

RENEWAL
APPLICATION FOR MALT BEVERAGE/WINE LICENSE
CHATTOOGA COUNTY, GEORGIA

(1) **Applicant/Owner:**

(a) Full Name: _____

(b) Age: _____

(c) Home Address: _____

(d) Business Address: _____

(e) Name of Spouse: _____

(2) **Outlet Manager:**

(a) Full Name: _____

(b) Age: _____

(c) Social Security No. _____

(d) Date of Birth _____

(e) Home Address _____

(f) Name of Spouse _____

All information on my prior application is true and correct and nothing has been changed since said application.

This _____ day of _____, _____

CHATTOOGA COUNTY, GEORGIA

The undersigned applicant does hereby solemnly swear that all of the foregoing information is true and correct.

APPLICANT

Sworn to and subscribed before me this
_____ day of _____, 2022

NOTARY PUBLIC

My Commission Expires:

TAX CERTIFICATION

TO THE ALCOHOLIC BEVERAGE CONTROL BOARD

RE: Applicant: _____

Business Name: _____

Location: _____

This is to certify that all property taxes, both real and personal, due Chattooga County by the above named owner of the above establishment have been paid in full to date. This includes taxes due for year 2022.

This _____ day of _____, _____.

TAX COMMISSIONER
CHATTOOGA COUNTY, GEORGIA

**NOTIFICATION TO SHERIFF OF RENEWAL OF ALCOHOLIC BEVERAGE
LICENSE**

TO THE SHERIFF OF CHATTOOGA COUNTY:

You are hereby notified that the attached application for a Renewal Alcoholic Beverage License has been filed with the Malt Beverage Control Commission of Chattooga County, Georgia, and you are requested under the provisions of the Malt Beverage Ordinance to obtain the required information as to the criminal records, character, reputation and other necessary reports about the person or persons named on said application and submit this information to the Commissioner within 30 days from the date hereof.

This _____ day of _____, _____.

Martha Tucker, Clerk
Chattooga County

Applicant's Name

Manager's Name

Applicant's Signature

Manager's Signature

Applicant's Social Security Number

Manager's Social Security Number

Applicant's Date of Birth

Manager's Date of Birth

Store _____

Affidavit

By executing this affidavit under oath, as a(n) applicant for an alcoholic beverage license, as referenced in O.C.G.A. § 50-36-1, from Chattooga County, Georgia, the undersigned applicant verifies one of the following with respect to my 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)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best 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 of 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 _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires: _____

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-90-6(d)

By executing this affidavit under oath, as an applicant for an Alcoholic Beverages License from Chattooga County, Georgia, the undersigned applicant verifies one of the following with respect to the application for the above mentioned document.

1. _____ On January 1st of the below signed year, the individual, firm, or corporation employed more than (10) employees. **(Fill out Section 3 below)**

2. _____ On January 1st of the below signed year, the individual, firm or corporation employed less than ten (10) employees.

3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provision and deadlines established in O.C.G.A. § 36-90-6(a). The undersigned private employer also attests that its federal work authorization under identification number and date of authorization are as listed below

Federal Work Authorization User Identification Number

Date of Authorization

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 allowed by such statute.

Executed on the _____ day of _____, _____, in Summerville, Georgia.

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized
Officer or Agent

Subscribed and sworn before me on
this _____ day of _____, _____.

NOTARY PUBLIC