INSTRUCTIONS AND CONDITIONS FOR APPLYING FOR LICENSE TO SELL ALCOHOLIC BEVERAGES IN THE CITY OF GOOD HOPE, GEORGIA

1. APPLICATION COMPLETION:

Every question must be fully, correctly and legibly answered. Do not use initials. Spell out all names. Incomplete applications will be returned to the applicant for proper completion. If the space provided on this application is not enough for a full and complete answer, use a separate sheet of paper. The City of Good Hope Alcoholic Beverage Ordinance is now available for review at the Good Hope City Hall located at 169 Georgia Highway 83, Good Hope, Georgia 30641.

2. REQUIRED FEES:

The required license fee of **$750.00 for Malt Beverages and $750.00 for Wine** and the required investigative fee and administrative costs of **$150.00** must be paid when the initial application is submitted to the Clerk of City of Good Hope, Georgia. These fees must be paid by **CERTIFIED CHECK OR CASHIER'S CHECK**. A **$150.00** investigative and administrative fee must be paid for each additional investigation during the year due to an ownership or managerial change.

3. LICENSE NON-TRANSFERABLE:

Any change in the ownership, management or other status of the licensed operation which would change any answers on the original application **MUST BE REPORTED IN WRITING TO MAYOR AND CITY COUNCIL FOR THE CITY OF GOOD HOPE, GEORGIA, WITHIN 5 DAYS** from the change. Failure to do so may result in the revocation of the license.

4. DISTANCES:

The applicant is responsible for determining the distance from the proposed licensed location pursuant to the Good Hope Alcoholic Beverages Ordinance for each of the following:

- A school - including school grounds,
- An alcohol treatment facility,
- A church.

5. ZONING:

No License shall be issued except in a zone designated as B-1, as defined by applicable local zoning ordinances.

6. CORPORATIONS AND PARTNERSHIPS:

All corporate and partnership applicants, without regard to the number of stockholders or partners, shall list the names and addresses of the officers of the corporation or partnership. In addition,

they shall name a manager whose name shall appear on the license issued to the corporation or partnership. The corporation or partnership shall provide the name and address of the manager who shall be the individual who does in fact have regular managerial and supervisory authority over the business conducted on the licensed premises.

7. IDENTIFICATION:

Information requested concerning race and sex identification of applicants, corporations, partnerships and stockholders is for investigative purposes only.

8. CRIMINAL HISTORY CONSENT FORMS:

Georgia Crime Information Center (GCIC) Council rules require that the consent form on the last page of the application be completed, signed, and notarized prior to any information being accessed for release of criminal history investigations by the Walton County Sheriff's Office in reference to your application. This information is available in Chapter 140-2-04, Rules of the Georgia Crime Information Center Council Practice and Procedure.

A separate form must be completed for whomever the license is issued to and the agent or designated manager for Individual Businesses or Partnerships. Corporations should complete forms for officers and the agent or designated manager.

9. FINGERPRINT CARDS:

A set of three (3) fingerprint cards will need to be turned in for each owner, partner, stockholder, and manager. Applicant shall be responsible for any charges associated with any services provided by the Walton County Sheriff's Office.

10. RESIDENCY:

Applicants are not required to be a resident of Good Hope, Georgia, but must have been a resident of Walton County, Georgia for not less than six (6) months before the date of filing this application. If the applicant is not a resident, a review of the Regulations of the Georgia Department of Revenue should be made. Local Alcohol agents may be reached at Georgia Department of Revenue, 3700 Atlanta Highway, Athens, Georgia, or by phone at (706) 389-6958.

11. STATE AND FEDERAL REGULATIONS:

A State Alcohol License is also required before alcohol can be sold. Please contact the Georgia Department of Revenue for their requirements, fees and application: Georgia Department of Revenue, Registration at: P.O. Box 740001, Atlanta, GA 30374-001 or by phone at (807) 423-6711. Contact the Federal Alcohol, Tobacco, and Firearms Licensing Department for their requirements: Federal ATF, Licensing Department by phone at (202) 453-2000 or www.TTB.gov/

Complete the E-Verify Affidavit and have notarized. State law (O.C.G.A. §36-6-6 (d)) requires compliance with the Federal Work Authorization Program. Private employers with ten (10) or more employees must obtain an E-Verify Number and complete the E-Verify Affidavit.

Complete the SAVE Affidavit. State law (O.C.G.A. § 50-36-1) requires anyone applying for a public benefit to complete the SAVE Affidavit and supply one secure and verifiable document. U. S. citizens are only required to provide this affidavit once to City of Good Hope, Georgia.

