APPLICATION ALCOHOL LICENSE

For License Year 2026 (Expires December 31st)

INSTRUCTIONS: Every question shall be fully answered **(typewritten, notarized, signed, and brought in completed)**. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed with the Police Department, together with all supporting papers and certified check, cashier's check, or cash, for the exact fee.

1. **BUSINESS INFORMATION:**

Business Name: _____

Business LLC: _____

Business Address: _____

Business Phone: _____ Owner Name: _____

Email Address: _____

Georgia Sales Tax No.:_____Federal Employee ID No.:_____

2. **APPLICANT/OWNER:** License Holder's Name (No initials, spell out all names)

First Name:_____Middle Name:_____Last Name: _____

Home Address:

_____

If less than five years, list previous address:

_____

Primary phone #:_____

3. **MANAGER OF BUSINESS:** (No initials, spell out all names)

Name: _____

Address:_____

Date of Birth:_____ SSN:_____ Primary phone #:_____

I hereby certify as the applicant that I have received, read, and understand the City of Flowery Branch's regulations controlling alcoholic beverages and herein make application for:

PACKAGE SALES

_____ Beer $ 750.00
_____ Wine $ 750.00
_____ Distilled Spirits $ 5,000.00

CONSUMPTION ON PREMISES

_____ Beer $ 750.00
_____ Wine $ 750.00
_____ Distilled Spirits $ 4,000.00

WHOLESALE

_____ Beer $ 250.00
_____ Wine $ 250.00
_____ Distilled Spirits $ 1000.00

CATERER

_____ Beer $ 300.00
_____ Wine $ 300.00
_____ Distilled Spirits $ 500.00

TASTING PERMIT

_____ Beer $ 500.00
_____ Wine $ 500.00

MISCELLANEOUS

_____ Brew Pub* $ 1,500.00 *In addition to any other applicable license fee*
_____ Wine Corkage $ 150.00
_____ Transfer Fee $ 200.00
_____ Amenity Permit $ 200.00
_____ Micro Distillery $ 4,000.00
_____ Farm Winery $50.00

TOTAL DUE $_____

A. Has this place of business or anyone connected therewith been cited or charged at any time with any violation of State or Federal law or regulation, or any rule or regulation of the City of Flowery Branch, or Hall County since the last application? Yes __ No__ (If yes, give details on a separate sheet.)

B. Has anyone (including anyone having any interest in this application) been convicted of driving under the influence within the past five (5) years? Yes_____ No _____

C. Has anyone (including anyone having any interest in this application) had their license revoked by any municipality, county, state or federal government?

Yes_____No _____

(If yes, give reason) Reason:_____

D. List all pertinent information for each person, firm, or corporation having any interest in this application and the type and percentage of that interest.

Name	Address	Birth date	S.S. #	% Interest

1. List full name and address and other pertinent information of the owner of the building and the name and address or the owner of the land and the name and address of all lessors and sub lessors.

(Attach a copy of the lease or deed if it has changed since the last submittal.)

Owner, Lessor, Sub lessor	Address	Payments

2. List all other businesses engaged in the sale of alcoholic beverages that any person, firms, or corporations herein listed are interested in, employed by or associated with in any way whatsoever.

(Attach list if necessary).

Business Name	Address

3. List full name and address and other pertinent information of the owner of the building and the name and address or the owner of the land and the name and address of all lessors and sub lessors.

(Attach a copy of the lease or deed if it has changed since the last submittal.)

Owner, Lessor, Sub lessor	Address	Payments

4. List all other businesses engaged in the sale of alcoholic beverages that any person, firms, or corporations herein listed are interested in, employed by or associated with in any way whatsoever.

(Attach list if necessary).

Business Name	Address

OATH OF APPLICANT

I do solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within five (5) days of the change. Failure to make such amendment shall be a cause for the suspension or revocation of any license issued.

A copy of the Alcoholic Beverage Ordinance is to be kept on the licensed premises at all times.
(If you are in need of a replacement copy please pick one up at the Police Department)

_____
Applicant's Signature

_____
Title

_____
Name of Business

Sworn to and subscribed before me this_____day of_____, 202__.

_____
Notary Public

My Commission Expires:

I hereby authorize _Flowery Branch Police Department_____to conduct an inquiry for
Agency/Company

the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)		**Phone No.**	
Address			
Sex	**Race**	**Date of Birth**	**Social Security Number**

Restaurant : _____

** COPY OF DRIVERS LICENSE MUST BE ATTACHED **

_____ _____

Signature Date

OFFICE USE ONLY:_____PROVIDED PROOF OF ALCOHOL SERVER AWARENSS TRAINING

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form*.

NON-CRIMINAL JUSTICE PURPOSES		
	E	Employment/Internship
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment direct care with Elderly
	W	Employment direct care with Children
X	**E**	Alcohol Permit/Licensing
	C	Police Ride Along
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
	J	Civilian Criminal Justice Employment (state and III data received)
	Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

_____

Agency Designee Signature and Title Date

Flowery Branch Police Department 5270
Railroad Avenue Flowery Branch, GA
30542 (770)-967-6336

Section 8-179 – Must be a resident of Hall County

The registered agent is the "mailbox" for the business. He or she is the person or entity designated by the business to receive any lawsuit or other official communication on its behalf. The registered agent may or may not be an owner, shareholder or officer of the corporation. Many corporations/businesses use their attorney or a professional corporate service company for this service. The registered agent's address must be a street address in Hall County, and the agent must be located at that address. Please review O.C.G.A. 14-2-501 (profit) or 14-3-501 (nonprofit). A post office box or "mail drop" may not be used as the registered agent address. **NOTE: Attach a copy of driver's license and proof of Hall County residency, ie; phone or utility bill, that reflects the address listed by the Registered Agent.**

