



CITY OF CARROLLTON ALCOHOL PRIVILEGE LICENSE APPLICATION

CORPORATION LICENSEE NAME CHANGE ONLY

Not Applicable for Liquor Stores Code of Ordinances 6-32(e)

INSTRUCTIONS: Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in that space that a separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed in person by the applicant with the Office of Alcohol Licensing, Carrollton City Hall, 315 Bradley Street, Carrollton, Georgia 30117. All supporting documentation and a check for the required *non-refundable* application fee must be included. A license issued to an individual shall be issued in the name of the individual. A license issued to a partnership shall be issued in the name of the partnership and in the name of one of the partners who shall be the named licensee. A license issued to a corporation having as its principal business the sale of alcohol beverages shall be issued in the name of the corporation and in the name of the majority stockholder or a principal officer of the corporation; and such majority stockholder or officer shall be the named licensee. A license issued to a corporation having as its principal business an activity other than the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the officer or employee of the corporation primarily responsible for the operation of the licensed premises; and such officer or employee shall be the name license.

BUSINESS NAME: _____

LOCATION: _____

PREVIOUS LICENSEE: _____

NEW LICENSEE: _____

Checklist

Please have Applicant Initial as each task is completed

- _____ Choose Type of License and Acknowledge Annual License Fee and complete the Business Contacts Listing
- _____ Receive two copies of the City of Carrollton Alcoholic Beverage Ordinance
- _____ Complete Verification Form
- _____ Complete Public Benefits Affidavit
- _____ Supply a copy of the named licensee's drivers license – need two copies
- _____ No change in Corporation Ownership has happened
- _____ No change in License Type has happened
- _____ Pay Application fee of \$_____
- _____ Pay Fingerprinting & Criminal History Fee \$39.75
- _____ Complete Fingerprinting at Carroll County Sherriff Department Date Completed _____
- _____ Pay annual license fee in full or pay initial quarterly payment

*A Notary is Available at City Hall Free of Charge

PART I

TYPE OF OUTLET (Check only one):

- Retail Package Sales
 Restaurant
 Supper Club
 Private Club
 Golf Course Clubhouse Facility
 Wholesale Dealer
 Alcoholic Beverage Caterer
 Other (SPECIFY) _____

TYPE OF LICENSE & ANNUAL LICENSE FEE (check only one):

<input type="checkbox"/> \$500 Retail Package Malt Beverage	<input type="checkbox"/> \$500 Limited Pouring License Private Club
<input type="checkbox"/> \$500 Retail Package Wine	<input type="checkbox"/> \$5,000 Pouring License Private Club
<input type="checkbox"/> \$1,000 Retail Package Malt Beverage & Wine	<input type="checkbox"/> \$500 Limited Pouring License Restaurant – Golf Course Clubhouse Facility
<input type="checkbox"/> \$6,000 Retail Package Distilled Spirits, Malt Beverages & Wine	<input type="checkbox"/> \$5,000 Pouring License Restaurant – Golf Course Clubhouse Facility
<input type="checkbox"/> \$500 Limited Pouring License Restaurant	<input type="checkbox"/> \$500 Limited Pouring License Supper Club – Golf Course Clubhouse Facility
<input type="checkbox"/> \$5,000 Pouring License Restaurant	<input type="checkbox"/> \$5,000 Pouring License Supper Club – Golf Course Clubhouse Facility
<input type="checkbox"/> \$500 Limited Pouring License Supper Club	<input type="checkbox"/> \$500 Limited Pouring License Alcoholic Beverage Caterer
<input type="checkbox"/> \$5,000 Pouring License Supper Club	<input type="checkbox"/> \$5,000 Pouring License Alcoholic Beverage Caterer
<input type="checkbox"/> \$5,000 Wholesale Dealer License	<input type="checkbox"/> \$1 Limited Pouring License Restaurant – Veteran’s Org.
<input type="checkbox"/> \$1 Limited Pouring License Private Club – Veteran’s Org.	<input type="checkbox"/> \$1 Pouring License Restaurant – Veteran’s Org.
<input type="checkbox"/> \$1 Pouring License Private Club – Veteran’s Org.	<input type="checkbox"/> \$1 Limited Pouring License Supper Club – Veteran’s Org.
<input type="checkbox"/> \$500 Limited Pouring License Restaurant – Private Club Golf Course Club House Facility	<input type="checkbox"/> \$1 Pouring License Supper Club – Veteran’s Org.
<input type="checkbox"/> \$5,000 Pouring License Restaurant – Private Club – Golf Course Clubhouse Facility	<input type="checkbox"/> \$1,000 Limited Pouring Brewpub/Restaurant
<input type="checkbox"/> \$500 Brewery for Wholesale Dealer License	<input type="checkbox"/> \$5,000 Pouring Brewpub/Restaurant

