

	Town of Mt. Airy P.O. Box 257 1231 Dicks Hill Parkway Mount Airy, GA 30563 Phone: (706)778-6990 Fax: (706)776-6792	Alcoholic Beverage License New / Renewal Application
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DATE: _____

TYPE OF OWNERSHIP: ☐ Individual/Sole Proprietor ☐ New Application
☐ Corporation/LLC ☐ Renewal
☐ Partnership

OWNER / APPLICANT INFORMATION / INDIVIDUAL/SOLE PROPRIETOR:

Full Name of Licensee (No Initials): _____

Address of Residence: _____ Length of Time at Residence: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ GA Driver's License# _____ (Attach copy of DL)

Age: _____ Sex: _____ Date of Birth _____ Place of Birth: _____
SSN# _____

PARTNERSHIP:

Date the Partnership was formed: _____

Full Name of Partner (No Initials): _____

Address of Residence: _____ Length of Time at Residence: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ GA Driver's License# _____ (Attach copy of DL)

Age: _____ Sex: _____ Date of Birth _____ Place of Birth: _____ SSN# _____

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CORPORATIONS/LLC'S:

Date of Incorporation: _____ Place of Incorporation: _____

State Parent Corporation, if applicable: _____

Is the corporation owned by a parent corporation or held by a holding company: Yes ___ No ___

Provide the information below for each corporate officer, the corporation's registered agent, any shareholder or more of any class of corporate stock, and any entity having a financial interest in the business this application is being submitted for. **Attach a separate page if more space is required.**

Name:	Telephone:
Address:	SSN#:
City:	Percentage of Financial Interest:
State:	Zip Code:
Corporate Office Held:	

Name:	Telephone:
Address:	SSN#:
City:	Percentage of Financial Interest:
State:	Zip Code:
Corporate Office Held:	

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BUSINESS INFORMATION:

Business Name: _____

Business Location Address: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name/Title: _____

Phone# _____ Fax# _____ Email: _____

Georgia Sales Tax# _____ Federal Tax ID# _____

A COPY OF THE DEED/LEASE OR RENTAL AGREEMENT ALONG WITH A COPY OF THE PLAT OF THE PROPERTY MUST BE ATTACHED

MANAGER INFORMATION:

Full Name (No Initials) _____

Address of Residence _____

City _____ State _____ Zip Code _____

Phone # _____

Date of Birth _____ GA Driver's License # _____ (Attach Copy)

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Notice: Any false answer to any question could result in the denial of a license, or in the event a license is issued, in the revocation or suspension of the license.

(LICENSE SHALL EXPIRE AT MIDNIGHT ON THE 31ST DAY OF DECEMBER OF THE YEAR FOR WHICH ISSUED)

TYPE OF LICENSE: (CHECK ONE)

☐ NEW

☐ RENEWAL

Renewal Applications must be filed before November 1st of each year.

Renewal Applications after November 30th will be assessed \$200.00 late fee.

Renewal Applications received on or after January 1st shall be treated as if it is an initial application.

Upon receiving STATE of Georgia Alcoholic Beverage License the town MUST receive a copy.

Upon receiving Food Establishment License the town MUST receive a copy (Retail Packages Only).

*Retail/Convenient Store, coffee/tea/soda vending, ice vending, prepackaged foods, raw foods, deli, and bakery.

Must have Grocery/Gas Sales License (retail packages only).

All gaming machines and billiard tables must have licenses (stickers).

Administrative Fee	\$100.00
Distilled Liquor Fee	\$5,000.00
Malt Beverage/Beer/Wine	\$500.00
Caterers Annually	\$50.00
Caterers per Event	\$25.00
Grocery/Gas Sales License	\$50.00
Gaming machines/Billiard Tables(each)	\$25.00

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The purpose of this application is for: (Check One)

RETAIL MALT BEVERAGE / WINE PACKAGE SALES LICENSE

A retail dealer license will entitle the licensee to sell only malt beverages/wine, only in the original and unopened container. Such license shall not permit the opening of containers in the package store where sold, nor permit the drinking of the contents of said containers, or any part thereof, on the premises where sold. All malt beverages/wine possessed by a licensee shall be kept in the retail package store building, and it shall be unlawful for the licensee to make delivery of any malt beverage/wine to a purchase at any place other than inside the retail package store building licensed for the sale thereof, or by means of a drive-in window which is a part of said building.

