



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 \$43.25
- _____ 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 #
_____	_____	_____

(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 #
_____	_____	_____	_____

2. Name	Address	% Interest	Social Security #
_____	_____	_____	_____

3. Name	Address	% Interest	Social Security #
_____	_____	_____	_____

(c) PARTNERSHIP OWNERSHIP – Partnership Name _____

Name, percent interest and legal address of all partners:

1. Name	Address	% Interest	Social Security #
_____	_____	_____	_____

2. Name	Address	% Interest	Social Security #
_____	_____	_____	_____

3. Name	Address	% Interest	Social Security #
_____	_____	_____	_____

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_____.

(AFFIX SEAL)

Notary Public



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

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia.

Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information)

(http://gbi.georgia.gov/obtaining-criminal-history-record-information).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I have read and understood my non-criminal justice rights as an alcohol license applicant with the City of Carrollton, Georgia.

Applicant Signature

Date