within five (5) days of the change. A fee of $25.00 will be charged for the processing of an application for the change of the registered agent.)

6. Type of Ownership (Please mark appropriate box and fill out section a, b, or c as indicated):

___ Individual (a) ___ Partnership (b) ___ Limited Liability Co (b) ___ Corporation (c)

a) For Individual:

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Race _____ Sex _____ Birth Date _____ SSN _____

b) For Partnership or LLC:

Partnership or LLC Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____
(Attach a copy of Partnership Agreement)

Partners or LLC members having a 5% or greater interest shall list the names, addresses and ownership interest of each:

Full Legal Name: ______________________________ % Interest: ________

Home Address: ______________________________ Phone: ______________

City: ______________________ State: ________ Zip Code: __________

Age: ______ Length of Residency: ______________ SSN: ______________

Full Legal Name: ______________________________ % Interest: ________

Home Address: ______________________________ Phone: ______________

City: ______________________ State: ________ Zip Code: __________

Age: ______ Length of Residency: ______________ SSN: ______________

Full Legal Name: ______________________________ % Interest: ________

Home Address: ______________________________ Phone: ______________

City: ______________________ State: ________ Zip Code: __________

Age: ______ Length of Residency: ______________ SSN: ______________

Full Legal Name: ______________________________ % Interest: ________

Home Address: ______________________________ Phone: ______________

City: ______________________ State: ________ Zip Code: __________

Age: ______ Length of Residency: ______________ SSN: ______________

Full Legal Name: ______________________________ % Interest: ________

Home Address: ______________________________ Phone: ______________

City: ______________________ State: ________ Zip Code: __________

Age: ______ Length of Residency: ______________ SSN: ______________

Full Legal Name: ______________________________ % Interest: ________

Home Address: ______________________________ Phone: ______________

City: ______________________ State: ________ Zip Code: __________

Age: ______ Length of Residency: ______________ SSN: ______________

(Attach additional pages if necessary)

c) **For Corporation:**
All applicants who are not natural persons shall list the names, addresses and ownership interest of each owner of a 5% or greater interest.

Name of Corporation: _____
(Name must be shown exactly as in Articles of Incorporation or Charter)

Date of Incorporation: _____ Place of Incorporation: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Officers:

Full Legal Name: _____

% Stock Owned: _____ Office Held: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Length of Residency: _____ SSN: _____

Full Legal Name: _____

% Stock Owned: _____ Office Held: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Length of Residency: _____ SSN: _____

Full Legal Name: _____

% Stock Owned: _____ Office Held: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Length of Residency: _____ SSN: _____

Full Legal Name: _____

% Stock Owned: _____ Office Held: _____

Home Address: _____ Phone: _____

City: ______________________________ State: _______ Zip Code: ___________

Age: ______ Length of Residency: ________________ SSN: _________________
(Attach additional pages if necessary)

Stockholders (if different from Officer names):

Full Legal Name: ____

Stock Owned: _______________ Office Held: ______________________________

Home Address: ________________________________ Phone: _______________

City: ______________________________ State: _______ Zip Code: ___________

Age: ______ Length of Residency: ________________ SSN: _________________

Full Legal Name: ____

Stock Owned: _______________ Office Held: ______________________________

Home Address: ________________________________ Phone: _______________

City: ______________________________ State: _______ Zip Code: ___________

Age: ______ Length of Residency: ________________ SSN: _________________

Full Legal Name: ____

Stock Owned: _______________ Office Held: ______________________________

Home Address: ________________________________ Phone: _______________

City: ______________________________ State: _______ Zip Code: ___________

Age: ______ Length of Residency: ________________ SSN: _________________

Full Legal Name: ____

Stock Owned: _______________ Office Held: ______________________________

Home Address: ________________________________ Phone: _______________

City: ______________________________ State: _______ Zip Code: ___________

Age: ______ Length of Residency: ________________ SSN: _________________
(Attach additional pages if necessary)

Trustees or the designated fiduciary agent (s) for other types of legal entities:

