DISTILLED SPIRITS APPLICATION

Application must be filled out completely, in ink and must be legible. If not, it will be returned to you and will cause delays in the processing. Upon completion of allocation process you will be notified in writing.

A **non-refundable** application fee of $1,250.00 is required upon the return of the application to the City Clerk's Office along, it can be a certified check or money order. Additionally, a money order in the amount of $45.00 made out to the City of Cordele is required for background check and fingerprinting. You must also bring a picture I. D. and have all paperwork notarized before submission.

If you meet all requirements and are approved, you will be required to provide and maintain proper documentation for each employee. You will also be required to remit 3% tax from your liquor sales by the 20th of each month.

A copy of the City's Alcoholic Beverages Ordinance is provided. Please read completely before returning your application.

In addition to non-refundable application fee, another fee is imposed, see below:
$2,500.00 – Cost of Liquor by the Drink License to be paid when the license is printed.

If you have any questions, please contact the City Clerk's Office at (229) 276-2901.

DISTILLED SPIRITS BY THE DRINK APPLICATION

OCCUPATIONAL TAX CERTIFICATE ACCOUNT # _____

DATE APPLICATION RECEIVED BY THE CITY CLERK _____

APPLICATION FEE RECEIVED – NON-REFUNDABLE $_____

A non-refundable application fee of $1250.00 will accompany the application.

FULL NAME OF APPLICANT _____

HOME MAILING ADDRESS _____

HOME PHONE # _____ **SOCIAL SECURITY #** _____

SEX: MALE: _____ FEMALE: _____ **DATE OF BIRTH:** _____

NAME OF BUSINESS _____

EXACT LOCATION OF BUSINESS _____

MAILING ADDRESS OF BUSINESS _____

ARE YOU A U. S. CITIZEN? YES _____ **NO** _____

BY: BIRTH _____ **NATURALIZATION** _____

IF NATURALIZATION, CERTIFICATE # _____

IF NOT A CITIZEN, PLEASE COMPLETE THE FOLLOWING:

HOW LONG HAVE YOU RESIDED IN GEORGIA? _____

NUMBER OF YEARS RESIDED AT YOUR PRESENT ADDRESS? _____

_____

_____

LIST RESIDENCE(S) FOR THE PAST 10 YEARS

FROM: MO/YR TO: MO/YR **ADDRESS** **CITY** **STATE**

_____

_____

_____

WHAT HAS BEEN YOUR OCCUPATION FOR THE LAST FIVE (5) YEARS?

_____

WHAT IS YOUR POSITION TITLE WITH THE BUSINESS SUBMITTING THIS LICENSE APPLICATION?

_____

IF A PARTNERSHIP:

PARTNERSHIP NAME _____

PARTNERSHIP ADDRESS _____

USE THE FOLLOWING FOR EACH PARTNER:

NAME **ADDRESS** **BIRTHDAY** **SSN#**

_____

_____

_____

IF A CORPORATION:

CORPORATION NAME: _____

CORPORATION ADDRESS: _____

DATE INCORPORATED: _____

MAJORITY STOCKHOLDER: _____

LIST INFORMATION FOR PRINCIPAL OFFICERS AND PERSON RESPONSIBLE:

NAME **ADDRESS** **BIRTHDAY** **SSN #**

_____

_____

_____

NON-PROFIT ORGANIZATION

If applicant is applying on behalf of a non-profit organization. as required by the Internal Revenue Service. state the following:

NAME OF ORGANIZATION: _____

ADDRESS: _____

WHEN AND WHERE CHARTERED: _____

APPLICANT'S DUTIES AND TITLE IN ORGANIZATION: _____

_____

_____

HOW MANY DUES PAYING MEMBERS ARE IN THE ORGANIZATION: _____

HAS A FEDERAL TAX FORM 990 BEEN FILED FOR SAID ORGANIZATION FOR PREVIOUS YEARS?

YES _____ NO _____

HAS THE LICENSEE OR ANY OTHER PERSON HAVING ANY INTEREST IN THE BUSINESS FOR WHICH THIS APPLICATION HAS BEEN 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 FULL DETAILS FAILURE TO MAKE A FULL DISCLOSURE IN RESPONSE TO THIS QUESTION WILL RESULT IN A 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.

_____

_____

WHAT IS THE POSITION TITLE WITH THE BUSINESS SUBMITTING THIS LICENSE APPLICATION?

_____

DO YOU HAVE FINANCIAL INTEREST IN ANY BAR, LOUNGE, TAVERN, RESTURANT, OR OTHER PLACE OF BUSINESS WHERE ALCOHOLIC BEVERAGES ARE SOLD AND CONSUMED ON PREMISES?

YES _____ **NO** _____

IF YES, GIVE DETAILS: _____

_____

_____

DO YOU OWN THE PROPERTY IN WHICH THIS BUSINESS WILL BE OPERATED?

YES _____ **NO** _____

IF NO, LIST BELOW THE INFORMATION REQUESTED OF THE PROPERTY OWNER, PLEASE ATTACH A COPY OF THE LEASE AGREEMENT.

NAME OF OWNER: _____

ADDRESS: _____

WHAT ARE THE DAYS AND HOURS OF OPERATION OF THIS BUSINESS? _____

NAME OF PERSON(S) TO BE MANAGER(S) OF OR WITH ANY CONTROL OVER DAILY AFFAIRS OF BUSINESS FOR WHICH THE APPLICATION IS FILED:

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

FULLY DESCRIBE POSITION AND CONTROL: _____

_____

Copy of personnel statement for this person(s) must be attached to application.