BUSINESS CONTACTS LISTING

1. **Name of Business:** _____

2. **Full name and legal residence address of the NAMED LICENSEE – (a) Individual (b) Principal Officer/Employee**

 Name Address

 Phone Number Email Address

3. **Location of business for which application is made:** _____
Address

Phone Numbers: _____
Business # Licensee’s Home # Licensee’s Mobile / Other #

Mailing Address: _____

4. **Type of Ownership:**

Individual Partnership Corporation Other (Specify: _____)*

*If other, complete information in item 1 (b) as if applicant were a corporation

(a) **INDIVIDUAL OWNERSHIP – Full name and legal address of OWNER:**

Name	Address	Social Security #
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(b) **CORPORATION OWNERSHIP – Corporation Name _____**

If Corporation dba (doing business as), exact name as it should appear on the alcohol license. Note: When applying for the State of Georgia Alcohol License, the business name should be registered exactly as done so herin this application.

Name, percent interest and legal address of principal stockholders and corporate officers:
(Attach additional sheets if necessary)

1. _____

Name	Address	% Interest	Social Security #
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2. _____

Name	Address	% Interest	Social Security #
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3. _____

Name	Address	% Interest	Social Security #
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(c) **PARTNERSHIP OWNERSHIP – Partnership Name _____**
Name, percent interest and legal address of all partners:

1. _____

Name	Address	% Interest	Social Security #
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2. _____

Name	Address	% Interest	Social Security #
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3. _____

Name	Address	% Interest	Social Security #
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5. **Business Information:**

Federal Tax ID Number: _____ GA Sales Tax Number: _____

State Withholding Number: _____ Business License Number: _____

PART II

1. **Have you confirmed with the City of Carrollton Planning & Zoning Administrator that the location of the proposed outlet is in a zoning district approved for the sale of alcoholic beverages to the specific limitations of the respective district as provided for in Section 6-56 of the Alcoholic Beverage Ordinance of the City of Carrollton?**

YES NO

REGARDLESS OF EXISTING OR PREVIOUS USES, THE ZONING MUST BE VERIFIED AND APPROVED

2. **Will the proposed outlet have live entertainment?** YES NO

If yes, describe how many times per week and what type of entertainment in detail:

3. **Times of Operation:** _____

4. Does the NAMED LICENSEE, any partner(s), the corporation or any corporate officer have any ownership in any other licensed alcoholic beverage business? YES NO

If yes, give business name, business location and all other pertinent details: _____

5. Has the NAME LICENSEE, any partner(s), the corporation, or any corporate officer been:

(a) Convicted within the last ten (10) years of any felony or any misdemeanor involving immoral actions? YES NO

(b) Convicted of any offense relating to alcoholic beverages, taxes or gambling? YES NO

(c) Denied or had revoked, within the five (5) years preceding this application, any license to sell alcoholic beverages issued by any governmental entity? YES NO

(d) Been convicted of selling alcohol to a minor preceding this application? YES NO

If the answer to any portion of question 14 is yes, describe in detail and give dates and occurrences:

6. Has any alcoholic beverage business in which the named licensee, partner(s), the corporation or corporate officers holds or has 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 or any local ordinance/legislation relating to the sale or distribution of alcoholic beverages? YES NO

If the answer to question 15 is yes, describe in detail and give dates:

7. Is the named licensee a citizen of the United States? YES NO (Alcohol License can only be issued to a US Citizen)

Place of Birth: _____ Date of Birth: _____

If born other than the United States, please provide original proof of citizenship. Note: Green card residents are ineligible to apply as the named licensee for a City of Carrollton Alcoholic Beverage Privilege License.