Full Legal Name: ______________________________

Stock Owned: ____________ Office Held: ____________

Home Address: ____________________ Phone: ____________

City: ____________________ State: ______ Zip Code: ________

Age: _____ Length of Residency: ____________ SSN: ____________

Full Legal Name: ______________________________

Stock Owned: ____________ Office Held: ____________

Home Address: ____________________ Phone: ____________

City: ____________________ State: ______ Zip Code: ________

Age: _____ Length of Residency: ____________ SSN: ____________

Full Legal Name: ______________________________

Stock Owned: ____________ Office Held: ____________

Home Address: ____________________ Phone: ____________

City: ____________________ State: ______ Zip Code: ________

Age: _____ Length of Residency: ____________ SSN: ____________

Full Legal Name: ______________________________

Stock Owned: ____________ Office Held: ____________

Home Address: ____________________ Phone: ____________

City: ____________________ State: ______ Zip Code: ________

Age: _____ Length of Residency: ____________ SSN: ____________

(Attach additional pages if necessary)

7. **Property:**

Owner of the property (land and building) where the business will be located:

Name: ______________________________

Address: ______________________________

City: _____ State: _____ Zip Code: _____

Is the space where the business is to be located rented or leased? ____ Yes ____No

(Attach a copy of the lease or rent agreement and any other pertinent documents.)

If yes, please state name of landlord or lessor and address:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____
(Attach additional pages if necessary)

Is the building within the location restrictions set out in the Alcoholic Beverage Ordinance?

____ Yes ____No

8. **Silent, undisclosed partners or joint venturers:**

Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venture; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firms, companies, corporations or others?

____ Yes ____No If yes, please state name of person or other entity with address and amount of percentage of profits and receipts to be split:

Name: _____ % _____

Address: _____

City: _____ State: _____ Zip Code: _____

9. **Residency/Age Requirement:**

Is there any party identified in Question 5 or Question 6 who is not a legal resident of the United States and at least twenty-one (21) years of age?

____ Yes ____No If yes, please give full details on separate sheet.

If not a U. S. Citizen, can they legally be employed in the United Sates?

____ Yes ____No If yes, please explain on separate sheet and submit copies of eligibility.

10. **Disclosure of previous denials:**

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who has applied for a beer, wine, and/or liquor license from the City of McRae or other City or County in the State of Georgia or other state or political subdivision?

____ Yes ____No If yes, please give full details of disposition on separate sheet.

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who has had an alcoholic beverage license revoked or suspended by or surrendered to any federal, state or local authority?

____ Yes ____No if yes, please give full details of disposition on separate sheet.

11. **Disclosure of licenses held:**

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who holds another alcohol license in any retail category or any license under any wholesale category?

____ Yes ____No If yes, please give full details on separate sheet.

12. **Disclosure of felony/other convictions or offenses:**

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who:

Has been convicted under any federal, state or local law of any misdemeanor involving moral turpitude? ____ Yes ____No

If yes, please give full details on separate sheet including dates, charges & disposition.

Has been convicted under federal, state or local law of any felony within ten (10) years immediately preceding the filing of this application? ____ Yes ____No

If yes, please give full details on separate sheet including dates, charges & disposition.

Has been convicted under any federal, state or local law of a misdemeanor, particularly, but not limited to, those involving alcoholic beverages, gambling or tax law violations within the last five (5) years immediately prior to the filing of this application? ____ Yes ____No

If yes, please give full details on separate sheet including dates, charges & disposition.

Has been found in violation of the ordinances or resolutions of the City of McRae, or any other county or municipality, governing alcoholic beverages licenses within the last five (5) years immediately prior to the filing of this application? ____ Yes ____No

If yes, please give full details on separate sheet.

Who has remaining any delinquent ad valorem taxes due the City of McRae or has any outstanding fines, assessments, liens, fi. fas., penalties, or judgments due to the City of McRae or is currently in any violation of any City of McRae ordinance or resolution? ____ Yes ____No
If yes, please give full details on separate sheet.

