



LOCUST GROVE CITY HALL

PO BOX 900 Locust Grove, GA 30248-0900
Telephone: 770-957-5043 Fax: 770-954-1223

OFFICE USE ONLY

☐ REGULATORY FEE _____

☐ OCCUPATIONAL FEE _____

TYPE OF APPLICATION: APPLICATION FOR:
☐ NEW LICENSE ☐ COMMERCIAL LOCATION
☐ LICENSE RENEWAL ☐ HOME OCCUPATION

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

CORPORATION NAME : _____
(if applicable)

FEDERAL ID NUMBER: _____ DRIVERS LICENSE NUMBER/STATE: _____
(if no Fed ID, enter SSN)

BUSINESS LOCATION: _____

CITY STATE ZIP

MAILING ADDRESS: _____
(if different from above)

CITY STATE ZIP

BUSINESS OWNER: _____ BUSINESS PHONE: _____
ALT PHONE: _____

ADDRESS: _____
CITY STATE ZIP

New State of GA law requires that all business owners show valid proof of U.S. Citizenship. U.S. Passport, social security card, green card or birth certificate are acceptable forms of ID. A drivers license is also required, but is not accepted as proof of citizenship.

These documents will become a confidential and permanent part of the business file.

I hereby make application for an occupational tax certificate to conduct the above described business in Locust Grove City limits. I understand that prior to issuance of said certificate all applicable requirements of Federal, State and/or county agencies, statutes and/or ordinances have been met and payment of the prescribed fees is received. I do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this certificate.

PRINT NAME

TITLE

SIGNATURE

DATE

OFFICE USE ONLY

PROPERTY ZONED	APPROVED/DENIED ZONING
APPROVED/DENIED DIRECTOR	APPROVED/DENIED FIRE MARSHALL
APPROVED/DENIED CBI	APPROVED/DENIED ENVIRONMENTAL HEALTH
APPROVED/DENIED POLICE	APPROVED/DENIED OTHER

CITY OF LOCUST GROVE
ALCOHOLIC BEVERAGE APPLICATION

This application must be completed in it's entirety and all required accompanying documents, including fees, must be submitted before it will be considered by the City of Locust Grove. You may request a copy of the City's Alcoholic Beverage Ordinance from the Business License Clerk.

Are you a United States Citizen?_____ or a permanent resident alien as defined by the Immigration and Nationality Laws of the United States?_____.

If a permanent resident alien, a copy of your immigration papers is required.

Have you lived in the State of Georgia for the past year? Yes_____ No_____

If no, please explain. _____

Will the premises have any pool tables, game machines, game rooms, live entertainment, or food and beverage other than alcohol._____ If yes, please explain._____

1. Check the type of license you are applying for:

Retail Package Store Sales_____ Consumption on Premises_____ Wholesale_____

2. Check all beverages you intend to sell:

Malt Beverage (Beer)_____ Wine _____ Distilled Spirits _____

3. Under what name will the business operate?_____

4. 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) If so, please attach Corp. Papers

_____ Limited Liability Corporation (Go to question #7)

5. Indicate the name of the individual who owns the business (then go to question #8)

6. Indicate the names of all partners in the business enterprise (then go to question #8)

7. (A) Indicate the name of the Corporation of 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?_____

(B) List the names 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 his or her relationship to the Corporation. (ie: Office Held, Stock Owned etc..

(C) Provide the name, address and telephone number of the registered agent of the Corporation.

8. For each person identified in sections 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 _____ Lounge _____ Package Store _____ Private Club _____
Hotel/Motel _____ Grocery/Convenience Store _____

10. (A) How many other 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 of business _____

(B) If other license 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 of a 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, and alcohol treatment center, distilled spirits package store.
16. Are the premises completed? _____. If not, has a building permit been issued? _____. Date of anticipated completion _____
17. If this license is for the retail package sale of distilled spirits, provide the square footage of your display area. _____ the square footage of your storage area. _____, and the wholesale value of the inventory you intend to house on the premises. _____.
18. 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. _____
(Omit this item if malt beverages and wine are combined with a distilled spirits package sale license.)
19. Had this business entity ever had an alcoholic beverage license suspended or revoked? _____. Has the business ever been charged with an alcoholic beverage violation? _____. If the answer to either question is yes, please provide full details as to the date, city, name and location of licensed, charge and final disposition.
- _____

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

21 .For each employee, who will be selling alcohol under this license, provide his or her name, current address, phone number, and date of birth. Attach additional sheet of paper as necessary

22. License fees must be paid in full and included with the application Form. The investigative fee for the background check is \$100.00 and is nonrefundable. Separate payment must be made directly to the Henry County Sheriff's Office to secure fingerprinting and criminal records check. The amount of this payment is \$26.00 and must be paid with a money order. This payment is in addition to the fees listed below. Proof of payment must be submitted with this application. The law enforcement agency will forward results of the fingerprints and criminal records check directly to the City of Locust Grove.