8. Do you understand that this license is NOT transferable? YES NO

REFERENCES

On behalf of the named licensee, provide three (3) personal references (not relatives, former employers, fellow employees or school teachers) who are responsible, reputable adults, business or professional men or women, who have known the named licensee during the past five (5) years (Name, Residence/Business Address, Phone # and Number of Year's Known)



PUBLIC BENEFITS AFFIDAVIT

Are you 18 years of age or older? Yes No

Are you a U.S. Citizen? Yes No

If not a U.S. Citizen or permanent resident, are you otherwise a Qualified Alien (8 USC § 1641) or nonimmigrant under the Federal Immigration and Nationality Act (8 USC 1101 et seq.) lawfully present in the United States?

Yes No

If yes, please provide your A# _____

By executing this affidavit under oath, as an applicant for a City of Carrollton, Georgia public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Carrollton (circle one):

Occupational Tax Certificate

*Alcohol License

Other Public Benefit: _____

For _____ (Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.)

Check One:

1. _____ I am a United States citizen OR
2. _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature

Date

Printed Name

Title



VERIFICATION

State of Georgia, _____ County.

I, _____ Licensee, do solemnly swear subject to criminal penalties
PRINTED NAME OF LICENSEE
for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicants Signature (FULL NAME IN INK)

I hereby certify that _____ signed his/her name to the foregoing
(Full Name of Applicant)
application after stating to me that he/she 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 _____ day of _____, 20_____.

Notary Public

(AFFIX SEAL)



CITY OF CARROLLTON
ALCOHOL LICENSING DEPARTMENT
315 BRADLEY STREET
CARROLLTON, GEORGIA 30117
770-830-2000 Office 770-830-2025 Fax

Date: _____

_____ is to be fingerprinted for a Criminal History
NAME OF APPLICANT

Finger Printing under ORI # GA923230Z using a Live Scan Device and Purpose Code 3-3-2 in accordance to Section 6-28 of the City of Carrollton Alcohol Ordinance to determine licensing eligibility.

I, _____ do hereby authorize the City of Carrollton
NAME (Full Name/Printed)

to receive any Criminal History Record information pertaining to me which may be in the Files of any State or Local Criminal Justice Agency.

* _____
Applicant Signature

Notary: _____

Date: _____

Affix Seal

My Commission Expires:

CARROLL COUNTY SHERIFF DEPARTMENT STAFF

Fingerprinting administered by _____ of the Carroll County Sherriff's Dept.
CCSO EMPLOYEE

Date Fingerprinting Performed at Carroll County Sherriff's Department: _____

Date Criminal History Received & Verified: _____

Record Found

No Record Found

CARROLLTON CITY HALL STAFF

Criminal History Waiver Required for Licensing Authorization: YES NO

Applicant Approved for License Issuance: YES NO

Please notify the City of Carrollton Alcohol Coordinator at 770-830-2000 when the GBI/FBI Response is received. A representative from the City of Carrollton will pick up the Original Criminal History Response. Please attach this document to said response. Thank you!



CITY OF CARROLLTON
ALCOHOL LICENSING DEPARTMENT
CRIMINAL HISTORY CONSENT FORM

I hereby authorize the City of Carrollton to receive any Criminal History Record information pertaining to me which may be in the Files of any State or Local Criminal Justice Agency.

FULL NAME (Please Print):

_____, _____, _____
(Last) (First) (Middle)

SSN _____ - _____ - _____ **Race** _____ **Sex** _____ **DOB** _____

Signature: _____

Notary: _____ **Date:** _____

Affix Seal