13. **References:**

Give the names and addresses of three citizens of Telfair County as references (written references must be attached):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

All of the foregoing information is hereby given and all of the foregoing statements are hereby made under oath, willfully, knowingly and absolutely, and the same is and are hereby sworn to be true under penalty for false swearing as provided by law.

Sworn to and subscribed before me,
this _____ day of _____ 2010.

_____
Applicant Signature

_____
Notary Public

_____
Printed Name of Applicant

_____
My Commission Expires

_____
Title of Applicant

NOTE:

This application will not be accepted until it is completed with all required attachments.

This written application for the license shall be a permanent record which the licensee must maintain current as required by the City of McRae Code. Failure to maintain a current application shall be grounds for revocation of the license.

The Alcoholic Beverage Commission shall act within 45 days from the date of the file of the completed application; however, if the Alcoholic Beverage Commission deems it subject to additional investigation, the applicant shall be given notice in writing to "show cause" why the license should not be denied.

A part of the license fee is refundable as set out in the regulations if the applicant withdraws the application before Alcoholic Beverage Commission action.

If the applicant withdraws the application before Alcoholic Beverage Commission action or if the Alcoholic Beverage Commission denies the application for a license, the applicant shall be entitled to a refund of the application fee less any investigative expense and less an additional charge of $200.00 to cover the clerical costs of initiating the application process.

In the event a license is revoked, surrendered or suspended, there shall be no refund whatsoever.

Any license issued under this application shall expire at the end of the calendar year in which the license was issued.

BACKGROUND INVESTIGATION

AND

CRIMINAL HISTORY CONSENT FORM AND REPORT

MCRAE, GEORGIA
BACKGROUND INVESTIGATION AND CRIMINAL HISTORY
CONSENT FORM AND REPORT

NOTE: Unless all blanks on this form are completed, no information will be released. Changes, strikethroughs, or white outs are not permissible.

This authorization form will expire thirty (30) days from the date of signature.

This authorization form must be presented to the McRae Police Department or City Hall with $15.00 (no personal checks) for each investigation.

This report issued by the McRae Police Department with the results of the investigation must be delivered to the City Clerk by a McRae Police Officer or picked up by a designated City employee; otherwise this report is null and void.

CONSENT

Re: Application for Alcoholic Beverage License to be filed by:

_____

Name of Applicant (Association, company, enterprise, firm, franchise, general partnership, joint-stock company, agency, syndicate, trust, receiver, joint venture, limited liability company, limited liability partnership, partnership, society, sole proprietorship, trust or any type of incorporated or unincorporated organization applying for the Alcoholic Beverage License)

Print or type full name (including any former names, maiden name, aliases, or nicknames), of the applicant; or, if applicant is not a natural person, the principal officer, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in the Applicant Business who is the subject of this Background Investigation Report:

_____

First **Middle** **Last** **Maiden** **Former Names or Aliases**

Relationship to Applicant for Alcoholic Beverage License:

☐ Sole Proprietor ☐ Managing Agent ☐ Registered Agent

☐ A person holding a five percent (5%) interest or more in the applicant business

☐ Employee

☐ Other Explain:_____

Re: _____ (Name)
(Continued)

Home address (physical address):

_____

City _____ State _____ Zip Code _____

Mailing address:

_____

City _____ State _____ Zip Code _____

Sex: _____ **Date of Birth:** _____ **SS#:** _____

Race: _____

The undersigned does hereby authorize the McRae Police Department to conduct a background investigation, including criminal history record, pertaining to the undersigned which may be in the files of any state, federal or local criminal agency in the United States and report the findings to the McRae City Clerk's office in connection with the application for an alcoholic beverage license in McRae, Georgia.

Signed in the presence of:

_____ _____
Notary Public Signature

My Commission Expires:

_____ _____
Date

Notary Seal

McRAE POLICE DEPARTMENT
BACKGROUND INVESTIGATION AND CRIMINAL HISTORY REPORT

This is to certify that we have conducted a background investigation and criminal history

pertaining to: _____ which may be
(Name)
in the files of any state, federal or local criminal agency in the United States. As a result of such investigation, we find:

☐ That the above-named individual HAS NOT been convicted under any federal, state or local law of any felony or a misdemeanor involving moral turpitude,

nor has the individual been convicted under any federal, state or local law of any felony not involving moral turpitude within ten (10) years immediately preceding this date,

nor has the individual been convicted under any federal, state or local law of a misdemeanor, particularly, but not limited to, those involving alcoholic beverages, gambling or tax law violations.

☐ That the above-named individual HAS convictions as set out above within the ten (10) years immediately preceding this date.

The subject person has the following arrest record;

_____

_____

_____

_____

_____

This _____ day of _____, 20____.

_____ _____
Printed Name of Officer Signature of Officer

_____
Title

NOTE: This form, when completed, must be delivered to the City Clerk by a McRae Police Officer or picked up by a designated City employee; otherwise this report is null and void.

CITY OF McRAE
25 South First Avenue
P. O. Box 157
McRae, Georgia 31055

Phone (229) 868-6051 – Fax (229) 868-2747

REGISTERED AGENT CONSENT FORM

Business Name: _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the ordinance regulating the sale of alcoholic beverages in the City of McRae, Georgia.

The address for service upon me, as Registered Agent, is as follows:

Location Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address for service: _____

City: _____ State: _____ Zip Code: _____

I understand the basic purpose is to have and continuously maintain in the Telfair County a Registered Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served.

This _____ day of _____, 20____.

Signed, Sealed and delivered
in the presence of:

_____
Notary Public

My Commission Expires: _____

(Seal)

_____
Signature of Agent

_____
Name of Agent (Type/Print)

_____
Agent's Home Address (Type/Print)

_____
City, County, and State (Type/Print)

_____
Title

APPROVED:

_____
Sole Owner/Partner, Officer or Director

CITY OF McRAE-HELENA
ALCOHOLIC BEVERAGE LICENSE FEES

APPLICATION FEE:	$1,000.00
TYPE OF LICENSE:	**LICENSE FEE:**
_____ **CONSUMPTION ON THE PREMISES:**	
_____ Wine	$500.00
_____ Malt Beverages	$1,000.00
_____ Distilled Spirits	$2,000.00
_____ Wine/Malt Beverages/Distilled Spirits	$3,000.00
_____ **PACKAGE:**	
_____ Wine	$500.00
_____ Malt Beverages	$1,000.00
_____ Distilled Spirits	$2,000.00
_____ Wine/Malt Beverages/Distilled Spirits	$3,500.00
_____ **WHOLESALE:**	
_____ Wine	$500.00
_____ Malt Beverages	$750.00
_____ Distilled Spirits	$3,500.00

TEMPORARY LICENSE ONLY	**EVENT PERMIT:**
(Non-Profit Private Clubs and Catering Services)	
_____ **CONSUMPTION ON THE PREMISES:**	
_____ Wine & Malt Beverages	$50.00 per day
_____ Distilled Spirits	$50.00 per day
_____ Wine/Malt Beverages/Distilled Spirits	$50.00 per day
_____ **PACKAGE:**	
_____ Wine & Malt Beverages	$50.00 per day
_____ Distilled Spirits	**No Temporary License Permitted**

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. **Please check only one:**

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees[1].

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____

Name of Private Employer

_____

Federal Work Authorization User Identification Number

_____

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ___, 201__ in _____ (city), _____ (state).

_____

Signature of Authorized Officer or Agent

_____

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

_____

NOTARY PUBLIC
My Commission Expires: _____

_____

[1] To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

AFFIDAVIT VERIFYING STATUS FOR
CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for the City of McRae-Helena, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi permit or other public benefit as referenced in O.C.G.A Section 50-36-1, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.
2) _____ I am a legal permanent resident of the United States.
3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality

Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

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 shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____(state).

_____ _____
Signature of Applicant Date

_____ _____
Printed Name of Applicant Alien Registration Number For Non-Citizen

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20____

_____
NOTARY PUBLIC
My Commission Expires: