

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
CHATTOOGA COUNTY, GEORGIA FOR PARTNERSHIP,
CORPORATION, ETC. MADE THIS _____ DAY
OF _____, _____.**

(1) Entity:

- (A) Name of Entity seeking license: _____
- (B) Type of Entity (Corporation, Partnership, etc.): _____
- (C) Business Address of Entity: _____
- (D) Telephone Number of Entity: _____
- (E) Tax ID # of Entity: _____

(2) Proposed Outlet

- (A) Proposed name of outlet where license is sought: _____

_____ If different from
Applicant's/Entity's name, has a trade name application been made? _____ If yes,
provide copy of filed
application.

- (B) Physical Address of Outlet: _____
- (C) Mailing Address of Outlet: _____
- (D) Telephone Number of Outlet: _____
- (E) Legal owner of real property where alcoholic beverages are sought to be sold:
_____ (must be same as 1(A)
above unless leasing).
 - (i) Name of Landlord, if leasing: _____
 - (ii) Address and telephone number of Landlord: _____

(3) Agent for Entity

- (A) Name of Agent Completing Application for Entity: _____
- (B) Address of Agent: _____

(C) Telephone Number of Agent: _____

(4) Entity Details

(A) If Entity is a corporation:

(i) State of Incorporation:

(ii) If Georgia is not State of Incorporation, is entity registered to do business in Georgia? _____

(iii) Number of Shareholders: _____

(iv) List Officers of Corporation:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

(B) If Entity is a partnership:

(i) List names and addresses of all Partners: _____

(ii) If all partners are not General Partners list names of General Partners:

(5) List all other outlets/locations owned by entity within Chattooga County where a license to sell alcoholic beverages, or for which an application has been made by Entity or

Entity's behalf: _____

(6) If Entity does not currently hold an alcoholic beverages license within Chattooga County, has the Entity ever applied for a License within Chattooga County, Georgia before? _____ When? _____. If license was granted to the Entity, list name of outlet(s): _____

(7) Has the Entity 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: _____

(8) Has the Entity 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, governmental entity taking action, and the reasons for disciplinary action: _____

(9) Place a check by all licenses being sought by the Entity:

(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 _____

(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.
- (G) Certified copy of Good Standing Certificate from Georgia Secretary of State
- (H) Copy of Resolution from Board of Directors, Partners, or letter from corporate officer authorizing applicant to act on behalf of corporation or partnership.
- (J) Copy of filed trade name application if outlet is being conducted under a trade name.

Under penalty of perjury, 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

Agent for _____

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

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: _____

CONSENT TO CREDIT INVESTIGATION

TO: THE ALCOHOLIC BEVERAGES CONTROL BOARD

RE: Entity Name: _____

Entity Tax ID Number: _____

The undersigned hereby agrees and consents to allow the Alcoholic Beverages Control Board of Chattooga County, Georgia, to obtain a credit report and history of the above named entity. I/we hereby agree to release and indemnify said Alcoholic Beverages Control Board of Chattooga County, Georgia, together with the said 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 _____, _____.

AGENT for _____

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

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: _____