



Case Number: \_\_\_\_\_

## Alcoholic Beverage License Application

### Fee Schedule

<p style="text-align: center;"><u>Retail Package Sales</u> (Due at license issuance)</p> <p>( ) Beer/Wine - \$1,000.00          ( ) Beer Only - \$750.00          ( ) Wine Only - \$400.00</p>	<p style="text-align: center;"><u>On-Premise Sales</u> (Due at license issuance)</p> <p>( ) Spirits/Beer/Wine - \$2,500.00          ( ) Distilled Spirits - \$1,500.00          ( ) Beer/ Wine - \$1,000.00          ( ) Beer Only - \$750.00          ( ) Wine Only - \$400.00</p>
<p style="text-align: center;"><u>Alcohol Beverage Caterer</u> (Due at license issuance)</p> <p>( ) Annual - \$250.00          ( ) Beer/Spirit/Wine - \$75.00 per event          ( ) Distilled Spirits - \$50.00 per event          ( ) Beer/Wine - \$25.00 per event</p>	<p style="text-align: center;"><u>Wholesaler</u> (Due at license issuance)</p> <p>( ) Distilled Spirit - \$1000.00          ( ) Malt/Wine - \$250.00</p>
<p><u>Other Fee</u> (Due with completed application)</p> <p>( ) Administrative/Investigative fee - \$200.00          ( ) Fingerprint Fee - \$42.25</p>	

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.

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

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

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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. \_\_\_\_\_

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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.

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

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<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?

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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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<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.

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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 \_\_\_\_\_

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