CITY OF CEDARTOWN

201 East Avenue Cedartown, GA 30125
Phone: (770) 749-3220

City of Cedartown Alcohol Application

PLEASE APPLY FOR YOUR STATE ALCOHOL LICENSE BEFORE APPLYING FOR YOUR LOCAL LICENSE.
FOR INSTRUCTIONS, PLEASE GO TO https://dor.georgia.gov/how-register-retail-alcohol-license-account

BUSINESS NAME: _____

APPLICANT(S): _____ **TELEPHONE NO.** _____

APPLICANT(S): _____ **TELEPHONE NO.** _____

ADDRESS: _____ **EMAIL ADDRESS:** _____

TYPE OF LICENSE REQUEST: _____

ALCOHOLIC BEVERAGE APPLICATION REVIEW
(TO BE FILLED OUT BY REVIEWERS ONLY)

THE APPLICATION HAS BEEN REVIEWED, & AN INVESTIGATION HAS BEEN PERFORMED BY THE POLICE DEPARTMENT AND FOUND TO BE IN COMPLIANCE WITH THE CITY ORDINANCE.

APPROVED BY: _____ **DATE:** _____

DENIED BY: _____ **DATE:** _____

COMMENTS: _____
_____

THE PREMISES HAS BEEN INSPECTED & FOUND:

( ) LOCATION & BUILDING **POLK COUNTY TAX MAP #** _____

( ) INGRESS, EGRESS PARKING **( ) FIRE STANDARDS**

( ) BUILDING STRUCTURE **( ) LOCATION MEETS REQUIRED LOCATION DISTANCE FROM CHURCH, SCHOOL, & ETC.**

MEETS CRITERIA: _____ **DATE:** _____

DOES NOT MEET : _____ **DATE:** _____

COMMENTS: _____
_____

COMMISSION APPROVAL PROCESS

COPY OF PAID RECEIPT

( ) APPROVED

( ) DENIED FOR : _____

( ) DEFERRED FOR: _____

( ) REFERRED BACK FOR: _____

CHECK LIST FOR BEER, WINE, OR LIQUOR APPLICATION

( ) Plats of Proposed Site with Off-Street Parking Detail—2 copies (Blue Line)

( ) Boundary Survey *(Liquor Only)*

( ) Zoning—Certified by Zoning Administrator

( ) Passport Size Photograph (*Owner and On-Site Manager*)

( ) Social Security Card (*Owner and On-Site Manager*)

( ) The Following Identification for both the Owner and the On-Site Manager (if applicable):
CITIZEN OF U.S. ( ) YES ( ) NO *If NO, Attach Copy of Alien Resident Card or Visa*

___ Drivers' License
___ ID Card with Picture
___ Visa
___ Passport
___ Alien Resident Card

( ) Financial Statement—Applicant and Major Stock Holders and/or Partners (includes assets, liabilities, and capital)

( ) Incorporation, Organization, or Partnership Papers

( ) Purchase Agreement—Copy Purchase Agreement (if buying existing establishment)

( ) Copy of Lease Agreement, Contract, or Ownership Deed to Property

( ) Publisher's Affidavit Reflecting Compliance with Section 6-303 (f) *(Liquor Only)*

( ) $10,000 Personal Performance Bond *(Liquor Only)*

( ) $275.00 Application Fee (*non-refundable) (ALL PAPERWORK MUST BE TURNED IN*)

( ) $50.00 Background Investigation Fee for Manager or Entity Employees (*non-refundable*)

( ) Fingerprint Background Check for Owner (Fees paid when you set appointment up)

( ) License Fees

___ Beer Packaging……..$500.00
___ Beer Pouring……..$500.00
___ Wine Packaging…….$500.00
___ Wine Pouring…….$500.00
___ Liquor Packaging……$5,000.00
___ Liquor Pouring……....$4,000.00
___ Brewery……..$750.00
___ Brewpub...……..$750.00
___ Farm Winery……..$750.00

License fees are pro-rated at 50 percent after July 1st
25% discount of pouring fees in the C-1 Historic District

City Commission meets the second Monday of every month unless posted otherwise. It is recommended that you attend.

APPLICATION FOR BEER, WINE, OR LIQUOR LICENSE

Please do not leave any items blank

License Applied for:

( ) Beer Package
( ) Wine Package
( ) Liquor Package
( ) Beer Pouring
( ) Wine Pouring
( ) Liquor Pouring

( ) Brewery
( ) Brewpub
( ) Farm Winery
( ) Cigar Shop
( ) Other - _____

Is Purposed Licensee a:

( ) Individual
( ) Partnership
( ) Corporation
( ) LLC
( ) Other Legal Entity (Explain Below)

If proposed licensee is a legal entity, attach copies of documents reflecting its creation.
If the proposed licensee is a legal entity, please provide the name, address, and telephone number of its registered agent. NAME: _____
ADDRESS: _____
_____
TELEPHONE NUMBER: _____

Proposed Business Name, Tax ID #, and Location:

PROPOSED BUSINESS NAME: _____
ADDRESS: _____
_____
TAX ID: _____

Applicant Information:

1. Name: _____
2. Title/Position: _____
3. Email: _____
4. Are you a citizen of the United States? _____
5. Where were you born? _____
6. Home Address: _____
   _____
7. County: _____
8. Number of years at present address: _____
9. Home Phone Number: _____
10. Business Phone Number: _____
11. Do you reside in the City of Cedartown? _____
12. How long have you lived in the City of Cedartown? _____
13. How long have you resided in the State of Georgia? _____
14. What has been your occupation for the past five (5) years? _____
15. What is the name of the person who, if the license is granted, will be the **active manager** of the business and **on the job at the business**? This person must complete personal statement attached on page 10.
    NAME: _____
    _____

16. Has the applicant or any individual having an interest either as owner, partner, or stockholder, been convicted or entered a plea of Nolo Contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any state or United States or any municipal ordinance except traffic violations? If yes, please explain. _____
_____
_____
_____

17. Do you own the land and building on which this business is to be operated? (Attach Documents)
    a. If **yes**, when did you buy it? _____
    b. If **no**, give the amount of rent paid for such land and building, to whom and, at what intervals is it paid. Give the name of the owner and agent, if any.
        RENT PAID:_____
        LANDLORD: _____
        HOW OFTEN: _____
        OWNER AND AGENT:_____
        _____

18. If operating as a **corporation**, state name and address of corporation, when and where incorporated, and the names and addresses, social security numbers, and the office held by each of the officers or directors. _____
    NAME OF CORPORATION: _____
    ADDRESS: _____
    WHEN INCORPORATED:_____
    WHERE INCORORATED:_____
    PLEASE LIST ALL NAMES, ADDRESSES, SOCIAL SECURITY NUMBERS AND OFFICES HELD BY EACH OFFICER OR DIRECTOR BELOW.
    _____
    _____
    _____

19. If application is for on-premises consumption (pouring), is the premises a full-service restaurant that derives more than **50%** of its gross revenue from the sale of food? _____

20. If application is for on-premises consumption (pouring) is more than **51%** of the gross revenue derived from the sale of merchandise and/or services related products ?_____

21. If this is an application for any package liquor license, has applicant or spouse any financial interest in any manufacturer or wholesale of alcoholic beverages? _____

22. Show hereunder any and all persons, corporations, partnerships, or associations who have received or will receive, as a result of your operation under the requested licensee, any financial gain or payment derived from any interest or income from the operation. (Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation under the license.) In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with names of the principal stockholders. _____
    _____
    _____

_____

23. State whether or not applicant, partner, corporation officer, or stockholder holds any alcoholic beverage license in any other jurisdiction or has ever applied for a license and been denied (relate full details). _____
_____
_____

24. Do you or your spouse or any of the other owners, partners, or stockholders have an interest, financial or otherwise, in other liquor stores? If yes, state in how many stores there are interest and where stores are located. Explain fully. _____
_____
_____

25. Are you or any member of your family the owner, lessor, or sublessor of any real estate which is occupied by a retail liquor store? If yes, give the location information as to any lease or rental agreement, amounts of rents received, and to whom rented or leased. _____
_____
_____

26. Are you or any member of you family the executor or administrator or beneficiary, trustee, or heir of any estate or trust fund having any interest in a retail liquor store? If yes, give the location, amount of interest, the amount of income you receive, and your capacity with the estate. _____
_____
_____

27. Have you, your spouse, any partner, or any stockholder any financial interest in any wholesale liquor business? If yes, give details. _____
_____
_____

GEORGIA, POLK COUNTY, CITY OF CEDARTOWN

I,_____, being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein, and such answers were made in order to procedure the granting of such a license.

_____
Signature of Applicant
Title: _____

Sworn to and Subscribed Before Me This _____ Day of _____, 20___.

