

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE  
CHATTOOGA COUNTY, GEORGIA FOR SOLE  
PROPRIETORSHIP MADE THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, \_\_\_\_\_.**

**(1) Applicant:**

(A) Full Name: \_\_\_\_\_

(B) Address: \_\_\_\_\_

(C) Telephone Number: Home \_\_\_\_\_

Cell \_\_\_\_\_

(D) Birth date: \_\_\_\_\_ SS# \_\_\_\_\_

Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Place of birth: \_\_\_\_\_

(E) Spouse's Name: \_\_\_\_\_

**(2) Proposed Outlet/Restaurant**

(A) Proposed name of outlet where license is sought: \_\_\_\_\_

name \_\_\_\_\_ . (If different from applicant's

has a trade name application been made? \_\_\_\_\_)

(B) Physical Address of Outlet: \_\_\_\_\_

(C) Mailing Address of Outlet: \_\_\_\_\_

(D) Telephone Number of Outlet: \_\_\_\_\_

**Outlet/Restaurant Manager**

(A) Name of Manager: \_\_\_\_\_

(B) Home Address: \_\_\_\_\_

(C) Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

(3) Do you own or lease real property upon which outlet is located? \_\_\_\_\_

(A) If leasing, provide:

(i) Name of Landlord: \_\_\_\_\_

(ii) Address of Landlord: \_\_\_\_\_

(iii) Telephone Number of Landlord: Home \_\_\_\_\_

Cell \_\_\_\_\_

(4) List all other outlets/locations owned or leased within Chattooga County where you already hold a license to sell alcoholic beverages, or for which an application has been made by applicant/applicant.

\_\_\_\_\_

(5) If Applicant does not currently hold an alcoholic beverage license within Chattooga County, has Applicant ever applied for license within Chattooga County, Georgia before? \_\_\_\_\_ When? \_\_\_\_\_. If license was granted to Applicant, list name of business(es):

\_\_\_\_\_

\_\_\_\_\_

(6) Has Applicant ever been denied a license for the sale of liquor, wine or malt beverage within the State of Georgia? \_\_\_\_\_. If yes, list when and government entity that denied the license:

\_\_\_\_\_

(7) Has Applicant ever had a license for the sale of liquor, wine or malt beverage suspended or revoked, for any reason, in the State of Georgia? \_\_\_\_\_. If yes, list when action occurred, type of action taken, government entity taking action, and the reasons for disciplinary action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(8) Place a check by all licenses being sought by Applicant:

(A) Retail Package \_\_\_\_\_

- (B) Retail Consumption on the Premises
  - (i) Full Pouring License \_\_\_\_\_
  - (ii) Limited Pouring License (Wine/Malt Beverages) \_\_\_\_\_
  - (iii) Limited Pouring License (Distilled Spirits) \_\_\_\_\_
  - (iv) Farm Winery Tasting Room \_\_\_\_\_
- (C) Private Club \_\_\_\_\_

(9) List complete record of all convictions, guilty pleas and pleas of nolo contendere for violations of all laws, City, State and Federal, of both Applicant and Applicant's spouse:

---



---



---



---

- (10) The following must be attached to application before submission:
- (A) All drawings as required by Alcoholic Beverages Control Ordinance
  - (B) Affidavit of Publication
  - (C) Application Fee
  - (D) Health Department Certification
  - (E) Tax Commissioner Certification
  - (F) Copy of Deed and/or lease agreement

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

Sworn to and subscribed before me this  
 \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

\_\_\_\_\_  
 Applicant

**HEALTH DEPARTMENT CERTIFICATION**

**TO: THE ALCOHOLIC BEVERAGES CONTROL BOARD**

**RE: Entity/Applicant:** \_\_\_\_\_

If Trade Name, Business Name: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_(a) The undersigned hereby certifies that an inspection has occurred by the Chattooga County Health Department of the water and sewer facilities at the above referenced location. Said facility meets County Health Department Regulations with regard to water and waste disposal, and if applicable, food preparation licenses.

\_\_\_\_\_(b) The undersigned hereby certifies that an inspection has occurred by the CCHD of the water and sewer facilities at the above referred location. Said facility was found to have the following issues and/or concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

CHATTOOGA COUNTY HEALTH DEPARTMENT

By: \_\_\_\_\_

**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 applicant of the above establishment have been paid in full to date.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
TAX COMMISSIONER  
CHATTOOGA COUNTY, GEORGIA

**NOTIFICATION TO SHERIFF OF ALCOHOLIC BEVERAGE LICENSE**

TO THE SHERIFF OF CHATTOOGA COUNTY:

You are hereby notified that the attached application for an Alcoholic Beverage License has been filed with the Alcoholic Beverages Control Board of Chattooga County, Georgia, and you are requested under the provisions of the Alcoholic Beverages Control 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 of 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

Business Trade Name: \_\_\_\_\_

**CONSENT TO CREDIT INVESTIGATION**

**TO: THE ALCOHOLIC BEVERAGE CONTROL BOARD**

**RE: Applicant:**

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

The undersigned hereby agree and consent to allow the Alcoholic Beverages Control Board of Chattooga County, Georgia, to obtain a credit report and history of me/us. I/we hereby agree to release and indemnify said Alcoholic Beverages Control Board of Chattooga County, Georgia, together with Chattooga County, Georgia, its officials and employees from any and all liability which results or may result from the gathering and obtaining of my/our credit report.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
APPLICANT'S SPOUSE

**NOTIFICATION TO SHERIFF OF ALCOHOLIC BEVERAGE LICENSE**

TO THE SHERIFF OF CHATTOOGA COUNTY:

You are hereby notified that the attached application for an Alcoholic Beverage License has been filed with the Alcoholic Beverages Control Board of Chattooga County, Georgia, and you are requested under the provisions of the Alcoholic Beverages Control 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 of 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

Business Trade Name: \_\_\_\_\_



**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 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed more than (10) employees. **(Fill out Section 3 below)**

2. \_\_\_\_\_ On January 1<sup>st</sup> 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