



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Application Type:

New Renewal

License Classification and Fees:

Wholesale Distilled Spirits \$5,000 Retail Distilled Spirits Package \$1,270 Retail Distilled Spirits Consumption \$2,000
 Wholesale Malt Beverage \$435 Retail Malt Beverage Package \$250 Retail Malt Beverage Consumption \$250
 Wholesale Wine \$400 Retail Wine Package \$140 Retail Wine Consumption \$120
 Private Clubs, Fraternal Organizations (All Consumption Classifications) \$1,500

Application Classification:

Individual Partnership Corporation

Applicant/Owner Information

Name: _____

Residence: Last First Middle Initial
_____ Street Number Street Name

City State Zip Code

(H) Phone: (____)-____-____ (C) Phone: (____)-____-____ (W) Phone: (____)-____-____

Age: _____ Birth date: ____/____/____ Place of Birth: _____

Social Security Number: ____-____-____ Sex: M / F Height ____ Ft ____ Weight ____ Lbs

US Citizen Legal Alien Other (please explain) _____

Single Married Widowed Divorced

If married, complete the following:

Full name of spouse: _____ Birth date ____/____/____

Maiden Name: _____ Social Security Number ____-____-____ Place of Birth: _____

Name and Address of Employer: _____

Applicants Previous Home Addresses (Last Ten (10) Years

Addresses: _____
Number Street City State Zip Code

Addresses: _____
Number Street City State Zip Code

Addresses: _____
Number Street City State Zip Code

Business Information

Name: _____ Phone Number: (____)-_____-_____

Location: _____
Street Number Street Name

City State Zip Code
Parcel Number: _____ Existing Zoning: _____

Type of Business:

Eating Establishment Convenience Store Supermarket Private Club
 Package Store Other (please explain) _____

Is the business within the designated distance of any of the following:

Distilled Spirits

(A) 600 ft. from "applicants" building to property line of any School or College Yes No
(B) 300 ft. from "applicants" building to property line of any Church Yes No

Malt Beverage/Wine

(A) 300 ft. from "applicants" building to property line of any School or College Yes No
(B) 300 ft. from "applicants" building to property line of any Church Yes No

*The distance shall be measured in all directions from nearest point of "applicants" building to the nearest property line of school or church. Measurements to be made in accordance with the Alcoholic Beverage Ordinance. Distilled Spirits application requires a scale drawing.

Manager Information (If different than Applicant)

Name: _____
Last First Middle Initial

Addresses: _____
Number Street City State Zip Code

(H) Phone: (____)-_____-_____ (C) Phone: (____)-_____-_____ (W) Phone: (____)-_____-_____

Age: _____ Birth date: ____/____/____ Place of Birth: _____

Social Security Number: _____-_____-_____ Sex: M / F Height ____ Ft ____ Weight ____ Lbs

US Citizen Legal Alien Other (please explain) _____

Previous Home Addresses (Last Ten (10) Years)

Addresses: _____
Number Street City State Zip Code

Addresses: _____
Number Street City State Zip Code

Addresses: _____
Number Street City State Zip Code

Partners/Members/Officers/Directors/Shareholder Information-(Partnership or Corporation)

Name: _____

 Last First Middle Initial

Addresses: _____

 Number Street City State Zip Code

(H) Phone: (_____-_____-_____) (C) Phone: (_____-_____-_____) (W) Phone: (_____-_____-_____)

Age: _____ Birth date: ___/___/___ Place of Birth: _____

Social Security Number: _____ - _____ - _____ Sex: M / F Height ___ Ft ___ Weight ___ Lbs

Previous Home Addresses (Last Ten (10) Years

Addresses: _____

 Number Street City State Zip Code

Addresses: _____

 Number Street City State Zip Code

Addresses: _____

 Number Street City State Zip Code

Name: _____

 Last First Middle Initial

Addresses: _____

 Number Street City State Zip Code

(H) Phone: (_____-_____-_____) (C) Phone: (_____-_____-_____) (W) Phone: (_____-_____-_____)

Age: _____ Birth date: ___/___/___ Place of Birth: _____

Social Security Number: _____ - _____ - _____ Sex: M / F Height ___ Ft ___ Weight ___ Lbs

Previous Home Addresses (Last Ten (10) Years

Addresses: _____

 Number Street City State Zip Code

Addresses: _____

 Number Street City State Zip Code

Addresses: _____

 Number Street City State Zip Code

Name: _____

 Last First Middle Initial

Addresses: _____

 Number Street City State Zip Code

(H) Phone: (_____-_____-_____) (C) Phone: (_____-_____-_____) (W) Phone: (_____-_____-_____)

Age: _____ Birth date: ___/___/___ Place of Birth: _____

Social Security Number: _____ - _____ - _____ Sex: M / F Height ___ Ft ___ Weight ___ Lbs

Previous Home Addresses (Last Ten (10) Years

Addresses: _____

 Number Street City State Zip Code

Addresses: _____

 Number Street City State Zip Code

Addresses: _____

 Number Street City State Zip Code

Has applicant previously applied for, held, had revoked or suspended alcoholic beverage license from any government entity? Yes No

Current states or circumstances related to previous license: _____

Has applicant ever been convicted of, entered = plea of nolo contendere to, or forfeited a bond on, any crime other than traffic violation? Yes No

Nature or circumstances related to above: _____

Has the applicant, or any individual having an interest either as owner, partner or stockbroker been convicted or entered a pleas of nolo contendere within ten years immediately prior to the filing of this application for any felony or misdemeanor of any State or of the United States or any municipal ordinance except traffic violations?