A. Retail Dealers

1. Malt Beverages Package Sales.....\$500.00
2. Wine Package Sales.....\$500.00
3. Distilled Spirits Package Sales..... \$5,000.00

B. Retail Consumption, Restaurants, Hotels & Motels

1. Malt Beverages (Including Brewpubs).....\$500.00
2. Wine.....\$500.00
3. Distilled Spirits.....\$2,500.00

C. Retail Consumption, Private Clubs & Private Recreational Clubs

- 4. Malt Beverages\$500.00
- 5. Wine.....\$500.00
- 6. Distilled Spirits-----\$2,500.00

D. Wholesale Dealers Maintaining a fixed location with the City.

- 1. \$100.00
- 2. Additional License for Hotels, Motels, Private Clubs, and
Recreational Clubs pursuant to section 5.28:140.....\$1,000.00

Investigative Fee \$_____

License Fee \$_____

Additional Fee \$_____

Total Fees Due \$_____

I hereby certify that I have reviewed the Locust Grove 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.

Applicant please print

Applicant Signature

Date

Sworn and subscribed to me on the ____ day of _____, 20_____.

Notary Signature

Notary Print

Seal

Commission Expires



CITY OF LOCUST GROVE

P. O. Box 900 • Locust Grove, Georgia 30248-0900
Telephone (770) 957-5043 Fax: (770) 954-1223

MAYOR
Robert Price

COUNCIL
Vernon Ashe
Keith Boone
Samuel Brown
Otis Hammock
James Rosser
Frances Ward

CITY MANAGER
Tim Young

CITY CLERK
Tracey Sullivan

Henry County Sheriff's Department
120 Henry Parkway
McDonough, GA 30253

RE: City of Locust Grove Business/Alcohol Licensing
Criminal Background Check

ORI: GA923123Z

The below listed individual has applied for a business/alcohol license within the city limits of Locust Grove, GA. As a requirement of this licensing, this applicant is required to be fingerprinted and the returns mailed to:

Chief Jesse Patton
Locust Grove Police Department
PO Box 900
Locust Grove, GA 30248

Applicant Name: _____

Date of Birth: _____

Race: _____ Sex: _____

Social Security Number: _____

Business Name & Address: _____

Applicant Signature: _____

Witness Signature: _____

Date: _____

Submission Date: _____

Return Received: _____

... in The Grove



City of Locust Grove Police Department

Jesse Patton
Chief of Police

79 Frances Ward Drive
P.O. Box 900
Locust Grove, Georgia
30248
(770) 957-7055
(678) 583-3588 Fax
www.locustgrove-ga.gov

Georgia Bureau of Investigation Georgia Crime Information Center

Consent Form

I hereby authorize **THE CITY OF LOCUST GROVE** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Current Address (include city/state)

Sex

Race

Date of Birth

Social Security Number

By signing below, I give consent to the City of Locust Grove to perform periodic criminal history background checks for the duration of my employment with this company.

Signature

Date

E-VERIFY AFFIDAVIT



Locust Grove, GA

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6(d), stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly know as E-Verify, or any subsequent replacement in O.C.G.A. § 36-60-6(d). Furthermore, the undersigned applicant verifies one of the following with respect to my application for the above mentioned document:

1. (a)_____ The individual, firm or corporation employed more than ten (10) employees.
- (b)_____ The individual, firm or corporation employed ten (10) or fewer employees.

If the employer selected 1(a) please fill out Section 2 below.

2. **The undersigned private employer attests that its federal work authorization user identification number and date of authorization are listed below:**

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

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 _____, 20____

NOTARY PUBLIC

My Commission Expires: _____



AFFIDAVIT VERIFYING STATUS for RECEIPT OF PUBLIC BENEFITS
O.C.G.A. § 50-36-1(e)(2) Affidavit
Locust Grove, GA

By executing this affidavit under oath, as an applicant for the City of Locust Grove, Georgia public benefit (defined below), as supplemented by resolution of the City Council, and as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application to the City of Locust Grove:

_____ I am a United States citizen.

OR

_____ I am a legal permanent resident 18 years of age or older, or I am an 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.*

I understand that "public benefit" includes but is not limited to: Adult education; Authorization to conduct a commercial enterprise or business; Authorization to conduct activities regulated by local government such as flea markets, peddlers, sidewalk vendors, massage therapy, bingo games, adult entertainment, pawn shops, day cares, etc.; Business certificate, license, or registration; Business loan; Cash allowance; Contract for materials or services; Disability assistance or insurance; Down payment assistance; Energy assistance; Food stamps; Gaming license; Health benefits; Housing allowance, grant, guarantee, or loan; Home occupation certificate, license, license and registration; Loan guarantee; Medicaid; Occupational license; Professional license; Registration of a regulated business; Rent assistance or subsidy; Retirement benefits; State grant or loan; State identification card; Tax certificate required to conduct a commercial business; Temporary assistance for needy families (TANF); Unemployment insurance; Vehicles for Hire certificate or license; and Welfare to work.

Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity

Address of applicant named above

Telephone Number

Name of individual, business, corporation, partnership or other private entity for whom application is being made

Category of Public Benefit

In making the above representations under oath, I understand that any person who knowing 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.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____ 20____

Signature of Applicant

Date

Printed Name

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

*Alien Registration Number for Non-citizens