Stephens County
Alcoholic Beverage License
for Filing
a New Application

	Pages	
☐	2 - 10	APPLICATION COMPLETED
☐	2	Certified check, cashier's check, or cash **for the full amount of license and Application Fee of $300.00. License fees are located on Page 2 of application**
☐	3	Surveyor's Certificate
☐	4	Copy of lease or deed
☐	5	Copy of current Tax Exemption Certificate on non-profit clubs
☐	5 - 7	Investigation and history forms completed. Applicant is to schedule background and fingerprinting at https://ga.state.identogo.com.
☐	9	Signed copy of SAVE Affidavit and copy of Applicants Georgia Driver's License
☐	B.O.C.	Certificate for legal ad, and copy of legal ad. (Run four days within four weeks prior to hearing on application).
☐	Tax Commission	Certification of State/Local Ad Valorem Taxes Paid for Current Year form must be signed by the Tax Commissioner

Stephens County
Alcoholic Beverage License Application

Current Year _____ For License Year _____

Current License Number _____ Renewal License Number _____

State License Number _____

INSTRUCTIONS: Every question shall be fully answered, typewritten or printed in ink. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed with the Stephens County Business License Department, together with all supporting papers and certified check, cashier's check, or cash for the exact fee. I hereby certify as applicant that I have received, read and understand the Stephens county regulations controlling alcoholic beverages and herein make application for:

(1) _____ Class B-1. Wholesale malt beverages, which shall permit only the sale of malt beverages at wholesale plus application fee;

(2) _____ Class B-2. Retail malt beverages by the package in food stores, grocery stores, supermarkets and convenience food stores, which shall permit the sale of malt beverages by the package as an item incidental to the sale of food and groceries plus application fee;

(3) _____ Class B-3. Retail malt beverages by the drink, which may only be issued for a restaurant, golf courses and private clubs, as defined herein plus application fee;

(4) _____ Class C-1. Wholesale wine, which shall permit only the sale of wine at wholesale plus application fee;

(5) _____ Class C-2, retail wine by the package in food stores, grocery stores, supermarkets and convenience food stores, which shall permit the sale of wine by the package as an item incidental to the sale of food and groceries plus application fee;

(6) _____ Class C-3, retail wine by the drink, which may only be issued for a restaurant, golf courses and private clubs, as defined herein plus application fee;

(a) **Fees:** The basic fees for each type of license listed in subsection (b) herein above shall be as follow:

Class B-1	$100.00
Class B-2	$300.00
Class B-3	$350.00
Class C-1	$100.00
Class C-2	$300.00
Class C-3	$350.00
Class B-1 & C-1	$200.00
Class B-2 & C-2	$600.00
Class B-3 & C-3	$700.00
Application Fee	$300.00 plus class category (s)

1. APPLICANT: License Holder's Name (NO initials, spell out all names)

_____

Email address _____

Home address _____

County_____ City_____ State_____ Zip_____

Phone_____ Age _____ Race _____ Sex _____

Date of Birth _____ SS# _____

2. THIS LICENSE IS FOR THE USE OF:

NAME (Owner of Business) _____

Address _____ County _____

City _____ State _____ Zip _____ Phone_____

Age _____ Race _____ Sex _____ Date of Birth _____ SS# _____

3. TRADE NAME OF BUSINESS _____

Business Location _____

Business Phone _____ GA Sales Tax # _____ F E I # _____

Mailing Address _____
(If different from business location)

SURVEYOR'S CERTIFICATE:

4. What is the straight-line distance from this business or portion of the business used for the sale of alcoholic beverages to the nearest:

(New applications only: Attach Surveyor's Statement)

SCHOOL _____ CHURCH _____

FUNERAL CHAPEL _____

5. Has any person with an interest in this application ever made an application at any previous time?

☐ YES ☐ NO (If yes, give disposition of that application)

_____

_____

6. Has this place of business or anyone connected therewith been cited or charged at any time with any violation of State or Federal law or regulation or any rule or regulation of the City or County?

☐ YES ☐ NO (If yes, give details on separate sheet.)

A. Has anyone (including employees) been convicted of driving under the influence within the past five (5) years? ☐ YES ☐ NO (if yes, give details on separate sheet.)

B. Has any previous license issued to applicant or any person with any interest in the application been revoked by any state or subdivision of the Federal government and reason?

_____

_____

7. List all pertinent information for each person, firm, or corporation that has <u>any</u> interest in this application and the type and percent of that interest.

NAME	ADDRESS	BIRTHDAY	SS#	INTEREST

8. List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms or corporations herein listed are interested in, employed by, or associated with in any way whatsoever.

