

CITY OF EAST ELLIJAY, GEORGIA
APPLICATION FOR CITY LICENSE
TO SELL ALCOHOLIC BEVERAGES

A BACKGROUND CHECK AND FINGERPRINTS WILL BE REQUIRED FOR NEW APPLICATIONS

NAME OF BUSINESS: _____
ADDRESS: _____

FOR OFFICIAL USE ONLY:

Date Received: _____, 20_____

Type of License: _____

Fee Enclosed: _____

State License No.: _____

Local License No.: _____

Approved: _____, 20_____

Denied: _____, 20_____

INSTRUCTIONS: Every question must be fully and correctly answered. Use typewriter. 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 City Manager, City of East Ellijay, Gilmer County, State of Georgia, together with all supporting papers and money order or certified check for the exact fee. Personal checks will not be acceptable.

Please check the type of license for which applicant is applying:

- () License to sell malt beverages (\$500.00)and/or wine (\$500.00) by the package.
- () License to sell distilled spirits by the package. (\$3500.00)
- () License to sell distilled spirits (\$1500.00), beer (\$500.00) or wine (\$500.00) for consumption on the premises.
- () License requested for calendar year _____.

Full name and address and legal residence of person making application:

Name: _____

Address: _____

Resident of _____ County, State of _____

Is the above address your legal and bona-fide place of domicile? _____

How long have you lived at the above address? _____

If less than 10 years, give your previous legal address and length of time you resided at such residence:

Corporation or trade name of business for which license is applied: _____

Location of business for which license is applied: _____

Address: _____

Telephone Number (Business) _____ (Home) _____

Mailing Address: _____

Name and residence of each person, firm and corporation having any ownership interest in business and the amount of such interest:

NAME	RESIDENCE	INTEREST
NAME	RESIDENCE	INTEREST
NAME	RESIDENCE	INTEREST

How much capital of this business is borrowed and from whom?

AMOUNT	LENDER	ADDRESS
AMOUNT	LENDER	ADDRESS
AMOUNT	LENDER	ADDRESS

Will this business be owned by the applicant as a sole proprietorship? _____

If this business will be owned in whole or in part by a partnership, corporation or any other association, list the members of such organization and give their addresses, state and county of their legal residence, and the amount of their interest.

NAME	ADDRESS	RESIDENCE	INTEREST
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NAME	ADDRESS	RESIDENCE	INTEREST
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NAME	ADDRESS	RESIDENCE	INTEREST
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Does any person or organization previously listed have any financial interest whatsoever in any other business selling distilled spirits, wine or beer; either in this State or any other State? If so, list the name of such person or organization and such other business together with the location of the business and the amount and type of interest.

Are you a citizen of the United States? _____

Where were you born? _____

What has been your occupation for the past five (5) years? Give a detailed list.

What is the name of the person who, if the license is granted, will be the acting manager of the business and on the job at the store:

If the licensee is a partnership, state when and where the partnership was organized, or if the licensee is a corporation, state name and address of corporation, when and where incorporated, and the names and addresses of the officers and directors and attach copy of the Articles of Incorporation and Bylaws.

If operating as a corporation, list the stockholders with addresses and the amount of interest of each stockholder in the corporation, owning more than 10% of the stock.

Is the applicant and/or license holder the owner of the building where the business is to be conducted?

Are you also the owner of the land? _____ If you are the owner, state when it was purchased. _____ . If applicant and/or license holder is not the owner, state whether you lease, sub-lease, and/or rent the building and whether or not you lease, or sub-lease the land, or both. _____ State the full name and address of the owner of the building and the name and address of the owner of the land and the name and address of all lessors and sub-lessors and attach copies of all lease agreements.

BUILDING OWNER	ADDRESS	Relationship to Applicant or another Owner
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LAND OWNER	ADDRESS	Relationship to Applicant or another Owner
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OTHER	ADDRESS	Relationship to Applicant or another Owner
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Has the applicant and/or license holder entered into an agreement or contracted with either the owner or owners, lessors and sub-lessors for either the building or land or both, which provides for the payment of rent on a percentage or profit-sharing basis?

