



CITY OF HOLLY SPRINGS

Application for Alcoholic Beverage License

Type of License: (check all that apply)

Distilled Spirits:

- ☐ Sunday Sales License
☐ Caterers License

- ☐ Renewal
☐ New
☐ Transfer

- ☐ Manufacturing
☐ Wholesaler
☐ Retail Package
☐ On-Premise
Consumption

- ☐ Restaurant
☐ Bar/Lounge
☐ Package Store
☐ Live Entertainment
☐ Convenience Store
☐ Grocery Store

Malt Beverages:

- ☐ Sunday Sales License
☐ Caterers License

- ☐ Renewal
☐ New
☐ Transfer

- ☐ Manufacturing
☐ Wholesaler
☐ Retail Package
☐ On-Premise
Consumption

- ☐ Restaurant
☐ Bar/Lounge
☐ Package Store
☐ Live Entertainment
☐ Convenience Store
☐ Grocery Store

Wine:

- ☐ Sunday Sales License
☐ Caterers License

- ☐ Renewal
☐ New
☐ Transfer

- ☐ Manufacturing
☐ Wholesaler
☐ Retail Package
☐ On-Premise
Consumption

- ☐ Restaurant
☐ Bar/Lounge
☐ Package Store
☐ Live Entertainment
☐ Convenience Store
☐ Grocery Store

Type of Sale: (Check Appropriate Box)

- ☐ Beer, Wine, Distilled Spirits, Consumption on Premise* \$3,000.00
(*Distilled Spirits consumed on premises are required to remit 3% excise tax to the City of Holly Springs monthly on the Liquor Pouring Tax form)

- ☐ Beer & Wine Consumption on Premise \$3,000.00

- ☐ Beer, Wine, Distilled Spirits Package \$5,000.00

- ☐ Wine Package \$1,500.00

- ☐ Beer Package \$1,500.00

- ☐ Beer & Wine Package \$2,000.00

A copy of the Holly Springs Alcohol Ordinance is available on our website at www.hollyspringsga.us. Please reference the section number is you have any questions or call the City Clerk at (770) 345-5536.

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Business Information:

Please type or print legibly.

Full name of business: _____

Under what name will business be operated: _____

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP

Street address of business: _____

Mailing address of business: _____

Phone number of business: _____

Name of Business Owner: _____

Business Owner's home address: _____

City: _____ State: _____ Zip: _____ County: _____

Number of years at present address: _____

Cell Phone: _____ Email: _____

Social Security #: _____ Date of Birth: _____

Is business within the designated distance of any church, day care center, school, nursing home, hospital, residential (multi-family or single family) district? ☐ YES ☐ NO (Plat survey must be enclosed)

If yes, what is the compliance problem specifically? _____

Applicant Information:

Full legal name of applicant/licensee: _____

Social Security #: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Cell Phone: _____ Email: _____

Birthplace: _____ Are you a U.S. citizen ☐ YES ☐ NO

State drivers license #: _____ Are you married ☐ YES ☐ NO

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If married, give spouse's name: _____

Spouse's Social Security #: _____ Date of Birth: _____

What has your occupation been for the past five (5) years? Please give details below:

When did you as the applicant, begin employment or association with the business in question?

What is your position with the business? _____

Is this a transfer of license? ☐ YES ☐ NO What is the effective date? _____

Manager Information

What is the name of the person, who if the license is granted, will be the active store manager of the business and on the job at the business? _____

Active store manager's home address: _____

City: _____ State: _____ Zip: _____ County: _____

Number of years at present address: _____

Cell Phone: _____ Email: _____

Social Security #: _____ Date of Birth: _____

Occupation: _____ Employer Name: _____

Has applicant, spouse, registered agent or any individual having an interest either as owner, partner, or stockholder, directly or indirectly, beneficial or absolute been convicted of any misdemeanor relating to any alcoholic beverage business or any state law, county or municipal ordinance violation relating to any alcoholic beverage business within (5) five years immediately prior to filing this application?

