

# Fayette County

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

Date Received: \_\_\_\_\_ Date sent to Comm. Off. \_\_\_\_\_

### Fees

#### Retail Package Sales

- ♦ Beer and Wine License - \$1,000.00
- ♦ Beer only - \$750.00
- ♦ Wine only—\$400.00
- ♦

- ♦ On-Premise (Beer/Wine) - \$1,000.00
- ♦ On-Premise (Wine only) - \$500.00
- ♦ On-Premise (Beer Only) - \$750.00
- ♦ On-Premise (Distilled Spirits) - \$1500.00
- ♦ OnPremise(distilled,malt,wine) \$2500.00

**Alcohol beverage catering—\$250.00 annual**  
**Malt/wine—\$25.00 per event**  
**Distilled Spirits—\$50.00 per event**  
**Malt/wine/distilled spirits—\$ 75.00 per event**

#### Approved on premises location fee-

Application fee—\$200.00  
Annual Fee—\$200.00  
Special Event fee— Limit 3 times annually  
Malt—\$75.00  
Wine -\$50.00  
Distilled—\$ 125.00  
Malt/wine/distilled \$ 200.00

#### OTHER FEES

Administrative/Investigative fee \$200.00  
(non refundable)  
Employee Permits—\$ 30.00  
Fingerprint fee -\$44.25

#### Office Use Only

☐ Approved

☐ Denied

Officer's Initials \_\_\_\_\_

#### Remarks

☐ Alcohol beverage Catering ☐ On premises approved location

☐ On-Premise ☐ Brew Pub ☐ Wholesale ☐ Retail Package Sales ☐ Alcohol catering  
☐ Alcohol beverage catering ☐ Approved location—on premise catering

1. Occupational Tax No: \_\_\_\_\_

2. Trade name of business for which license is applied: \_\_\_\_\_

3. Business Name and Store Number: \_\_\_\_\_

4. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Phone Number: \_\_\_\_\_

7. Fax Number: \_\_\_\_\_

8. E-mail Address: \_\_\_\_\_

9. Web Address: \_\_\_\_\_

**10. Name and address of each person, firm and corporation having any ownership interest in business and the amount of such interest:**

Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest

**11. How much of the capital of this business is borrowed and from:** *(Attach exhibits if necessary)*

Amount	Lender	Interest
Amount	Lender	Interest
Amount	Lender	Interest

**12. (A) Will this business be owned by the applicant as a sole proprietorship?** *(Circle)* Yes No

**(B) If this business will be owned in whole or in part by a partnership, , list the names and address of all general partners, as well as the name and addresses of the licensee, and the license representative.**

Name	Address	Interest
Name	Address	Interest
Name	Address	Interest

**13. If business is operated by a close corporation list names and addresses of all officers, directors and stockholders, as well as the names and addresses of the licensee and the license representative**

Name	Address	City	State	Title
Name	Address	City	State	Title

**14. If business is operated by a corporation, other than a close corporation, the name of the corporation, the address of the corporate office, the name and address of the registered agent for service of process for the corporation and the names and addresses of the licensee and the license representative**

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**15. Has applicant and/or licensee ever had its/his/her license to sell alcoholic beverage suspended two or more times during the past five years or revoked by any state or political subdivision hereof: and provide any such other appropriate information as may be required by the governing body or Code Enforcement**

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**16. Copy of Secretary of State registration. Attach current copy**

**17. (A) Is the applicant and/or license holder the owner of the building where business is to be conducted?**  
☐ Yes  
☐ No

**(B) Are you also the owner of the land?**  
☐ Yes  
☐ No

**(C) If your answer is “NO”, to either question, state whether you lease, sub-lease, and/or rent the building and whether you lease, or sub-lease the land or both.**

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**18. State the full name and address of the owner of the building and the name and address of the owner of the land and the name and address of all leasers and sub-leasers and attach copies of all lease agreement.**

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**19. Has the applicant and/or license holder entered into an agreement or contract with either the owner or owners, leasers and sub-leasers for either the building or land or both, which provides for the payment of rent on a percentage or profit sharing basis? (Circle) Yes No**