I,_____(Name & title) representative of

_____
(Business Name)

_____appoint
(Address of business)

_____as the resident agent.
(Name of person)

I authorize said agent to accept process notice or demand upon

_____under the alcoholic beverage ordinance of Flowery Branch
(Business Name)

_____
Signature

_____
Notary Signature

_____
Commission Expires

REGISTERED AGENT CERTIFICATION

Section 8-179 – Must be a resident of Hall County

Name ____

Physical Home Address ____

City__________________________State________Zip__________County _________________

Home Phone_________________________________Cell_______________________________

E-mail address ____

Date of Birth:_____________________________ SSN: ________________________________

ADDITIONAL CONTACT INFORMATION

Place of employment____

Address____

City____State________Zip_________

Phone____Fax___________________________

I hereby certify that I am a permanent resident of **Hall County**, Georgia and agree to serve as a "registered

agent" on behalf of ____

(Business Name)

located at____, Flowery Branch, Hall County, Georgia until December 31, 2024. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Malt Beverage and Wine Code of Flowery Branch, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

If for any reason I am unable to serve as the "registered agent" on behalf of the above named business, I understand that it is my responsibility to contact the City of Flowery Branch Police Department advising that I will no longer serve as the "registered agent" for the above named business.

Sworn and subscribed before me this _______Day of______________, 20____.

_________________________ ____

Notary Signature Signature of Registered Agent Date

LIST OF EMPLOYEES FOR ALCOHOL-LICENSED BUSINESS (NON-MANAGERS)

Business Name:_____

1. **Employee Name:**_____

   Date Of Birth:_____ **Phone:**_____

   Alcohol Permit Exp:_____

2. **Employee Name:**_____

   Date Of Birth:_____ **Phone:**_____

   Alcohol Permit Exp:_____

3. **Employee Name:**_____

   Date Of Birth:_____ **Phone:**_____

   Alcohol Permit Exp:_____

4. **Employee Name:**_____

   Date Of Birth:_____ **Phone:**_____

   Alcohol Permit Exp:_____

5. **Employee Name:**_____

   Date Of Birth:_____ **Phone:**_____

   Alcohol Permit Exp:_____

6. **Employee Name:**_____

   Date Of Birth:_____ **Phone:**_____

   Alcohol Permit Exp:_____

7. **Employee Name:**_____

   Date Of Birth:_____ **Phone:**_____

   Alcohol Permit Exp:_____

8. **Employee Name:**_____

   Date Of Birth:_____ **Phone:**_____

   Alcohol Permit Exp:_____

9. **Employee Name:**_____

   Date Of Birth:_____ **Phone:**_____

   Alcohol Permit Exp:_____

10. **Employee Name:**_____

    Date Of Birth:_____ **Phone:**_____

    Alcohol Permit Exp:_____

11. **Employee Name:**_____

    Date Of Birth:_____ **Phone:**_____

    Alcohol Permit Exp:_____

12. **Employee Name:**_____

    Date Of Birth:_____ **Phone:**_____

    Alcohol Permit Exp:_____

13. **Employee Name:**_____

    Date Of Birth:_____ **Phone:**_____

    Alcohol Permit Exp:_____

14. **Employee Name:**_____

    Date Of Birth:_____ **Phone:**_____

    Alcohol Permit Exp:_____

15. **Employee Name:**_____

    Date Of Birth:_____ **Phone:**_____

    Alcohol Permit Exp:_____

ATTENTION RETAIL PACKAGE LIQUOR APPLICANT:

Before filing for a state license to sell liquor in the unbroken package you are required to place an ad in the legal organ of the county in which you intend to open a package liquor store. In the case of the city of Flowery Branch you will place the ad with The Gainesville Times. O.C.G.A. 3-4-27 states that the notice shall be in large boldface type and shall state:

1. The type of license for which application has been filed;
2. The exact location of the place of business for which a license is sought;
3. The names and addresses of each owner of the business; and
4. If the applicant is a corporation, the names and titles of all corporate officers

The state further requires that proof of publication of the required notice shall be attached to the application for a retail dealer license. This ad will not be required to be obtained for the renewal of a license.

Prior to running the ad, please check with the State of Georgia, Department of Revenue to make sure all Ad requires are met.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: https://gbi.georgia.gov/services/obtaining-criminal-history-recordinformation-frequently-asked-questions.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

Signature	Print Name	Date

Verification of Lawful Presence with the United States

By executing this affidavit under oath, as an applicant for a(n) _____ [type of public benefit], as reference 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 (f) (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 ONTHIS THE

_____ DAY OF _____, 20 ____

_____

NOTARY PUBLIC

My Commission Expires: _____

Updated July 21, 2017

To register for fingerprints with IDEMIA, you can:

- Go to the IDEMIA IdentoGO website: https://www.identogo.com/
- Select Georgia for State you need to be fingerprinted for
- Select Digital Fingerprinting
- Enter the Service Code: 2TGR22
- Click Get Started
- Requesting Agency: GA923180Z, continue
- Follow the prompts to start enrollment
- Read and acknowledge the Privacy Rights statement
- Enter the requested information to complete enrollment
- Submit enrollment
- It will send an email to the City to approve your registration
- Once approved you will receive an email so you can schedule your appointment.
- Schedule an appointment for fingerprinting
  Bring a copy of your confirmation email with your Universal Enrollment Identification Number (UEID) to your appointment

You can find IDEMIA IdentoGO fingerprinting locations at identogo.com.