_____

_____

9. List full name and address and other pertinent information of the owner of the building and the name and address or the owner of the land and the name and address of all lessors and sublessors. (Attach copy of lease or deed).

OWNER, LESSOR OR SUBLESSOR	ADDRESS	PAYMENTS

10. How much of the capital of this business is borrowed and from whom? (If a non- profit organization; attach proof of current non-profit status also).

NAME	ADDRESS	AMT. & TERMS

11. Full name and other pertinent information of the manager of this business, and state how he/she is compensated.

NAME _____ Phone _____

Address _____

County _____ City _____ State _____ Zip _____

Date of Birth _____ Age ____ Race ____ Sex ____SS# _____

Compensated _____

12. INVESTIGATION FOR APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE.

Name _____ Aliases _____

Race _____ Sex _____ Nationality _____ SS# _____

Home Address _____

County _____City _____ State _____

Zip _____ Phone _____

Business Address _____

County _____City _____ State _____

Zip _____ Phone _____

Birthplace _____ County _____ Birthday_____

Occupation _____ Employer _____

Driver's License # _____ Height _____ Weight _____ Hair ____

Eyes _____ Physical Characteristics _____

_____

(Deformities, Scars, Tattoos, Etc.)

Spouse (Full Name) _____

Aliases _____

Race _____ Sex _____ Nationality _____ SS# _____

Home Address _____

County _____City _____ State _____

Zip _____ Phone _____

Business Address _____

County _____City _____ State _____

Zip _____ Phone _____

Birthplace _____ County _____ Birthday_____

Occupation _____ Employer _____

13. PREVIOUS EMPLOYMENT (Start with present or latest employer)

(a) Employer _____ Address _____

Job Description _____

From _____ To _____

(b) Employer _____ Address _____

Job Description _____

From _____ To _____

(c) Employer _____ Address _____

Job Description _____

From _____ To _____

(d) Employer _____ Address _____

Job Description _____

From _____ To _____

14. Previous Addresses (other than present)

(a) _____ Co _____

(b) _____ Co _____

(c) _____ Co _____

Parents:

Father _____ Address _____

City _____ State _____ Zip _____

Mother _____ Address _____

City _____ State _____ Zip _____

15. PREVIOUS ARREST OR CONVICTIONS (Including driving under the influence).

(a) Offense _____ Where _____ Date _____

(b) Offense _____ Where _____ Date _____

(c) Offense _____ Where _____ Date _____

Have you ever been fingerprinted? _____ Where _____

OATH: I (WE) do solemnly swear, Subject to criminal penalties for false swearing, the statements, and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a 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 or fraudulent statement or answer herein shall constitute the cause for the suspension or revocation of any license issued pursuant to this application. **Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within five (5) days of the change.** The failure to make such amendment shall be a cause for the suspension or revocation of any license issued. I (WE) have received a copy of the local alcoholic beverage regulations and understand that this copy is to be kept on the licensed premises at all times.

_____
Signature of Applicant Under Oath

_____
Signature of Owner if not Applicant

_____
Doing Business As

_____
Title

Sworn to and Subscribed before
me this ___ Day of _____, 20_____.

_____
Notary Public

My Commission expires: _____

SAVE AFFIDAVIT

STATE OF GEORGIA
COUNTY OF STEPHENS

By executing this affidavit under oath, as an applicant on behalf of _____ for _____(type of public benefit) as referenced in O.C.G.A. § 50-36-1, from Stephens County, the undersigned applicant verifies one of the following with respect to the application for a public benefit:

1.) _____ I am a United States citizen

2.) _____ I am a legal permanent resident of the United States

3.) _____ 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 immigration 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) (2), with this affidavit.

The secure and verifiable document provided with this affidavit can 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 Stephens County, Georgia

_____
Signature of Applicant, on behalf of

_____
Printed Name of Applicant

_____
Business Name

_____
Business Address

_____
City, State

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF _____, 20_____.

_____
NOTARY PUBLIC

My Commission Expires:
_____

NOTICE OF APPLICATION FOR MALT BEVERAGES AND/OR WINE LICENSE

Pursuant to Section 7 of Stephens County Ordinance 93-2, notice is given that

_____ has applied for a _____

license for the premises located at _____.

If applicable, the person for whom the application is submitted is _____

_____.

This _____ day of _____, 20____.

STEPHENS COUNTY BOARD OF COMMISSIONERS

PLEASE PUBLISH ONCE A WEEK FOR FOUR (4) CONSECUTIVE WEEKS BEGINNING

_____, 20_____.

COLLECT PUBLICATION FEES FROM APPLICANT. STEPHENS COUNTY WILL NOT BE RESPONSIBLE FOR PAYMENT OF PUBLICATION FEE.