### **Required Supporting Documentation**

Survey showing a scale drawing \_\_\_\_\_ on file

Attach affidavit of each person whose name appears on application for license \_\_\_\_\_

Copy of deed or lease \_\_\_\_\_

A background check(s) \_\_\_\_\_

Affidavit stating the licensee and license representative is 21 year age, a resident of the state and a manager of the business \_\_\_\_\_

Zoning letter \_\_\_\_\_ on file \_\_\_\_\_ date \_\_\_\_\_

Fire Marshal letter \_\_\_\_\_

Copy of State Alcohol license \_\_\_\_\_

Copy of Secretary of state current registration \_\_\_\_\_

Copy of annual report of alcohol sales percentage \_\_\_\_\_

Fingerprint by Sheriff Office \_\_\_\_\_

20. Name the manager of the business for which this application is filed and state how he is compensated.

Name	Address
Compensation	

21. Has any place of business engaged in the sale of distilled spirits, wine or beer with which you have been associated ever been cited or charged at any time with any violation of Georgia law or federal law or municipal law or any rule or regulation or ordinance concerning the sale of such products?

Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result

# Fayette County

## ALCOHOLIC BEVERAGE LICENSE LICENSEE APPLICATION

### PART 2

**INSTRUCTIONS:**

Fill in all blanks with complete and accurate information or your application will not be processed and your fee will be forfeited.

1. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
2. List maiden name and all married names: \_\_\_\_\_
3. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
5. U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Alien Registration No: \_\_\_\_\_
6. Date and Port of Entry: \_\_\_\_\_
7. If naturalized, when: \_\_\_\_\_
8. Business Name and Address where you are employed and the permit is required:  
Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
9. Your position or job at the above address: \_\_\_\_\_
10. Your home street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
11. Your home telephone number: \_\_\_\_\_ Work: \_\_\_\_\_
12. Your e-mail address: \_\_\_\_\_
13. Your mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
14. Resident of : \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
15. Is the above address your bona fide place of domicile? (Circle) Yes No
16. How long have you lived at the above address? \_\_\_\_\_
17. If less than 10 years, give your previous and legal address and the length of time you resided at said residence? \_\_\_\_\_  
\_\_\_\_\_

**12.** In the spaces provided below, list all convictions including pleas of nolo contendere, first offender, forfeiture of bond, etc., for any felony or misdemeanor, relating to the sale or use of alcoholic beverages, crimes of moral turpitude, gambling, sexual offenses, assault, battery, Family Violence, or illegal drugs within the five years prior to the date of application:

<i>Date of Offense</i>	<i>Place of Offense</i>	<i>Type</i>	<i>Disposition</i>
1.			
2.			
3.			
4.			

*If additional space is required, attach a sheet with the additional offenses and information concerning*

Under Georgia Criminal Code Section 16-10-20, any person who knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or device, makes a false, fictitious, or fraudulent statement or representation, shall, upon conviction therefore, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one year nor more than five years, or both.

\_\_\_\_\_ You must initial that you have read this statement.

I have read and understand that any falsehood or half-truth submitted in this application is a felony and will render me ineligible to serve alcoholic beverages in this County. I also understand that any falsehood or half-truth discovered by investigators during the term of this permit (which is one year from the date of the application) is grounds for its revocation and my subsequent prosecution.

\_\_\_\_\_  
*Signature of Applicant* *Date*

I hereby authorize the Fayette County Marshal's Office to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
*Full Name Printed*

\_\_\_\_\_  
*Address*

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Notary : \_\_\_\_\_ Date: \_\_\_\_\_

## Verification

I, \_\_\_\_\_,  
applicant, do solemnly swear, subject to criminal penalties for false swearing,  
that the statements and answers made by me to the foregoing questions in  
this application for a County of Fayette license as a dealer in alcoholic  
beverages, are true, and no false or fraudulent statement or answer is made  
therein to procure the granting of such license.