_____
Notary Public

CEDARTOWN POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

OWNER/OPERATOR

I,_____, do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of the City of Cedartown Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospital, clinics, private practitioners, and the U.S. Veterans Administration; employment and preemployment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and records of any criminal history with the Georgia Crime Information Center (GCIC) or National Crime Information Center (NCIC).

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, or in part, upon this release authorization, will be considered by the CPD in determining my suitability for a regulatory/peddlers license. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be insured as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ ____/_____/_____
First Name Middle Name Last Name **Date of Birth**

_____ _____/_____
Maiden Name or Other Legal Name (if applicable) **Sex/Race**

_____ **Social Security Number: _____-_____-_____**
Street Address

_____ **Driver's License Number: _____**
City State Zip Code

_____
Other States Resided in Since 18 Years of Age

_____ _____
Signature **Date**

_____ _____
Witness **Date**

Confirmation of Required Documents

To be Completed By City Employee-- Office Use Only

Business Name: _____

Owner/Operator

Criminal Background History

Completed By: **_____** **Date: _____/_____/_____**	**_____ No Criminal Record** **_____ Criminal Record Attached**

Criminal Background Review (Chief of Police or Designee)

_____ Approved **_____ Rejected**	**By:_____** **Date: _____/_____/_____**

Employee/Salesperson: _____

(NAME)

Criminal Background History

Completed By: **_____** **Date: _____/_____/_____**	**_____ No Criminal Record** **_____ Criminal Record Attached**

Criminal Background Review (Chief of Police or Designee)

_____ Approved **_____ Rejected**	**By:_____** **Date: _____/_____/_____**

Employee/Salesperson: _____

(NAME)

Criminal Background History

Completed By: **_____** **Date: _____/_____/_____**	**_____ No Criminal Record** **_____ Criminal Record Attached**

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION
CITY OF CEDARTOWN, GEORGIA

MUST BE COMPLETED & NOTARIZED

By Executing This Affidavit Under Oath, As An Applicant For A City of Cedartown Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or Other Public Benefit For:

_____
[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, or Other Private Entity]

1)_____ I Am A United States Citizen

OR

2)_____ I Am A Legal Permanent Resident 18 Years Of Age Or Older Or I Am Otherwise Qualified Alien Or Non-Immigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older And Lawfully Present In The United States.

2a) Date of Birth: _____/_____/_____

2b) _____
*Alien Registration Number For Non-Citizens

_____
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 Code Section16-10-20 Of The Official Code Of Georgia.

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

_____
****Please submit a copy of the secure and verifiable document along with application****

_____
Signature of Applicant

_____
Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____DAY OF _____, 20_____

_____
Notary Public
My Commission Expires: _____

***Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S. C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien" legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:**

_____

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. §36-60-6(d)
CITY OF CEDARTOWN, GEORGIA

MUST BE COMPLETED & NOTARIZED

CHECK ONLY ONE:

☐ By Executing This Affidavit, The Undersigned Private Employer Verifies Its **Compliance** with O.C.G.A. § 36-60-6, Stating Affirmatively That The Individual, Firm Or Corporation Has **Registered With And Utilizes The Federal Work Authorization Program Commonly Known As E-Verify**, Or Any Subsequent Replacement Program, In Accordance With The Applicable Provisions And Deadlines Established In O.C.G.A. § 36-60-6. Furthermore, The Undersigned Private Employer Hereby Attests That Its Federal Work Authorization User Identification Number And Date Of Authorization Are As Follows:

_____
Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

_____
Date of Authorization

_____
Signature of Authorized Agent

_____
Printed Name and Title of Authorized Officer or Agent

☐ By Executing This Affidavit, The Undersigned Private Employer Verifies That It Is **Exempt** From Compliance With O.C.G.A. §36-60-6, Stating Affirmatively That The Individual, Firm, Or Corporation **Employs Ten (10) Or Fewer Employees And Is Not Required To Register With And/Or Utilize The Federal Work Authorization Program Commonly Known As E-Verify**, Or Any Subsequent Replacement Program, In Accordance With The Applicable Provisions And Deadlines Established In O.C.G.A. § 36-60-6.

_____
Signature of Exempt Private Employer

_____
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the forgoing is true and correct. Executed on _____, 20_____ in _____ (city),_____(state).

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____DAY OF_____, 20_____.