HOW MANY PERSONS CAN BE SEATED IN RESTAURANT (not counting bar stools)?

_____ "If over 100, attach a copy of fire safety report and C.O. from the State Fire Marshall."

WHAT IS THE SQUARE FEET OF THE INTERIOR AREA OF THE RESTAURANT? _____

WHAT IS THE SQUARE FEET OF THE SEATING AREA OF THE RESTAURANT? _____
_____ **(this is area covered by roof and is air conditioned)**

DO YOU REQUEST CONSIDERATION FOR CONSUMPTION ON DECK OR PATIO?
_____

WHAT IS THE SQUARE FEET?_____ **CONNECTED?**_____

PLEASE ATTACH A COPY OF COMPLETE MENU TO THIS APPLICATION.

ARE YOU AWARE THAT THE SALE OF ALCOHOLIC BEVERAGES TO AN UNDERAGE PERSON(S) BY YOU OR YOUR EMPLOYEES MAY RESULT IN THE SUSPENSION OF THE LICENSE?
Please circle one. YES NO

WHAT WRITTEN PROCEDURES DO YOU HAVE INPLACE TO ENSURE THAT ALCOHOLIC BEVERAGES ARE NOT SOLD IN VIOLATION OF THE CITY OF CORDELE ORDINANCES OR STSTE LAW? PLEASE ATTACH ALL DOCUMENTS RELATING TO SUCH PROCEDURES AND INCLUDE AN EXPLANATIOMN AS TO THEIR USAGE_____

_____

_____

_____

_____

I HEREBY GIVE THE CITY OF CORDELE CONTINUING PERMISSION AND AUTHORITY TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME.

IN THE EVENT OF THE TERMINATION OF MY ASSOCIATION WITH THE BUSINESS WITH WHICH THIS DOCUMENT IS A PART OF, MY CONSENT WILL BE RESCINDED UPON NOTIFYING THE CITY CLERK'S OFFICE.

_____
Business Name

_____
Full Name Printed

_____
Home Address

_____
City **State** **Zip**

_____ _____ _____
Sex **Race** **SSN#**

_____
Signature

I attest that the above person is known by me or has proven their identity. On this _____day of_____, 20_____.

_____
Notary Public

My Commission Expires: _____

GEORGIA, CRISP COUNTY
CITY OF CORDELE

I, _____, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the questions in this application, including all statements and attachments made a part of this application, for a City of Cordele license to sell distilled spirits by the drink are true and complete and that no false statements or answer is made herein. It is further understood that any false answer or statement or failure to amend this application with necessary shall be grounds for the suspension or revocation of any license pursuant to this application.

I, _____, understand that the application fee is $1250.00 and is due upon turning in the application to the City Clerk's Office and that this fee is NON-REFUNDABLE no matter the outcome of this application.

I, _____, so solemnly swear that I have received and read a copy of the City of Cordele Ordinance "Liquor by the Drink" and understand fully my obligations to follow the guidelines and laws set forth in said Ordinance and the State of Georgia.

I, _____, further certify that I will notify the City Clerk's Office of any change in management, license, or ownership immediately and that I understand that the license is non-transferable without express consent of the City manager and/or designee and the City Commission.

_____
Signature of Applicant

Sworn to and subscribed before me on this _____ day of _____, 20_____.

_____
Notary Public

My Commission Expires: _____

EMPLOYMENT PERMIT APPLICATION

COPY OF PICTURE I.D. MUST BE ATTACHED

NAME OF BUSINESS_____

ADDRESS OF BUSINESS_____

CITY_____STATE_____ZIP_____

NAME OF EMPLOYEE_____

HOME ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE#_____ SSN#_____

DATE OF BIRTH_____

CIRCLE APPROPRIATE ANSWER:

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 5 YEARS? YES NO

IF YES, EXPLAIN FULLY:_____

_____

_____

HAVE YOU BEEM CONVICTED OF A MISDEMEANOR WITHIN THE PAST 2 YEARS?
YES NO IF YES, EXPLAIN FULLY_____

_____

_____

HAVE YOU BEEN CONVICTED IN THE PAST FIVE (5) YEARS OF ANY OF THE FOLLOWING?
PANDERING, PROSTITUTION, OR SOLICITING PROSTITUTION
GAMBLING
ILLEGAL SALE OF CONTROLLED SUBSTANCE OR NARCOTIC

I, _____, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the question in this application (including all attachments made a part of) are true and complete and that no false or fraudulent or answer is made herein.

_____ _____

APPLICANT SIGNATURE (FULL NAME)

SIGNATURE OF PRINCIPAL OFFICER OR OFFICIAL APPLICANT

Sworn before me on this_____day of_____, 20_____

_____ MY COMMISSION EXPIRES:

NOTARY PUBLIC

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize _____
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)

_____
Address

_____ _____ _____ _____
Sex **Race** **Date of Birth** **Social Security Number**

_____
Signature

_____
Date

Special employment provisions (check if applicable):

__ Employment with mentally disabled (Purpose code 'M')
__ Employment with elder care (Purpose code 'N')
__ Employment with children (Purpose code 'W')

One of the following must be checked:

__ This authorization is valid for 90 180 (circle one) days from date of signature.

__ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

SIGNATURE OF APPLICANT **DATE**

CITY OF CORDELE POLICE CHIEF SIGNATURE: _____

☐ **APPROVED**

☐ **DENIED**