CITY OF CAIRO
APPLICATION FOR NEW ALCOHOLIC BEVERAGE LICENSE

INSTRUCTIONS: Every question must be fully answered and typewritten or printed in ink. If the space provided is not sufficient, answer the questions on a separate sheet and indicate in the space provided that such separate sheet is attached. When both sides are completed, the form must be dated, signed, and notarized, under oath by the applicant and filed with the City Clerk at City Hall, together with all supporting papers as required by City Ordinance. (A money order, certified or cashier's check, or cash in payment of the application fee must be submitted with the application for new applicants *only*).

	( )	BEER, Retail Package	$ 500.00
CHECK	( )	BEER, Retail Consumption on Premises	$ 500.00
APPROPRIATE	( )	WINE, Retail Package	$ 500.00
BLOCK(S)	( )	WINE, Retail Consumption on Premises	$ 500.00
	( )	LIQUOR, Retail Package	$4,000.00
	( )	LIQUOR, Retail Pouring	$2,200.00
	( )	TASTING ROOM	$1,200.00
	( )	WHOLESALER OF ALCOHOLIC BEVERAGES (No location in City)	$ 100.00
	( )	MANUFACTURER OF ALCOHOLIC BEVERAGES:	
		( ) Brewery - Produces 10,000 barrels or more annually, except brewpub	$1,200.00
		( ) Winery	$1,200.00
		( ) Distillery	$1,200.00
	( )	BREWPUB, Manufacture up to 10,000 barrels annually. Sales to Wholesaler, Consumption on Premises, and Package Sales	$1,500.00
	( )	BEER/WINE/LIQUOR, Consumption of Complimentary Alcohol on Premises of Art Shops, Art Galleries, Art Studios, Hair and Nail Salons, B&B's, Cigar Lounge	$ 250.00
	( )	ALCOHOL CATERING – PKG. STORE ____ CONSUMPTION ____ (Permit Required)	

Date of Application: _____; Business Name/DBA_____

Full Name of Applicant: _____ Applicant's Cell No.:_____

Applicant's Legal Residence Address (Street or road name and number, city and state): _____

_____ _____ _____E-mail Address: _____

Business Location: (Street or road name and number): _____

Mailing Address (If different from location address): _____

Business Phone: _____; Fax No.: _____; Single Proprietor: ___ Partnership: ___ Corporation: ___

Name of Managing Agent: _____; Address: _____

_____, ____ _____(who is an individual that is at least twenty-one (21) years of age, is a U.S. citizen or an alien lawfully admitted for permanent residency, has day-to-day managerial authority over the business conducted on the licensed premises, including the sale of alcoholic beverages, and is employed full-time by the licensed business. This person may also be the applicant or owner.)

Name of Designated Agent _____; Address: _____,

Cairo Ga. _____ Phone No: _____ (who is a resident of the City of Cairo, appointed by a licensee who does not live in the City of Cairo, who shall be responsible for any matter relating to the license. This person may also be the managing agent, applicant, or owner, if that person is a resident of Cairo.) *Please have the designated agent sign here confirming that he/she is aware of his/her designation and approves of such:*

Designated Agent Signature: _____; Printed Name: _____

If this application requests the retail sale of liquor by the package, have all persons involved in this application as individuals, partners, or corporate officers and stockholders resided continuously within the State of Georgia during the twelve-month period preceding the date on which application is made? ___N/A ___YES ___NO.

Does applicant or any other parties who have an interest in this application have any outstanding taxes or special assessments that are delinquent or any other monies owing to the City of Cairo or the State of Georgia? _____ YES _____ NO

List the full name, Social Security number (last 4 digits) and other pertinent information for each person, firm, or corporation having any interest in the application and percentage of interest. (Attach exhibits if necessary):

Name:	Last Four Digits of SSN No.:	Resident Address:	% Interest:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all other businesses engaged in the sale of distilled spirits that any of the persons, firms, or corporations listed above have an interest in, are employed by, or are associated with in any way whatsoever:

Name:	Name of Business:	Business Type:
_____	_____	_____
_____	_____	_____

List the full name and address of the building and landowner(s) and the name and address of all lessors and sub-leasers:

_____

Have you been arrested or convicted, entered a plea of nolo contendere, forfeited a bond, been fined, jailed or appealed from judgment, on any felony within the last ten (10) years: _____YES _____NO; or a misdemeanor within the last five (5) years _____YES _____NO. (If yes on either, please explain):

_____

Name of the manager of the business for which this application is filed and type of interest:

NAME:	ADDRESS:	TYPE INTEREST & AMOUNT:
_____	_____	_____

OATH: I (we) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in the application for a City License as a dealer in alcoholic beverage and/or liquors are true and complete and no false or fraudulent statement or answer is made herein to procure granting of 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 answers and statements herein shall constitute cause for suspension or revocation of any license pursuant to this application.