☐ YES ☐ NO

If yes, please give name, association with business, the year of conviction and the felony for which he/she was convicted: _____

What is the zoning classification for this property? _____

If this is an application for a new license (original), **attach proof of adequate parking facilities** as per the City of Holly Springs Land Development Ordinance.

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If operating as a corporation, please answer the following:

Name of corporation: _____

Address of corporation: _____

Date of incorporation: _____ Place: _____

Name of registered officer: _____

Registered officer address: _____

City: _____ State: _____ Zip: _____ County: _____

Date the officer was registered with the Secretary of State: _____

Please **attach a list** of stockholders (with at least 20% financial interest), their addresses, and the amount of interest each stockholder has in the corporation.

If operating as a partnership, please answer the following:

Partner: _____ Social Security #: _____

Address: _____

Amount of interest or percent of ownership: _____

If operating as a partnership or sole proprietorship, please give names and other vital information of any other persons or firms owning any interest or receiving any funds from the operation.

Name: _____

Address: _____

Relationship to business: _____

Owns interest ☐ YES ☐ NO

Receive funds ☐ YES ☐ NO

If this is an application for any retail package sales or on-premise consumption:

Is the applicant or the spouse of the applicant related to any distributor or wholesaler of alcoholic beverages or employees thereof? ☐ YES ☐ NO If yes, please describe in detail:

Does the applicant, spouse of applicant, any partner, or stockholder in this business have financial interest in any distributor or wholesaler alcoholic beverage business? ☐ YES ☐ NO If yes, please give names of persons with interest and what business they have interest in:

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*Gross receipts of these businesses may be required.

Has the applicant or spouse of applicant received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? ☐ YES ☐ NO

Does the applicant, spouse of applicant, partners, owners or stockholders have an interest in other alcoholic beverage stores? ☐ YES ☐ NO If yes, give number of stores in which you have interest:

Where are the stores located? _____

Please give details: _____

Please **attach a list** of any and all persons, corporations, or partnerships who have received or will have receive, as a result of your operation under the requested license, any financial gain, or payment derived from any interest or income from the operation. Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock and any other asset of the payment or gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under license. In the event any corporation is listed as receiving an interest or income from this operation, please give the names of the officers and directors of said income from this operation, please give the names of the offices and directors of said corporation together with the names of the principal stockholders (20% if more financial interest).

Does the applicant, spouse of applicant, partner, registered officer or stockholder hold any alcoholic beverage license in any other jurisdiction? ☐ YES ☐ NO If yes, please state what jurisdiction and the name of the applicant: _____

Has application ever been made by the above to another jurisdiction for an alcoholic beverage license and the license was denied? ☐ YES ☐ NO If yes, please state what jurisdiction and the name of applicant: _____

Does the applicant, or any member of the family of the applicant, own, lease, or sub-lease any real estate which is occupied by a retail alcoholic beverage establishment? ☐ YES ☐ NO
If yes, please answer the following

Name of owner: _____ Relationship to business: _____

Name of renter/lessee: _____ Amt of Rent: \$ _____

Location: _____

Is the applicant or any member of the applicant's family the executor, administrator, beneficiary, heirs or trustee of any estate or trust fund having any interest in a retail alcoholic beverage establishment?
☐ YES ☐ NO

Capacity with Estate: _____

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Name: _____ Relationship to applicant: _____

Location: _____

Amount of Interest: _____ Amount of Income: \$ _____
(If trustee, what you receive)

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Alcohol License Additional Information Application Checklist