12. STATE LICENSE:

A state Alcohol Beverage License must be obtained by the applicant in order for the license issued by the City of Good Hope, Georgia, to be valid. Failure of the licensee to obtain a state license issued before beginning operations shall be an automatic forfeiture and cancellation of the license issued by the City of Good Hope, Georgia.

If a State Alcoholic Beverage License is revoked by the State of Georgia, then the license issued by shall automatically be revoked and void effective as of the date of the state revocation.

13. OATH:

When completed, the application must be signed, dated and verified under oath.

14. APPLICATION RETURN AND INFORMATION:

ALLOW A THIRTY (30) DAY PERIOD FOR APPLICATION PROCESSING. CONTACT THE MAYOR OR CITY CLERK FOR ADDITIONAL INFORMATION CONCERNING THIS APPLICATION AND RETURN THE APPLICATION FOR ALCOHOLIC BEVERAGES TO:

MAILING ADDRESS: The City of Good Hope
169 Georgia Highway 83,
Good Hope, Georgia 30641.

TELEPHONE NUMBER: (770) 867-5200

PLEASE CONTACT MAYOR RANDY GARRETT IF FURTHER ASSISTANCE IS NEEDED WITH THE APPLICATION.

APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES
CITY OF GOOD HOPE, GEORGIA

The undersigned applicant hereby applies to City of Good Hope, Georgia for a license to sell alcoholic beverages in the City of Good Hope. A non-refundable Three Hundred-Dollar $150.00) (certified check or cashier's check), made payable to the City of Good Hope must be tendered with the application for investigation fee and administrative costs.

BUSINESS TRADE NAME:_____
D/B/A Name

2. APPLICANT'S NAME:_____
(Name of partnership, corporation or individual)

3. BUSINESS LOCATION ADDRESS:_____STE#_____

4. BUSINESS MAIL ADDRESS: _____

CITY: _____STATE:_____ZIP CODE:_____

5. LOCAL TELEPHONE NUMBER: (_____)_____

HOME OFFICE TELEPHONE NUMBER: (_____)_____

6. CONTACT NAME FOR BUSINESS:_____

HOME TELEPHONE NUMBER FOR CONTACT PERSON:_____

7. NAME OF MANAGER: _____
(Person responsible for Alcohol Licensing issues)

HOME TELEPHONE NUMBER FOR MANAGER:_____

HOME ADDRESS OFMANAGER:_____
(Street, Road, RFD No., P. O. Box No.)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

8. PURPOSE OF APPLICATION IS: (CHECK ALL THAT APPLY)

a. NEW BUSINESS:____ NEW OWNER'S NAME:_____

PREVIOUS OWNER'S NAME: _____

b. BUSINESS NAME CHANGE: _____PREVIOUS BUSINESS NAME:_____

ADDRESS CHANGE:___PREVIOUS ADDRESS:_____

9. **CALCULATION OF BASIC LICENSE FEE: FOR CALENDAR YEAR _____**

LICENSE FEE

a. Retail Package Beer/Malt Beverages: _____ $750.00
b. Retail Package Wine: _____ $750.00

TOTAL ANNUAL LICENSE FEE: $ _____

10. TYPE OF BUSINESS: (CHECK ONE) ___ Individual ____ Corporation _____ Partnership ____ LLC

(COMPLETE EITHER NUMBERS 11, 12 AND 13, AND/OR 14-16 IN THE SECTION BELOW)

11. **IF APPLICANT IS AN INDIVIDUAL:** Attach copy of trade name affidavit.

FULL LEGAL NAME: _____PHONE#_____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RACE: ___ SEX: ____ BIRTHDATE: _____ SOCIAL SECURITY NO:_____

12. **IF APPLICANT IS A PARTNERSHIP OR L.L.C.:** Attach trade name affidavit, if LLC, attach a copy of certificate of LLC as filed with the Clerk of Superior Court and trade name affidavit.

NAME AND ADDRESS OF PARTNERSHIP OR LLC:_____

_____

13. **PARTNERS/MEMBERS OF PARTNERSHIP OR LLC**:

FULL LEGAL NAME: _____PHONE#:_____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
RACE: ___ SEX: ____ BIRTHDATE: _____ SOCIAL SECURITY NO:_____

FULL LEGAL NAME: _____PHONE#:_____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
RACE: ___ SEX: ____ BIRTHDATE: _____ SOCIAL SECURITY NO:_____

FULL LEGAL NAME: _____ PHONE#: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
RACE: ___ SEX: ____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

FULL LEGAL NAME: _____ PHONE#: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
RACE: ___ SEX: ____ BIRTHDATE: _____ SOCIAL SECURITY NO: _____

(ATTACH ADDITIONAL PAGES IF NECESSARY)

CORPORATION-STOCKHOLDERS: All corporate applicants who are corporations shall list the names and address of all stockholders and the percentage of stock owned by each. If a named stockholder therein is another corporation, the same information shall be given for the Stockholding Corporation. If, during the life of the license, the identity of the stockholders or their percentage of ownership should change, that information shall be sent to the Clerk for the City of Good Hope.