Should any change occur during the year to cause a different answer to any question contained in this application, such change must be reported as an amendment to this application immediately. The failure to make such amendment shall be cause for the revocation of any license issued.

I hereby authorize the Cairo Police Department to receive any criminal history record information pertaining to me that may be in the files of any state or local criminal justice agency.

Full Name of Applicant (print):	Signature:	Date of Birth:
_____	_____	_____

Sworn to and subscribed before me
This _____day of _____, 20_____

_____ Notary Public: Comm. Expires: _____

INCLUDE APPLICATION FEES FOR *NEW* LICENSE *ONLY*:

Beer &/or Wine - $60.00 **Liquor - $100.00 (max. for all)**
Fingerprinting - $43.25 **Transfer Fee - $60.00 (Location or designated agent)**

All NEW Liquor Pouring or Consumption Licenses must advertise in the local newspaper and post a sign outside of their establishment.

Make sure it is changed for **CONSUMPTION or RETAIL**

Code Section 4-7 (5)

All applicants for original licenses hereunder shall give notice of the purpose of making such application by advertisement, at least once during the thirty (30) days immediately preceding the date of a public hearing to be held by the mayor and council, in the newspaper which publishes the legal advertisements of the city. Such notice shall be in large boldface type and shall contain the location of the proposed business and shall give the name of the applicant, and if a partnership, the names of the partners, and if a corporation, the names of the officers, and the date and time the mayor and council would hear the application. It shall be the responsibility of the applicant for an original license to advertise the notice of hearing required as follows:

"Notice of application for retail license for distilled spirits/liquor consumption on the premises (mixed drinks). The undersigned has made application to the Mayor and Council of the City of Cairo for a retail license for consumption of distilled spirits (liquor) at _____. This application will be heard by the Mayor and Council at 6:00 p.m. on _____, 20___.
/s/_____ Owner(s); Address of Owner(s):_____."

The applicant shall cause to be placed upon the location of the proposed business at least a week prior to the date of hearing, a sign or signs stating the following:

"DISTILLED SPIRITS/LIQUOR CONSUMPTION ON THE PREMISES LICENSE APPLIED FOR. HEARING BEFORE THE MAYOR AND COUNCIL FOR THE CITY OF CAIRO, GEORGIA WILL BE HELD AT 6:00 P.M. ON THE ___ DAY OF _____, 20___."

Affidavit Verifying Status For City of Cairo Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Cairo, 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 benefit: (Check only one)

_____ I am a United States citizen, OR

_____ I am a legal permanent resident of the United States, OR

_____ 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 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.

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 Cairo, Georgia.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____DAY OF_____, 20 ____

_____
Notary Public
My Commission Expires: _____, _____

_____
Signature of Applicant:

_____
Printed Name of Applicant:

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

•You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.

•If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.

•If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

•The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

•If you have a Georgia or FBI 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 agency denies you the job, license or other benefit based on information in the criminal history record.

•In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

MAKE COPY AND GIVE TO APPLICANT BEFORE FINGERPRINTING

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 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. By signing below I acknowledge that I understand my privacy rights as described herein:

_____ _____ _____
Printed Name Signature Date

HAVE APPLICANT SIGN

MAKE COPY AND GIVE TO APPLICANT BEFORE FINGERPRINTING

I hereby give consent for the Cairo Police Department to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):			
Address:			
	City:		*State:*
Sex	*Race*	*Date of Birth*	*Social Security #*

☐ **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 *Date*

This document has been subscribed and affirmed before me in the County of Grady, State of Georgia,

This _____ day of _____, 20_____.

_____ *My commission expires:* _____

Notary Public

Requestor: _____

	Employment (E) – Provides **Georgia** Criminal History Record information
	Employment with Mentally Disabled (M) – Provides **Georgia** Criminal History Record Information
	Employment with Elder Care (N) – Provides **Georgia** Criminal History Record Information
	Employment with Children (W) – Provides **Georgia** Criminal History Record Information
	Public Records (P) – Provides **Georgia Felony Convictions** Only

The Inquiry resulted in the following: (check all that apply) SID/FBI # _____

	No Georgia CHRI results available		**Georgia CHRI attached/released**
	No NCIC/GCIC Warrant results available		**Possible NCIC/GCIC Warrant** **Agency:** **Telephone:**

_____ _____

Agency Designee and Title *Date/Time*

Chief Giovannie Santos gsantos@cairopd.com
55 3rd Ave NW, Cairo, GA 39828
Phone (229) 378-3096 * FAX (229) 377-2998 * Investigations (229) 377-7381

APPLICANT PHONE NUMBER:_____