_____
NOTARY PUBLIC

My Commission Expires: _____

Personnel Statement
(On-Site Manager)
A Photo of Manager Must be Attached to This Form

1. Full name of manager (use no initials):
   _____

2. Corporation or legal entity name/if corporation (must be registered with Georgia Secretary of State):
   _____

3. Home address of manager: _____
   _____

4. Name and address of retail store, lounge, or restaurant: _____
   _____

5. Place and date of birth of manager: _____
   _____

6. If **married**, give spouse's full name, date and place of birth. Give date and place of marriage and name of spouse's employer. (Include spouse's maiden name.) If **widowed or divorced**, give same information on former spouse(s).
   _____
   _____
   _____
   _____

7. Race:_____ Sex:_____ Height:_____ Weight:_____ Age:_____

   Color of Hair:_____ Color of Eyes:_____

8. Give names and addresses of all children and stepchildren (regardless of age):

Full Name	Address	Age	Place of Birth

9. Give names and addresses of all immediate living relatives other than children listed above:

Full Name	Address	Age	Place of Birth

10. Did you file Georgia tax last year? ( ) Yes ( ) No

11. Have you ever had any financial interest in a liquor business which was denied a license or had the license revoked? If yes, give details. _____
_____
_____

12. Education (*include all above elementary, giving name of school, address, dates attended, and degrees received*): _____
_____
_____
_____
_____

13. Employment record (*include from month/year, occupation/description of duties performed, salary, employer, reason for leaving*): _____
_____
_____
_____
_____

14. List residences for past 10 years (*include from year, to year, street, city, state*): _____
_____
_____
_____
_____

15. References: Give three (3) personal references with phone numbers (*not relatives, current or former employers, fellow employees, or school teachers*), whom you have known for five years:____
_____
_____
_____

16. Have you ever been arrested or charged with violations in any municipal, county, state, or federal law? If yes, give dates, charges, place of arrest, and disposition of charges: _____
_____
_____

I, _____, do solemnly swear, that the forgoing statements are true. I understand that any falsehoods are grounds for automatic dismissal of this application.

_____ _____
Manager Signature (Full Name in Ink) Date

_____
Notary Public

CEDARTOWN POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

ONSITE MANAGER

I,_____, do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of the City of Cedartown Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospital, clinics, private practitioners, and the U.S. Veterans Administration; employment and preemployment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and records of any criminal history with the Georgia Crime Information Center (GCIC) or National Crime Information Center (NCIC).

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, or in part, upon this release authorization, will be considered by the CPD in determining my suitability for a regulatory/peddlers license. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be insured as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ ____/_____/_____
First Name **Middle Name** **Last Name** **Date of Birth**

_____ _____/_____
Maiden Name or Other Legal Name (if applicable) **Sex/Race**

_____ **Social Security Number:** _____-_____-_____
Street Address

_____ **Driver's License Number:** _____
City **State** **Zip Code**

_____
Other States Resided in Since 18 Years of Age

_____ _____
Signature **Date**

Witness **Date**

Confirmation of Required Documents

To be Completed By City Employee-- Office Use Only

Business Name: _____

ONSITE MANAGER

Criminal Background History

Completed By: **_____** **Date: _____/_____/_____**	**_____ No Criminal Record** **_____ Criminal Record Attached**

Criminal Background Review (Chief of Police or Designee)

_____ Approved **_____ Rejected**	**By:_____** **Date: _____/_____/_____**

Employee/Salesperson: _____

(NAME)

Criminal Background History

Completed By: **_____** **Date: _____/_____/_____**	**_____ No Criminal Record** **_____ Criminal Record Attached**

Criminal Background Review (Chief of Police or Designee)

_____ Approved **_____ Rejected**	**By:_____** **Date: _____/_____/_____**

Employee/Salesperson: _____

(NAME)

Criminal Background History

Completed By: **_____** **Date: _____/_____/_____**	**_____ No Criminal Record** **_____ Criminal Record Attached**

SIGN OFF SHEET

- This is the Certify that I have received and read the City of Cedartown Code of Ordinances pertaining to Alcoholic Beverages.

- This is to Certify that I understand and will abide by the rules and regulations required by the City of Cedartown set forth in the Code of Ordinances.

- This is to Certify that I will retain and copy of the Code of Ordinances on my premise and periodically will check for updates on the City of Cedartown Website via https://library.municode.com/ga/cedartown/codes/code_of_ordinances?nodeId=PTIICOOR_CH6ALBE

_____
Applicant/Designated Agent/Owner

Subscribed and sworn before ne on this

The _____day of _____, 20____.

_____
Notary Public

My Commission Expires:_____