# 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. 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 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 .

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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 5 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:

Unless the business is a corporation publicly traded, provide the name and residence of each person, firm and corporation having an ownership interest in business and the amount of such interest:

|  |  |  |
| --- | --- | --- |
| NAME | RESIDENCE | INTEREST |
| NAME | RESIDENCE | INTEREST |
| NAME | RESIDENCE | INTEREST |
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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 |
| NAME | ADDRESS | RESIDENCE | INTEREST |
| NAME | ADDRESS | RESIDENCE | INTEREST |

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.

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:

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.

and attach the Lease. 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

LAND OWNER ADDRESS Relationship to

Applicant or another Owner

OTHER ADDRESS Relationship to

Applicant or another Owner

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.

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:

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 of any State or of the United States or for any local ordinance involving moral turpitude [fraud, theft, etc]? If the answer is “Yes”, describe in detail and give dates and jurisdiction.

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.

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

1. Package store selling beer and wine
2. Package store selling distilled spirits and beer and wine
3. Outlet selling alcoholic beverages for consumption on the premises

Have you attached a to scale drawing or 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

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: $

Alcoholic Beverages amount: $

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.

I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION PROVIDED IS TRUE AND CORRECT

(Applicant’s Signature)

# CITY OF EAST ELLIJAY PERSONNEL STATEMENT

INSTRUCTIONS: This personnel statement must be executed under oath, by the licensee, 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.

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

1. 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
2. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? If yes, give details:
3. 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:

1. 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.
2. Home address: Home phone: Business address: Business phone:
3. Social Security Number:
4. 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
5. Single Married Widowed Divorced Separated
6. 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

1. Have you ever been arrested, or held by Federal, State or law-enforcement authorities, for any felony in any State or the United States? 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.)
2. Race Sex Height Weight Age
3. Attach photograph (front view) taken within the past year.

# RESPONSIBLE AGENT CONSENT FORM

# (This must be current and the City notified of any changes)

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 responsible 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 responsible agent and this person must be a resident of Gilmer County.) My email address is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I consent to receive electronic notice. I also am authorized to accept service of any citations or notices from the City.

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