CITY OF FOLKSTON

ALCOHOLIC BEVERAGE APPLICATION CHECKLIST

Date _____ License No. _____

Contact Name _____

Contact Phone_____Cell _____

Legal Business Name_____

D.B.A. Name _____

Business Address _____

____ Completed Alcoholic Beverage Application sworn to by applicant before notary public or other authorized to administer oaths. **The application must be filled out completely.**

____ Names, titles and residence addresses of all owners, partners and officers: name and address of manager; names, addresses and percentage of all shareholders. **(Original Consent form must be provided by each person listed in order to have a State & Federal background check issued)**

____ Copy of government-issued photo ID for each person. Attach to "Consent Form For GCIC"

____ Completed & Notarized Registered Agent Information Form (for service process) along with Government Issued Photo ID & GCIC Form.

____ If on-premise consumption, a copy of the current Food Service Establishment Inspection Report from the Charlton County Health Department.

____ Copy of the current Business Occupational Tax Certificate/Application for the City of Folkston.

____ All applicants shall furnish fingerprints to the Charlton County Sheriff's Department for background check.

____ Copy of the State of Georgia Alcohol Application (Upon receipt of license, provide copy)

____ Lease agreement (if applicable)

SHOULD YOU HAVE ANY QUESTIONS PLEASE CONTACT FOLKSTON CITY HALL AT 912-496-2563

ALCOHOLIC BEVERAGE LICENSE INFORMATION

(Please print or type all answers)

Check all appropriate boxes below:

Type of License: ( ) New ( ) Change of Ownership

Beverage: ( ) Wine & Malt Beverage ( ) Wine ( ) Malt Beverage ( ) Liquor

Method of Sale: ( ) Retail Sales, not for consumption on premises ( ) Consumption on Premises

Type of Business: ( ) Food / Convenience ( ) Restaurant

Fees: Retail Sales, not for consumption on premises / Wine & Malt Beverage $1,000.00

Fees: Restaurant / consumption on premises / Wine & Malt Beverage $500.00 / Liquor $500.00

Application Fee: $100.00 Non-Refundable

Full Name of Business _____

Under what name is the business to be operated _____
_____

Is the business an individual, partnership or corporation, domestic or foreign? (circle one)

Business Address _____

Email _____

Phone _____Beginning Date of Business in the City of Folkston _____

( ) New Business ( ) Existing Business Purchase

If change of ownership, effective date of this change _____

If change of ownership, enclose a copy of the sales contract and closing statement.

Federal Tax ID No. _____GA Sales Tax No. _____

Is business within 125 feet of a church, school grounds of college campus? ( ) Yes ( ) No

FOLKSTON POLICE DEPARTMENT

CONSENT FORM FOR
GCIC RECORDS CHECK

I authorize the Folkston Police Department to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or criminal justice agency.

Date of Application _____

Print Full Name _____

Maiden Name/Previous Name/ Alias Info _____

Are You a U. S. Citizen? ____ YES _____ NO
If no, you will need to have your Green Card available.

Country of Birth _____ Date of Birth _____

Race _____ Sex _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Signature of Applicant _____

Business Name _____

Business Address _____

Communications Officer_____Date Completed_____

Record Attached_____No Record_____

CITY OF FOLKSTON
COUNTY OF CHARLTON

INITIAL APPLICATION FOR LICENSE TO SELL MALTED BEVERAGES AND/OR WINE AND/OR LIQUOR IN THE CITY OF FOLKSTON, GEORGIA

TO THE CITY COUNCIL OF THE CITY OF FOLKSTON, GEORGIA

Application is hereby made for a license to sell malt beverages and/or wine and/or liquor as a retail dealer for on/off premises consumption under the provisions of the law of the United States of America, the State of Georgia, and the City of Folkston Beverage Ordinance.

Date _____

Applicant Name _____
Applicant Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Cell_____
Applicant E-mail _____

If this application if for an individual:
SSN _____ Date of Birth _____

Applicant's relationship to business _____

Business Name _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Cell _____

Business Owner _____
Property Owner _____

Year Business Began _____ Operations Business Type _____

State License # _____ Tax ID # _____

*****If a partnership, give the full names, addresses, and date of birth for all partners:

_____

_____

_____

_____

_____

_____

_____

_____

_____

*****If a corporation, give the full name, address and date of birth of the person which the corporation designates as its agent for purpose of this application and potential license
(please include the agent's affiliation with the corporation).