14. **IF APPLICANT IS A CORPORATION:** Attach a copy of the articles of incorporation, trade name affidavit, and current annual corporation registration with the Georgia Secretary of State.

NAME OF CORPORATION: _____
(Name shown exactly as in Articles of Incorporation or Charter)

HOME OFFICE: _____

MAIL ADDRESS IF DIFFERENT _____

DATE AND PLACE OF INCORPORATION: _____

15. **OFFICERS**:

FULL LEGAL NAME: _____ PHONE#: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
RACE: ___ SEX: __ BIRTHDATE: _____ SOCIAL SECURITY NO: _____
% STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____ PHONE#: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
RACE: ___ SEX: __ BIRTHDATE: _____ SOCIAL SECURITY NO: _____
% STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: ____ PHONE#: ______________
HOME ADDRESS: ____
CITY: ______________________ STATE: _________________ ZIP CODE: __________________
RACE:___SEX:__BIRTHDATE:____________SOCIAL SECURITY NO:____________________
% STOCK OWNED:_____________________________OFFICE HELD:______________________

FULL LEGAL NAME: ____ PHONE#: ______________
HOME ADDRESS: ____
CITY: ______________________ STATE: _________________ ZIP CODE: __________________
RACE:___SEX:__BIRTHDATE:____________SOCIAL SECURITY NO:____________________
% STOCK OWNED:_____________________________OFFICE HELD:______________________

(ATTACH ADDITIONAL PAGES IF NECESSARY)

16. **STOCKHOLDERS:** (If Different from Officer Names)

FULL LEGAL NAME: ____ PHONE#: ______________
HOME ADDRESS: ____
CITY: ______________________ STATE: _________________ ZIP CODE: __________________
RACE:___SEX:__BIRTHDATE:____________SOCIAL SECURITY NO:____________________
% STOCK OWNED:_____________________________OFFICE HELD:______________________

FULL LEGAL NAME: ____ PHONE#: ______________
HOME ADDRESS: ____
CITY: ______________________ STATE: _________________ ZIP CODE: __________________
RACE:___SEX:__BIRTHDATE:____________SOCIAL SECURITY NO:____________________
% STOCK OWNED:_____________________________OFFICE HELD:______________________

FULL LEGAL NAME: ____ PHONE#: ______________
HOME ADDRESS: ____
CITY: ______________________ STATE: _________________ ZIP CODE: __________________
RACE:___SEX:__BIRTHDATE:____________SOCIAL SECURITY NO:____________________
% STOCK OWNED:_____________________________OFFICE HELD:______________________

FULL LEGAL NAME: ____ PHONE#: ______________
HOME ADDRESS: ____
CITY: ______________________ STATE: _________________ ZIP CODE: __________________
RACE:___SEX:__BIRTHDATE:____________SOCIAL SECURITY NO:____________________
% STOCK OWNED:_____________________________OFFICE HELD:______________________

(ATTACH ADDITIONAL PAGES IF NECESSARY)

17. If there is any individual or officer, who has resided at his current address less than five (5) years, complete information below.

NAME:______________________________ PHONE#:________________
PREVIOUS ADDRESS:__________________ FROM__________ TO________
PREVIOUS ADDRESS:__________________ FROM__________ TO________
PREVIOUS ADDRESS:__________________ FROM__________ TO________

NAME:______________________________ PHONE#:________________
PREVIOUS ADDRESS:__________________ FROM__________ TO________
PREVIOUS ADDRESS:__________________ FROM__________ TO________
PREVIOUS ADDRESS:__________________ FROM__________ TO________

NAME:______________________________ PHONE#:________________
PREVIOUS ADDRESS:__________________ FROM__________ TO________
PREVIOUS ADDRESS:__________________ FROM__________ TO________
PREVIOUS ADDRESS:__________________ FROM__________ TO________

NAME:______________________________ PHONE#:________________
PREVIOUS ADDRESS:__________________ FROM__________ TO________
PREVIOUS ADDRESS:__________________ FROM__________ TO________
PREVIOUS ADDRESS:__________________ FROM__________ TO________

(ATTACH ADDITIONAL PAGES IF NECESSARY)

18. State name and address of all owner of the property (land and building) where the business will be located.

____
____

19. Is the commercial space where the business is to be located rented or leased?

Answer: YES _______ NO _______ If yes, state name of lessor or landlord and address.