\_\_\_\_\_  
Applicant's Signature  
*(full name signed in ink)*

I certify that \_\_\_\_\_ has  
provided me with proper documentation as verification of his/her identity;  
documentation being: \_\_\_\_\_. I also certify that  
he/she signed his/her name to the foregoing application after stating to me  
that he/she knew and understood all statements and answers made therein,  
and under oath actually administered by me, has sworn that said statements  
and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Affix Seal)

\_\_\_\_\_  
Notary Public



## **Alcoholic Beverage Ordinance**

- ♦ My signature acknowledges that I have received a copy of the New Fayette County Alcoholic Beverage License Ordinance.
- ♦ It is my responsibility to know its content.
- ♦ This ordinance is strictly enforced.

Should you have any questions, please call this office at 770-305-5417.

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**Applicant's Signature**  
*(full name signed in ink)*

# Fayette County

## ALCOHOLIC BEVERAGE LICENSE EMPLOYEE PERMIT APPLICATION

### PART 3

#### INSTRUCTIONS:

Fill in all blanks with complete and accurate information or your application will not be processed and your fee will be forfeited.

1. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
2. List maiden name and all married names: \_\_\_\_\_
3. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
5. U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Alien Registration No: \_\_\_\_\_
6. Date and Port of Entry: \_\_\_\_\_
7. If naturalized, when: \_\_\_\_\_
8. Business Name and Address where you are employed and the permit is required:  
Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
9. Your position or job at the above address: \_\_\_\_\_
10. Your home street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
11. Your home telephone number: \_\_\_\_\_ Work: \_\_\_\_\_
12. Your e-mail address: \_\_\_\_\_
13. Your mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
14. Resident of : \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
15. Is the above address your bona fide place of domicile? (Circle) Yes No
16. How long have you lived at the above address? \_\_\_\_\_
17. If less than 10 years, give your previous and legal address and the length of time you resided at said residence? \_\_\_\_\_  
\_\_\_\_\_

**18.** In the spaces provided below, list all convictions within five years from date of employment of a felony or within 2 years a violation of laws of this county, state, any other state of the United States, to include illegal gambling, prostitution, violations relating to the sale, or use of or distribution of alcoholic beverages, narcotics, controlled substances, gambling, sexual offenses, assault, battery, Family Violence or crimes of moral turpitude.

<i>Date of Offense</i>	<i>Place of Offense</i>	<i>Type</i>	<i>Disposition</i>
1.			
2.			
3.			
4.			

*If additional space is required, attach a sheet with the additional offenses and information concerning*

Under Georgia Criminal Code Section 16-10-20, any person who knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or device, makes a false, fictitious, or fraudulent statement or representation, shall, upon conviction therefore, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one year nor more than five years, or both.

\_\_\_\_\_ You must initial that you have read this statement.

I have read and understand that any falsehood or half-truth submitted in this application is a felony and will render me ineligible to serve alcoholic beverages in this County. I also understand that any falsehood or half-truth discovered by investigators during the term of this permit (which is one year from the date of the application) is grounds for its revocation and my subsequent prosecution.

\_\_\_\_\_  
*Signature of Applicant* *Date*

I hereby authorize the Fayette County Marshal's Office to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
*Full Name Printed*

\_\_\_\_\_  
*Address*

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Notary : \_\_\_\_\_ Date: \_\_\_\_\_

## Verification

I, \_\_\_\_\_,  
applicant, do solemnly swear, subject to criminal penalties for false swearing,  
that the statements and answers made by me to the foregoing questions in  
this application for a County of Fayette license as a dealer in alcoholic beverages,  
are true, and no false or fraudulent statement or answer is made therein  
to procure the granting of such license.

\_\_\_\_\_  
Applicant's Signature  
*(full name signed in ink)*

I certify that \_\_\_\_\_ has  
provided me with proper documentation as verification of his/her identity;  
documentation being: \_\_\_\_\_. I also certify that  
he/she signed his/her name to the foregoing application after stating to me  
that he/she knew and understood all statements and answers made therein,  
and under oath actually administered by me, has sworn that said statements  
and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Affix Seal)

\_\_\_\_\_  
Notary Public

## **Alcoholic Beverage Ordinance**

- ♦ I am aware of the Fayette County Alcoholic Beverage License Ordinance.
- ♦ It is my responsibility to know its content.
- ♦ This ordinance is strictly enforced.

Should you have any questions, please call this office at 770-305-5417.

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**Applicant's Signature**  
*(full name signed in ink)*