Applicants/Employees are required to have criminal background check.

RETAIL LIQUOR PACKAGE SALES LICENSE

A retail dealer license will entitle the licensee to sell only Distilled Spirits/Liquor in the original and unopened container. Such license shall not permit the opening of containers in the retail store where sold, nor permit the drinking of the contents of said containers, or any part thereof, on the premises where sold. All distilled Spirits/Liquor possessed by a licensee shall be kept in the retail store building, and it shall be unlawful for the licensee to make delivery of any to a purchase at any place other than inside the store building licensed for the sale thereof, or by means of a drive-in which is a part of said building.

Applicants/Employees are required to have criminal background check.

MANUFACTURER / DISTILLERY LICENSE

A manufacturer/distillery license will entitle the licensee to manufacture and sell only the distilled spirits/liquor in the original and unopened container manufactured on the premises. Such license shall not permit the opening of containers on the premises of the distillery where manufactured, nor permit the drinking of the contents of said containers, or any part thereof, on the premises where manufactured. All distilled spirits/liquor possessed by a licensee shall be kept on the premises, and it shall be unlawful for the licensee to make delivery of any purchase at any place other than outside the premises of the distillery licensed for the manufacture thereof.

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Alcoholic Beverage License Application Oath

Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

Oath

STATE OF GEORGIA, HABERSHAM COUNTY

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME, AS THE APPLICANT IN THE FOREGOING PERSONAL STATEMENT, ARE TRUE AND CORRECT. I SOLEMNLY SWEAR THAT I HAVE NOT BEEN CONVICTED, PLEAD GUILTY OR NOLO CONTENDERE TO A CRIME INVOLVING MORAL TURPITUDE, ILLEGAL GAMBLING OR ILLEGAL POSSESSION OR SALE OF A CONTROLLED SUBSTANCES OR THE ILLEGAL POSSESSION OR SALE OF ALCOHOLIC BEVERAGES, INCLUDING THE SALE OR TRANSFER OF ALCOHOLIC BEVERAGES TO MINORS IN A MANNER CONTRARY TO LAW, KEEPING A PLACE OF PROSTITUTION, PANDERING, PIMPING, PUBLIC INDECENCY, SOLICITATION OF SODOMY, OR ANY SEXUAL RELATED CRIME. FURTHERMORE, I DO SOLEMNLY SWEAR THAT I WILL NOTIFY THE TOWN OF MOUNT AIRY OF ANY VIOLATIONS INCURRED WHILE I AM A LICENSE HOLDER. I SOLEMNLY SWEAR THAT I AM A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA.

APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT _____ SIGNED HIS NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS _____ DAY OF _____, _____.

Notary Public (Seal)
My Commission expires: _____

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FOR OFFICIAL USE ONLY:

PLANNING & DEVELOPMENT REVIEW

____ NEW

____ RENEWAL

Date Received: _____ Date Reviewed: _____

Zoning _____

Applicant has completed all necessary inspections (if required):

Fire Department: _____

Department of Agriculture : _____

Health Department: _____

Applicant has obtained all necessary permits and licenses:

Business License _____

Background Check _____

Dates of Advertisement _____

Presented at Town Council Meeting: _____

Approved _____

Denied _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the **Town of Mount Airy** to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**** ALL FIELDS ARE REQUIRED**

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID			
LAST		FIRST	MIDDLE
ADDRESS			
STREET			
CITY, STATE ZIP			
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
☐ MALE ☐ FEMALE ☐ UNKNOWN	☐ WHITE ☐ BLACK ☐ ASIAN ☐ HISPANIC ☐ UNKNOWN		☐ I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

☐ This authorization is valid for _____ days from the date of signature.

☒ I give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____

Date _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
☒	E – Employment / Volunteer Work / Tenancy
☐	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
☐	N - Working with Elderly – NOT for Volunteer work
☐	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

☐ ORI STAMP REQUESTED

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

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.

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

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

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

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from

[*name of government entity*], 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.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

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

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires: