



Case Number: _____

Alcoholic Beverage License Application

Fee Schedule

<u>Retail Package Sales</u> (Due at license issuance) () Beer/Wine - \$1,000.00 () Beer Only - \$750.00 () Wine Only - \$400.00	<u>On-Premise Sales</u> (Due at license issuance) () Spirits/Beer/Wine - \$2,500.00 () Distilled Spirits - \$1,500.00 () Beer/ Wine - \$1,000.00 () Beer Only - \$750.00 () Wine Only - \$400.00
<u>Alcohol Beverage Caterer</u> (Due at license issuance) () Annual - \$250.00 () Beer/Spirit/Wine - \$75.00 per event () Distilled Spirits - \$50.00 per event () Beer/Wine - \$25.00 per event	<u>Wholesaler</u> (Due at license issuance) () Distilled Spirit - \$1000.00 () Malt/Wine - \$250.00
<u>Other Fee</u> (Due with completed application) () Administrative/Investigative fee - \$200.00 () Fingerprint Fee - \$44.25	

Fees may be paid by cash (exact change only), card (a processing fee may be charged), or check.

Please return the complete application packet and corresponding documents to the:

Fayette County Marshal's Office
140 West Stonewall Ave.
Suite 205
Fayetteville, GA 30214
770-305-5417
(Tuesday and Thursday 8 am to 11 am)

Approved: _____ Not Approved: _____ Signature: _____ Date: _____

Supporting Documentation Check List

Please make sure all information requested is complete and included with the application packet before continuing to the departmental approval.

- _____ Completed Application
- _____ Certified Survey Showing a Scaled Drawing of Location Showing Distances Required by Ordinance.
- _____ Copy of Property Deed or Lease
- _____ Copy of State Alcohol License
- _____ Copy of Georgia Secretary of State Registration

Departmental Approval for Alcohol Permits

Make sure to have the completed application and all required information before beginning the approval process.

1. Planning and Zoning Department - Suite 202 - 770-305-5421

Print Name: _____
Reviewed By: _____ Approved: _____ Denied: _____ N/A: _____
Date: _____

2. Fire Marshal's Office - Suite 214 - 770-305-5414

Print Name: _____
Reviewed By: _____ Approved: _____ Denied: _____ N/A: _____
Date: _____

3. Marshal's Office - Suite 205 - 770-320-6070

Print Name: _____ Fingerprints: _____
Reviewed By: _____ OTC: _____
Date: _____ Approved: _____ Denied: _____ N/A: _____

Alcoholic Beverage Permit Application

1. Occupational Tax Number: _____

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

3. Business Name and Store Number: _____

4. Business Street Address: _____

City: _____ State: _____ Zip: _____

5. Business Mailing Address: _____

City: _____ State: _____ Zip: _____

6. Business Phone Number: _____

7. Business Email Address: _____

8. Names and address of each person, firm, and corporation having any ownership interest in business and the amounts of such interest:

<i>Name</i>	<i>Residence</i>	<i>Interest</i>
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<i>Name</i>	<i>Residence</i>	<i>Interest</i>
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<i>Name</i>	<i>Residence</i>	<i>Interest</i>
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9. How much of the capital of this business is borrowed and from where?

<i>Amount</i>	<i>Lender</i>	<i>Interest</i>
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<i>Amount</i>	<i>Lender</i>	<i>Interest</i>
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10. Will this business be owned by the applicant as a sole proprietorship? _____

11. If this business will be owned in whole or in part by a partnership, list the names and addresses of all general partners.

<i>Name</i>	<i>Residence</i>	<i>Interest</i>
<i>Name</i>	<i>Residence</i>	<i>Interest</i>
<i>Name</i>	<i>Residence</i>	<i>Interest</i>

12. If this 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 permit holder and/or representative.

<i>Name</i>	<i>Residence</i>	<i>Title</i>
<i>Name</i>	<i>Residence</i>	<i>Title</i>
<i>Name</i>	<i>Residence</i>	<i>Title</i>

13. If the business is operated by a corporation, other than a close corporation, list the name of the corporation, the address of the corporate office the name and address of the registered agent, and the name and address of the permit older and/or representative:

14. Has the applicant and/or licensee ever had its/his/her license to sell alcoholic beverages suspended during the past five years or revoked by any state or political subdivision hereof?

15. Is the applicant the owner of the building where business is to be conducted? _____

16. Is the applicant the landowner of where the business is to be conducted? _____

17. If the 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. _____

18. Has the applicant entered into an agreement or contract with either the owner or owners, leasers, or sub-leasers for either the building or land or both, which provides for the payment of rent on a percentage or profit-sharing basis? _____

19. If the property is not owned by the applicant, state the full name and address of the owner of the building and land where the tourist accommodation will be conducted. State the name and address of all leasers and sub-leasers.

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

<i>Name</i>	<i>Residence</i>	<i>Interest</i>
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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?

<i>Date</i>	<i>Authority Issuing Citation</i>	<i>Violation</i>	<i>Result</i>
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<i>Date</i>	<i>Authority Issuing Citation</i>	<i>Violation</i>	<i>Result</i>
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<i>Date</i>	<i>Authority Issuing Citation</i>	<i>Violation</i>	<i>Result</i>
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<i>Date</i>	<i>Authority Issuing Citation</i>	<i>Violation</i>	<i>Result</i>
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Licensee/Operator Information

1. Last Name _____ First _____ Middle _____

2. List maiden name and all married names: _____

3. Age _____ Date of Birth _____ Social Security Number _____

4. Place of Birth City _____ State _____ Country _____

5. US Citizen Yes ____ No ____ Alien Registration # _____

6. Date and Port of Entry _____

7. If naturalized, when? _____

8. Business name to be permitted _____

Business Address _____

City _____ State _____ Zip _____

9. Position at place of employment _____

10. Personal Telephone Number: _____

11. Personal Email Address: _____

12. Home Address: _____

City: _____ State: _____ Zip: _____

13. Mailing Address: _____

City: _____ State: _____ Zip: _____

14. Resident of _____ County _____ State

15. Is the above address your bona fide place of domicile? _____

16. How long have you lived there? _____

17. If less than ten years, give your previous address and the length of time you resided at said address.

Criminal History

Do not sign unless in the presence of a notary.

In the spaces provided below, list all convictions including pleas of nolo contendere, first offender, forfeiture of bond, etc., for any felony or misdemeanor, 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.			

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

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.

I have read and understand that any falsehood or half-truth submitted in this application is a felony and will render me ineligible to receive an alcoholic beverage license 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.

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.

Signature of Applicant

Date

Sworn and subscribed before me this ____ day of _____, 20____.

Notary

Verification

Do not sign unless in the presence of a notary.

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 Fayette County Alcoholic Beverage License are true, and no false or fraudulent statement or answer is made therein to procure the granting of such permit.

Applicant's Signature

I certify that the above signed has provided me with proper documentation as verification of his/her identity. 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 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 read and understand the Fayette County Alcoholic Beverage 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.

Applicant's Signature



Fayette County Sheriff's Office

BARRY H. BABB
SHERIFF

Randall Johnson Law
Enforcement Center
155 Johnson Avenue
Fayetteville, Georgia 30214
(770) 461-6353
EMERGENCY: 9-1-1

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Fayette County Sheriff's Office to receive any Georgia criminal history record information obtained through the Georgia Crime Information Center (G.C.I.C.) All information must be completely filled out.

LAST FIRST MIDDLE MAIDEN

STREET ADDRESS CITY STATE ZIP

____/____/____
DATE OF BIRTH SEX SOCIAL SECURITY NUMBER

RACE: ☐ AMERICAN INDIAN ☐ ASIAN ☐ BLACK ☐ WHITE
(Per GCIC/NCIC guidelines, only the above races will be accepted for Criminal History purposes by the Georgia Crime Information Center.)

Name the person and company/organization that will be receiving this information.
Please check N/A if this does not apply.

codeviolations@fayettecountyga.gov

Name of Requestor

Fayette County Marshal's Office

Name of Company/Organization

N/A

Please check all that applies:

- ☐ Employment/volunteer work with children (Purpose code 'W')
- ☐ Employment/volunteer work with elder care (Purpose code 'N')
- ☐ Employment/volunteer work with mentally disabled (Purpose code 'M')

One of the following must be checked:

- ☒ 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 _____