Full Name _____

Address _____

City _____ Stat e_____ Zip _____

Date of Birth _____ Affiliation _____

*****Give the exact location or address in the City of Folkston, Georgia where the applicant intends to engage in the retail sale of malt beverages and/or wine and/or liquor.

_____

_____

*****Identify the name, home address, home telephone number, and present place of employment of the person or persons who the applicant intends to employ in a supervisory and/or managerial position of the business for which the license is hereby applied.

_____

_____

_____

_____

_____

*****Has the applicant or any partner or any officer, director, or majority stockholder within 10 years immediately prior to the filing this application entered a plea of guilty, a plea of nolo contendere, or been convicted of a felony or any crime involving alcohol, control laws of the State of Georgia or other state, or the United States of America? _____

(a)If so, identify the name of such person(s), the offense and the date of the plea or conviction_____
_____
_____

*****Does the applicant intend to employ anyone in a supervisory and/or managerial position of the business for which the license is hereby applied who has entered a plea of guilty, a plea of nolo contendere, or been convicted of a felony or any crime involving alcohol, control laws of the State of Georgia or other state, or the United States of America within five (5) years immediately prior to the filing of this application?
_____

(a)If so, identify the name of such person(s), the offense and the date of the plea or conviction_____
_____
_____

*****Is the location of the proposed licensed premises within 125 feet of a church? _____
(In determining the distance, measure in a straight line from the nearest point on the church building to the building where malt beverage and/or wine and/or liquor are proposed to be sold).

*****Is the location of the proposed licensed premises within 125 feet of a school or college campus, public or private? _____
(In determining the distance, measure in a straight line from the nearest point on the school or college campus building to the building where malt beverage and/or wine and/or liquor are proposed to be sold).

*****Is the construction of the building in which the business of applicant will be operated complete? _____
Attach to the application a drawing or plans of the building, including the outside premises, showing thereon all entrance into the building from the outside, and parking area for the premises. Also attach a copy of evidence of ownership of the premises or of a lease, if the applicant is leasing the building.

*****Have the required fingerprints been made and submitted for investigation of criminal activity as prescribed by the City of Folkston Beverage and Distilled Spirits Ordinances and/or state law?_____
The application will not be acted upon until the fingerprints are taken, submitted and a report is furnished by the GBI and FBI to the Police Chief of the City of Folkston, Georgia.

*****Has the applicant previously held a license to sell any alcoholic beverages? _____
If so, when did the applicant hold such license, and from which government entity was the license issued?

_____

_____

*****Does the applicant have a wholesale grocery related inventory, exclusive of malt beverages and wine, of at least $20,000.00? (The grocery related inventory must be located at the site of the proposed location for the sale of malt beverages and/or wine). _____

A certified inventory of merchandise must be attached with application.

REGISTERED AGENT INFORMATION FORM

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors of and to perform all obligations of such agency under the Alcoholic Beverage Ordinances of the City of Folkston, Georgia. I understand the basic purpose is to have and continuously maintain in the City of Folkston a Registered Agent upon which any process, notice, or demand required or permitted by law or under said ordinance to be served upon the licensee or owner may be served. I understand that the Registered Agent must be a citizen of the United States and 21 years of age or older. I hereby authorize the Folkston Police Department to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the Folkston Police Department's investigation. I further certify that I will notify the City of Folkston of any changes effecting my status and/or position with this company.

_____

Business Name

_____

Signature of Agent

_____

Type or Print Name of Agent

_____

Type or Print Agent's Home Address

_____

Type or Print City, State, Zip Code

_____

Type or Print Area Code and Telephone Number

_____

Type or Print Date Moved into Above Address

_____

Type or Print Driver's License Number

_____

Type of Print Date of Birth

Subscribed and Sworn to before me
This_____day of _____, 20_____

_____

(Clerk/Notary Public)

My commission expires:_____ _____

(Signature of Named Individual)

CI TY OF FOLKSTON

Affidavit Verifying Status
For City Public Benefit Application

By executing this affidavit under oath, as an application for a City of Folkston, Georgia Business License or Occupation Tax Certificate, Alcohol 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:

____ Business License
____ Georgia Occupational Tax Certificate
____ Alcohol License
____ Taxi Permit or
____ Other Public Benefit

Please Check One

Name:_____
Name of natural person applying on behalf of individual, business, corporation, 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.*

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

_____ _____
Signature of Applicant Date

_____
Date of Birth

_____
Printed Name

_____
Alien Registration number for non-citizens

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, provided their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

_____