

FAYETTE COUNTY ALCOHOLIC
BEVERAGE LICENSE
APPLICATION
New/Renewal





Fayette County

ALCOHOLIC BEVERAGE LICENSE APPLICATION

Date Received: _____ Date sent to Comm. Off. _____

Fees

<u>Retail Package Sales</u>	<u>On-Premise Sales</u>
<input type="checkbox"/> Beer and Wine License - \$1,000.00	<input type="checkbox"/> On-Premise (Beer/Wine) - \$1,000.00
<input type="checkbox"/> Beer only - \$750.00	<input type="checkbox"/> On-Premise (Wine only) - \$500.00
<input type="checkbox"/> Wine only—\$400.00	<input type="checkbox"/> On-Premise (Beer Only) - \$750.00
	<input type="checkbox"/> On-Premise (Distilled Spirits) - \$1500.00
	<input type="checkbox"/> OnPremise(distilled,malt,wine) \$2500.00
Alcohol Beverage Caterer—\$250.00 annual	Wholesaler
Malt/wine—\$25.00 per event	<input type="checkbox"/> Malt/Wine - \$250.00
Distilled Spirits—\$50.00 per event	<input type="checkbox"/> Distilled Spirits - \$1,000.00
Malt/wine/distilled spirits—\$ 75.00 per event	

Permitted Location

- Application fee—\$200.00
 Annual Fee—\$200.00
- Special Event (Limited 3 days per event)**
- 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

FAYETTE COUNTY
CODE ENFORCEMENT

140 Stonewall Ave. West
Suite 202
Fayetteville, GA 30214

Phone: 770-305-5417
Fax: 770-305-5305
E-mail:

CODEVIOLATIONS@FAYETTECOUNTY.GA

Office Use Only

Approved

Denied

Officer's Initials _____

Remarks

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

15. Has applicant and/or licensee ever had its/his/her license to sell alcoholic beverage suspended 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

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.

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.

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

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

Name	Address
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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?

Date	Authority Issuing Citation	Violation	Alleged Result
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Date	Authority Issuing Citation	Violation	Alleged Result
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Date	Authority Issuing Citation	Violation	Alleged Result
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Date	Authority Issuing Citation	Violation	Alleged Result
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Fayette County

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? _____
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18. 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 law O.C.G.A.16-10-20, A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one 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 applica-tion) 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: _____

V e r i f i c a t i o n

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 am aware of the Fayette County Alcoholic Beverage License Ordinance.
- ◆ I accept responsibility for knowing its contents
- ◆ I am aware that the Alcoholic Beverage Ordinance is strictly enforced.

Applicant's Signature
(full name signed in ink)

Should you have any questions, please call the Code Enforcement Office at 770-305-5417.

Fayette County Code Enforcement Department

Departmental Check List for Alcohol Beverage License

Address : _____, City: _____, GA

Contact Person : _____ Phone Number : _____

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

Printed Name:

Reviewed By:

Date: _____ Approved: _____ Denied: _____ N/A: _____

2. Fire Marshal Office - (Suite 214) 770-305-5414

Printed Name:

Reviewed By:

James D. Hall/Anthony S. Korando Date: _____ Approved: _____ Denied: _____ N/A: _____

3. Code Enforcement - (Suite 202) 770-305-5417

Printed Name:

Reviewed By:

Date: _____ Approved: _____ Denied: _____



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

____/____/____ SEX _____ - _____ - _____
DATE OF BIRTH 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.**

C.E Officer -
Name of Requestor

Fayette County Code Enforcement
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** _____

SUPPORTING DOCUMENTATION

Certified survey showing a scaled drawing of location _____ Survey on file: _____

Copy of deed or lease for business location: _____

Zoning letter: _____ On file: _____ Date: _____

Fire Marshal Letter: _____

Copy of State Alcohol License: _____

Copy of Georgia Secretary of State registration: _____

Background check/finger print results Sheriff's Office: _____