____
____
____

20. 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, firm, company, corporation, or other?

Answer: YES _______ NO _______ If yes, give name of person or firm and address and amount of percentage of profits and receipts to be split.

____
____

21. Is there anyone connected with this business that is not a legal resident of the United States and at least twenty-one (21) years of age?

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

22. If anyone connected with this business is not a U.S. Citizen, can they legally be employed in the United States.

Answer: YES_____ NO _____ If yes, explain on a separate sheet and submit copies of eligibility.

22 Is there anyone connected with this business that has applied for a beer license and/or a wine license from any other City or County in the State of Georgia, or other state or political subdivision and been denied such?

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

23. Is there anyone connected with this business who holds another retail or wholesale alcohol license?

Answer: YES _____ NO _____ If yes, give full details on separate sheet

24. Is there anyone connected with this business that has been convicted within fifteen years immediately prior to the filing of this application with any felony or for whom outstanding indictments, accusations or criminal charges exist charging such individual with any of such offenses and for which no final disposition has occurred?

Answer: YES _____ NO _____ If yes, give full details on separate sheet, including dates, charges and disposition.

25. Is there anyone connected with this business that has been convicted within five (5) years immediately prior to the filing of this application of the violation (i) of any state, federal or local ordinance pertaining to the manufacture, possession, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof; (ii) of a crime involving moral turpitude; or (iii) of a crime involving soliciting for prostitution, pandering, gambling, letting premises for prostitution, keeping a disorderly place, the traffic offense of hit and run or leaving the scene of an accident, or any misdemeanor serious traffic offense?

Answer: YES _____ NO _____ If yes, give full details on separate sheet, including dates, charges and disposition.

26. Is there anyone connected with this business that has been convicted for selling alcohol to an under-age person within the last three (3) year period?

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

27. Is there anyone connected with this business that is an official or public employee of the City of Good Hope, Georgia, or any State or Federal Agency and whose duties include the regulation or policing of alcoholic beverages or licenses, or any tax collecting activity?

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

28. Have you or the applicant had any vehicles, trailers, or property belonging to you or the company in which you or any of such persons have or had an interest in ever been seized, condemned or forfeited as contraband by the State of Georgia or United States for the reason the same was being used or intended for use in criminal activities.

Answer: YES _____ NO _____ If yes, give full details on separate sheet.

I, _____, solemnly swear, subject to the penalties for false swearing as provided under Georgia law, all information required in this application and supporting documents for a license to sell alcoholic beverages in the City of Good Hope, Georgia is true and correct to the best of my knowledge, and I fully understand that any false information may cause the denial or revocation of said license.

_____
Print Full Name As Signed Below

_____
Signature of Applicant

_____
Title

_____
Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____ 20_____

_____
NOTARY PUBLIC (SEAL)

My Commission Expires:_____

SAVE Public Benefits Affidavit - O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for The City of Good Hope, Georgia Alcohol License as referenced in O.C.G.A. § 50-36-1, I am stating 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. MUST BE PROVIDED BY EVERYONE.

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

AUTHORIZATION FOR RELEASE OF
PERSONAL INFORMATION AND CRIMINAL HISTORY RECORD

I do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Good Hope, Georgia, 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 commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints; or grievances filed by or against me; and the records, recollections of attorneys at law, or 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 any other document or article of information deemed pertinent for the purposes of assessing my suitability for a City of Good Hope alcohol license, permit or appointment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part upon this release authorization, will be considered in assessing my suitability for a City of Good Hope alcohol license, permit or appointment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the City of Good Hope, Georgia to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency. A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

Applicant's Signature: _____
Race: _____
Sex: _____
Date of Birth: _____
SSN: _____
Driver's License Number: _____
State: _____
Address: _____

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

_____
NOTARY PUBLIC

Affidavit Verifying Status for City of Good Hope Public Benefit Application

By executing this affidavit under oath, as an applicant for the city of Good Hope, Georgia Business License or Occupation Tax Certificate, Alcohol License, Insurance License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Good Hope Business License or Georgia Occupational Tax Certificate, Alcohol License, Insurance License, Taxi Permit or other public benefit (circle one: Employment benefits or Contracts) 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 an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 year of age or older and lawfully present in the United States.*

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 Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: Date:

_____ _____

Printed Name:

_____

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

_____
*Alien Registration number for non-citizens

Notary Public
My Commission Expires:

* Note: O.C.G.A. Sec. 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. Privacy policy is available on request. Qualified aliens that do not have an alien registration number may supply another identifying number below:

_____