If the answer is YES, describe in detail and give dates.

(a) Do you own the land and building on which this business is to be operated?_____

(b) When did you buy it?_____

(c) If you are not the owner, give the amount of rental paid for such land and building, the manner in which the rent is determined, to whom, and at what intervals it is paid. Give the name of the owner and agent, if any.

(d) Attach a copy of the lease and any other pertinent documents.

Is there any person or entity other than the applicant or those persons with respect to whom information is required in this application who are or will be directly or indirectly interested in the profits or loss of the business?

Yes No Nature or circumstances related to above:

State whether or not applicant, partner, officer, or stockholder holds any alcoholic beverages license in any other jurisdiction or has ever applied for a license and been denied. _____

Are the applicant and those persons with respect to whom information is required in this application fully qualified to be the holder of an alcoholic beverage license in all respects under the Ware County Ordinance for Alcoholic Beverages? Yes No

Do you or your spouse or any of the other owners, partners, or stockholders have an interest in other liquor stores? If so, state how many stores each is interested and where stores are located. Explain fully. Attach a list of all of your brothers, sisters, children, grandchildren, father-in-law, mother-in-law, etc.

Are you familiar with the Ware County Ordinances, State Laws and Regulations, Federal Laws and Regulations governing the operation of this type business? Yes No

Premises and Structure

Is this location within a commercial Zoning District? Yes No Zoning District: _____

Does the completed building or the proposed building comply with the ordinances of Ware County, regulations of the State Revenue Commissioner and the laws of the State of Georgia? Yes No

Does the building in which the business is to be located contain sufficient lighting so that the building and premises are readily visible on all sides and at all times from front of the street on which the building is located? Yes No

Does the interior of the building contain sufficient lighting so that hallways, passage ways, and open areas may be clearly seen by the customers? Yes No

If either question was answered no please explain proposed methods to rectify the insufficient lighting: _____

Eating Establishment or Private Club Only

- 1. Total floor area in square feet: _____
- 2. Total square feet in devoted to dining area: _____
- 3. Seating capacity excluding bar area: _____
- 4. Maximum number of employees on highest shift: _____
- 5. Number of parking spaces: _____
- 6. Number of parking spaces devoted to handicapped person: _____
- 7. Hours that prepared meals or foods are served: _____

Super Market (Grocery)/Convenience Store Only

1. Total floor area in square feet: _____
2. Total square feet in devoted to sale of groceries and food: _____
3. Number of parking spaces: _____
4. Number of parking spaces devoted to handicapped person: _____
5. Is the establishment devoted principally to the retail sale of groceries and food products? Yes No
If no, please explain: _____

Package Store Only

1. Total floor area in square feet: _____
2. Total square feet in devoted to sale of alcoholic beverages: _____
3. Number of parking spaces: _____
4. Number of parking spaces devoted to handicapped person: _____
5. Is the establishment devoted principally to the retail sale of alcoholic beverages? Yes No
If no, please explain: _____



Ware County, Georgia - Alcoholic Beverage License Application
Criminal History Record
Consent Form

I hereby give Ware County CONTINUING permission and authority to receive any criminal history record information pertaining to me, which may be in the files of the City, Ware County, the State of Georgia, or of the United States.

In the event of the termination of my association with the business with which this document is a part of, my consent will automatically be rescinded.

Business Name

Full Name Printed

Home Address

City

State

Zip Code

County

Birth date: ____/____/____ Social Security Number: ____-____-____ Sex: M / F Race: ____

Signature

I hereby certify that _____ is personally known to me, that he/she signed his/her name to the above consent form after stating to me that he/she knew and understood all information provided therein, and, under oath actually administered by me, has sworn that said information is true and correct this _____ day of _____, 20__.

Notary Public

Notary Expiration Date 20__.

Certification of Information

Does the location of this business comply with all conditions, qualifications and criteria established under the Ware County Ordinance for Alcohol Beverages? Yes No

Does application include a head and shoulders photo taken within the last three (3) years of the application and all persons with respect to whom information is required in this application? Yes No

Does application include consent forms for the applicant and all persons with respect to whom information is required in this application to allow Ware County to monitor public records to ensure compliance with all provisions of the Ware County Ordinance for Alcoholic Beverages? Yes No

Is application accompanied by a certified check or money order payable to Ware County in the amount set forth in the schedule of fees and charges on file in the office of the Ware County Clerk? Yes No

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly.

The undersigned hereby certifies that he/she is authorized to sign this application. The undersigned further certifies that:

All laws, rules and regulations of the United States, the State of Georgia and Ware County now enforce or which may hereafter be promulgated or enacted regulation and governing the sale of alcoholic beverages will be complied with; and

Any license issued shall cover the period of one year commencing the first day of January and expiring December 31, and that no license shall be assignable or transferable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that I am liable to penalties of the law (both fine and imprisonment) should any false or fraudulent statement of representation be made in connection with this application.

I solemnly swear that the facts stated in the above and foregoing application for a license in Ware County, Georgia are true and correct.

Signature of Applicant (Full Legal Name)

Date

Sheriff's Report

Date Investigation Completed: ____/____/____

Criminal History Attached: Yes No

Recommended for Approval: Yes No

Sheriff, Ware County Date

County Staff Report

Date Investigation Completed: ____/____/____

Recommended for Approval: Yes No

Clerk, Ware County Date

Recommended for Approval: Yes No

Manager, Ware County Date

Approved by Board of Commissioners: ____/____/____