What is the present zoning classification of the location on which the outlet will operate? _____

Do you or does your spouse or does any member of your family own any interest in any outlet selling alcoholic beverages? _____ Relationship _____ If so, list information as to the interest involved, location, relationship, etc.

Attach a list of all your brothers, sisters, children, grandchildren, father-in-law, mother -in-law, mother and father.

Does the corporation or partnership now own any interest in any wholesale or retail outlet of any type selling alcoholic beverages? If so, list outlet and address.

NAME

ADDRESS

Are you or any member of your family the owner, lessor, or sub-lessor of any real estate which is occupied by a retail alcoholic beverage outlet of any type? _____ If so, give the location, information as to any lease or rental agreement, amounts of rents received, to whom rented or leased:

Are you or any member of your family the executor or administrator or beneficiary or heir of any estate or trust having any interest in a retail or wholesale alcoholic beverage establishment?

_____ If so, give the location, amount of interest and your capacity with the estate:

Has the applicant or individual having an interest either as owner, partner, principal officer or stockholder been convicted or entered a plea(s) of nolo contendere within 10 years immediately prior to the filing of this application for any felony or misdemeanor of any State or of the United States or for any municipal ordinance involving moral turpitude? If the answer is "Yes", describe in detail and give dates.

Have you within 10 years immediately prior to the filing of this application been convicted or entered a plea of nolo contendere on any charge of tax evasion? _____ If the answer is "Yes", state the offense and disposition of the case.

Has the spouse of the applicant or the spouse of any individual having an interest either as owner, partner, principal officer or stockholder been convicted or entered a plea of nolo contendere within 10 years immediately prior to the filing of this application for any felony or misdemeanor of any State or of the United States or for any municipal ordinance involving moral turpitude? If the answer is "Yes", describe in detail and give dates.

What type of outlet do you propose to operate under the license granted hereunder? _____

- (a) Package store selling beer and wine
- (b) Package store selling distilled spirits and beer and wine
- (c) Outlet selling alcoholic beverages for consumption on the premises

Have you attached a survey of the outlet premises indicating distances from churches, schools, etc., as required by ordinance? _____

Have you attached a site plan of the outlet including floor plan, entrances, set-backs, parking spaces, etc.?

Are you familiar with the restrictions on the advertising for sale of alcoholic beverages as required by Section 1.12 of the City Ordinance? _____

Do you understand that this license is not transferable? _____

Do you agree to keep the premises in which the sales are made clean, wholesome, sanitary and lighted?

Do you agree to abide by the ordinance of the City of East Ellijay respecting your business? _____

If this is a renewal application, what changes have occurred in ownership of the Licensee, the premises on which the outlet is located and what, if any changes have occurred to any question asked in this application since the previous application? (Give a complete list)

If this is a renewal application for the sale of alcoholic beverages for consumption on the premises, give the amount of the gross sales of the outlet at the above location for the previous 12 months (or less if operated less than 12 months) immediately prior to the filing of this renewal application and state the dates used in computing the gross sales.

Food amount: \$ _____

Has the applicant or any individual having an interest wither as owner, partner, or stock holder, or a spouse of such individual, been found guilty of violating the alcoholic beverage or malt beverage regulation of any City, State, or Federal regulatory agency? _____

Have you or your spouse any financial interest in any wholesale liquor business? _____

if so, please give details: _____

Excepting the front entrance, describe each entrance or exit to or from your place of business, and particularly any passageway between your place of business and any other adjacent place of business.

Name the manager of the business for which this application is filed and state how he is compensated.

NAME

ADDRESS

List all other liquor, beer, or wine businesses that your general manager is interested in, employed by, or associated with, in any way whatsoever.

NAME

ADDRESS

TYPE INTEREST AND AMOUNT

Name all employees of this business who will in any way handle alcoholic beverages and indicate their positions.

If you acquire this business or propose to acquire it from some previous licensee, give name and state license number of the previous licensee and the date acquired or to be acquired and state briefly the consideration involved.

Has any place of business engaged in the sale of distilled spirits, wine, or malt beverages with which you have been associated ever been cited or charged at any time with any violation of Georgia law or Federal law or Municipal law or any rule or regulation or ordinance concerning the sale of such products?