- ☐ Applicant or registered officer/agent shall define his duties and responsibilities and enclose with the application. Per City Code Section 6-35(c).
- ☐ All Applicants, and managers must submit verification of residence within the State of Georgia for one (1) year proceeding the time of filing application. Per City Code Section 6-35(h).
 - Proof of residence affidavit may be obtained at the Cherokee County Probate Court. For more information call 678-493-6160.
- ☐ Must submit verification of U.S. Citizenship, or a legal alien for at least three (3) years. Per City Code Section 6-35(d).
- ☐ Applicant shall obtain a survey plat for the affected location, which shows, the zoning, detail dimensions of the site, distance to schools, churches, day care centers, hospitals, nursing homes, residential multi-family and residential single-family areas. Per City Code Section 6-38.
- ☐ Applicant shall furnish plans and rendering of the proposed premises showing the dimensions, and the total square footage specifically affected by this application. Restaurants must have a minimum of 50 seats. Per City Code Section 6-1.
- ☐ Applicant shall bear the cost of advertisement and submit a paid receipt for (2) two consecutive weeks. A Publisher's Affidavit from the Cherokee Tribune must be submitted. Per City Code Section 6-31.
- ☐ Applicant shall cause to be placed upon the location of the proposed business a sign or signs. Sign will be provided by the City. Pictures documenting the date of sign posted at business must be submitted. Per City Code Section 6-31.
- ☐ Applicants/partners shall furnish a complete set of fingerprints per O.C.G.A. 3-3-2. Authorization form will be provided by the City. Cherokee County Sheriff's Office, 498 Chattin Dr., Canton, GA 30114.
- ☐ All applicants shall successful complete an alcohol sales and service policy workshop for owners and managers. Per City Code Section 6-68.
 - Free online course available at www.hollyspringsga.us.
 - In-person workshop available with Scott Wiatric at Training Institute for Responsible Vendors, Inc. For more information call 404-531-9237.

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- ☐ Managers & Servers shall obtain a work permit from the Holly Springs Police Department, 3235 Holly Springs Pkwy, Holly Springs. Proof of alcohol sales and service policy workshop must be provided. For more information call 770-345-5537. Per City Code Sections 6-69 & 6-70.
- ☐ Applicant shall attach an application fee in the amount of \$500 with the application upon submittal and file with the City Clerk.

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OATH OF APPLICANT

I hereby swear or affirm that the information disclosed in this application is true and correct, and providing further that I, as the applicant, owner of the business, and/or registered agent of the business will abide by, observe and conduct my business according to the rules and regulations prescribed by the City, the acts of the General Assembly, known as the Georgia Alcoholic Beverage Code as now or hereafter amended, and the rules and regulations of the State Department of Revenue in respect there to.

Signature of Applicant

Date

Signature of Registered Agent (if corporation)

Date

Signature of Business Owner

Date

Signature of Business Owner

Date

Signature of Business Owner

Date

.....

FOR OFFICE USE ONLY

Application Received on _____ day of _____, 20_____

Amount paid: \$_____ Date paid: _____

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AFFIDAVIT

I do swear or affirm, that as the applicant for an alcohol beverage license for

_____, that I and any interested parties

(partners, owners, and/or corporation) do not owe any outstanding tax or license fee debts to the

City of Holly Springs, State of Georgia or Cherokee County.

Signature of Applicant

Date

Notary

Date

My commission expires: _____

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I, _____ certify that I have received and read
the Holly Springs Code of Ordinances related to Alcoholic Beverages.

Signature

Date

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Applicant Privacy Notification Policy

Notification

The City of Holly Springs licenses for alcohol licensing and as a part of the process conducts fingerprint-based background checks through the Georgia Crime Information Center. Prior to fingerprinting each individual must complete an application and receive a copy of both the Applicant Privacy Rights and the Privacy Act Statement. The City of Holly Springs provides the applicant with the privacy rights as part of the application packet. Once the applicant has read and understands the Applicant Privacy Rights and the Privacy Act Statement, they will sign a form stating the notification was received and maintain such document for no less than 3 years.