Date: _____

Authority issuing citation: _____

Violation: _____

Alleged result: _____

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, or any personnel statement which is made a part of this application, such change must be reported to the City within five (5) days. The failure to make such report shall be cause for revocation of any license issued pursuant to this application. Indicate here that this is fully understood. _____

Cash or certified check is enclosed in the amount of \$ _____ to cover the investigation fee as required by the City Ordinance setting forth rules and regulations for issuance of liquor licenses. Also enclosed is cash or certified check in the amount of \$ _____ in payment of the license fees required. Check here that such is enclosed. _____

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to the application.

As applicant and/or license holder, I have read the Ordinance and all amendments pertaining to the Ordinance governing the sale of alcoholic beverages in the City of East Ellijay, Georgia.

(Applicant's Signature)

CITY OF EAST ELLIJAY PERSONNEL STATEMENT

INSTRUCTIONS: This personnel statement must be executed under oath, by the applicant, licensee, all owners, managers, employees, and officers, stockholders, and/or directors of the corporation of any place of business applying for an alcoholic beverage license. Each question must be fully answered. If space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. A personnel state for all the above persons must be submitted with each license application.

1. Full name _____
2. Full name and address of business of which this personnel statement is a part: _____

3. Position of applicant in business _____
State ownership or interest if any in this business _____
4. Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages? _____ If yes, give names and locations and amount of interest in each

5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? _____ If yes, give details: _____

6. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages? _____ If yes, give details: _____

7. If during the past 10 years you have bought and sold an alcoholic beverage business, give details. (Date, license number, persons and considerations involved.) _____

8. Have you ever been denied bond by a commercial security company? _____ If so, give details _____
9. Are you a registered voter? _____ In what state? _____
In what county? _____
10. Other names used by applicant, maiden name, names by former marriages, former names legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used. _____

11. Home address: _____
Home phone: _____
Business address: _____
Business phone: _____

12. Social Security Number: _____

13. Place of birth: _____ U.S. Citizen _____ By Birth _____
Date of birth: _____
Naturalized _____ Date, Place and Court _____
Certificate Number _____ Petition Number _____
Derived Parents Certificate Number _____
Alien Register Number _____ Native Country _____
Date and Port of Entry _____

14. Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

15. If married or separated complete the below requested information on spouse:

Full name of spouse _____
Social Security Number _____ Maiden Name _____
Date of Birth _____ Name of spouse's employer _____
Address of Employer _____

16. Employment record for the past 10 years (give most recent experience first):

From: Month _____ Year _____
To: Month _____ Year _____
Occupation and description of duties performed: _____

Salaries received: _____
Employers: _____
Reason for leaving: _____

17. List in reverse chronological order all your residences for the past 10 years:

Date: From _____ to _____
Street: _____
City: _____
State: _____

Date: From _____ to _____
Street: _____
City: _____
State: _____

18. Have you ever been arrested, or held by Federal, State or law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances? (Do not include traffic violations. All other charges must be included even if they were dismissed. Give reason charged and held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write on other arrest.) _____

19. Race _____ Sex _____ Height _____ Weight _____ Age _____
20. Attach photograph (front view) taken within the past year.

REGISTERED AGENT CONSENT FORM

City Manager
City of East Ellijay
107 Oak Street
East Ellijay, GA 30539

Business Name: _____

Business Location: _____

City, State, Zip: _____

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of the Ordinances of City of East Ellijay. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of Gilmer County.)

This _____ day of _____, 20 ____.

Signature of Agent

Type or print name of Agent

Agent's Home Address

City, State, Zip

Approved:

Licensee

Owner

Owner

Officer or Director (Title)

Officer or Director (Title)

STATE OF GEORGIA

GILMER COUNTY

I, _____ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

Applicant's Signature

I hereby certify that _____ signed his name to the foregoing application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

This _____ day of _____, 20 ____ .

Notary Public

VERIFICATION

STATE OF GEORGIA

GILMER COUNTY

I, _____, Applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application of a City of East Ellijay license as a dealer in alcoholic beverages are true, and no false or fraudulent statement of answer is made therein.

Applicant's Signature

I certify that _____ (Applicant) is personally known to be, that he signed his name to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This the _____ day of _____, 20 ____ .

Notary Public
(Affix Seal)