Record Challenge/Correction

If an applicant chooses to challenge the accuracy of the criminal history record or needs to correct or update a record they will be given 30 days to do so. The applicant is notified that the procedures for challenging an FBI record are set forth in 28 CFR 16.30 through 16.34 and the procedures for challenging a Georgia record can be found on the GBI website. The applicants may be given a copy of the criminal history record only when they sign the Non-Criminal Justice Agency Secondary Dissemination Log.

Appeal Process

The applicant is provided an opportunity to appeal an adverse decision based on the criminal history record information provided from the fingerprint-based background check. The procedures for the appeal process are as follows:

- The applicant shall have seven days from the date of the notice to appeal the decision before the mayor and city council.
- The request shall be in writing and delivered to the administrator.
- The appeal shall be held at the next regularly scheduled council meeting unless the applicant shall agree to an extension of time.

****If the appeals process includes a public hearing, the following requirements will be followed:**

- hearing is based on a formally established requirement;
- applicant is aware prior to the hearing that CHRI may be disclosed;
- applicant is not prohibited from being present at the hearing; and
- CHRI is not disclosed during the hearing if the applicant withdraws from the application process.

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PRIVACY ACT STATEMENT

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. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

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.

Additional Information: The requesting agency and/or the agency conducting the application- investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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I, _____ certify that I have received, read and understand the Noncriminal Justice Applicant's Privacy Rights and the Privacy Act Statement.

Signature

Date

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City of Holly Springs

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE)

Affidavit of Compliance with O.C.G.A. 50-36-1 "Verification of Lawful Presence within the United States."

O.C.G.A. 50-36-1 requires that applicants applying for such things as licenses for public benefits complete a signed and sworn affidavit verifying the applicant's lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a U. S. citizen or legal permanent resident at least eighteen (18) years old.

☐ YES ☐ NO or IF NOT:

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. *A photo static copy of the applicant's alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.**

O.C.G.A. 50-36-1 states that "Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of Code Section 16-10-20."

I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.

Signature of Authorized Officer or Agent

Date

Printed Name and Title of Authorized Officer or Agent

Legal Business Name

Business Address

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **A STAMPED SIGNATURE IS NOT ACCEPTABLE.**)

I hereby certify that _____ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

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

Notary Public

AFFIX SEAL

*All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2.

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City of Holly Springs Police Department Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the **City of Holly Springs** to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

FULL NAME:				DOB:		
ADDRESS:					SSN:	
CITY:			STATE:		ZIP:	
STATE OF BIRTH:		ID/LICENSE #:			ID/LICENSE STATE:	
SEX:	☐ MALE ☐ FEMALE		PHONE NUMBER:			
RACE:	☐ BLACK ☐ WHITE ☐ ASIAN/PACIFIC ISLANDER ☐ NATIVE AMERICAN / ALASKAN					

☐ This authorization is valid for (circle one) 30 / 60 / 90 days from date of signature.

OR

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

PLEASE SELECT A REASON BELOW FOR THIS INQUIRY:

- ☐ [E] Employment / Alcohol Work Permit
- ☐ [M] Working with Mentally Disabled
- ☐ [N] Working with Elderly
- ☐ [W] Working with Children
- ☐ [U] Personal Copy (*Individual/Their Attorney*)
- ☐ [J] Civilian Criminal Justice Employment
- ☐ [Z] Sworn Criminal Justice Employment

Signature

Date

Attorney for Individual Bar Number

Date

SWORN AND SUBSCRIBED BEFORE ME

ON THIS ____ DAY OF _____, _____

Notary Public

Affix Seal Above

FOR OFFICIAL USE ONLY		
Date of Inquiry: _____	Time of Inquiry: _____	Operator's Initials _____
ARN: _____		
The inquiry resulted in the following (check all that apply): ☐ No Criminal Record Available ☐ Criminal Record (Attached/Released) ☐ No NCIC/GCIC Warrant ☐ Possible NCIC/GCIC Warrant (Wanting Agency: _____)		
Terminal Operator Signature: _____ Date: _____		