

Year _____

Business Name _____

License Number _____



Floyd County Alcohol License Application

New

Manager Change

Renewal

Ownership Change

NOTE: Please answer all questions. Failure to answer any question in this application or falsely answering any question in this application will result in the rejection of the application.

Date: _____

Type of License:

Retail sale (Consumption OFF-Premises):

Beer Only Wine Only Beer & Wine

Consumption ON-Premises (Restaurant, etc.):

Beer Only Wine Only Beer & Wine

Sunday Sales (Only if Consumption ON-Premises)

Wholesale Delivery

Type of Business: Convenience Store Recreational Club/Bar Restaurant Supermarket

Wholesale Other _____

Contact: (Who to contact for any questions)

Name: _____

Telephone: _____

Email: _____ Preferred method: Phone Email

1. OWNER:

Full Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ SSN: _____ Driver's License: _____

2. MANAGER (ON SITE MANAGER/NAMED ON LICENSE):

(Must be a Resident of Floyd County)

Same as Owner

Full Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ SSN: _____ Driver's License: _____

Business Name _____

3. BUSINESS INFORMATION:

Business Type: Corporation LLC Partnership

Date Organized or Incorporated: _____

Registered Business Name: _____

DBA Name: _____

Registered Agent: _____

Principal Place of Business: _____

Name of Proprietor or Corporation: _____

Address of Registered Corporation: _____

List all pertinent information for each person, firm, or corporation having any interest in this application and the type and percent of that interest. (Provide a copy of the articles of incorporation, LLC, and/or partnership.)

<u>Name</u>	<u>Address</u>	<u>Birth Date</u>	<u>Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. List the full name and address of every owner of the property and every owner of the building where the business is to be conducted.

Name of Property/Building Owner	Address	Relation to applicant or owner
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.

Name	Lessor or Sub-Lessor	Address	Relation to applicant or owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Have either the owner or manager ever been charged, arrested, or held by Federal, State, or other Law Enforcement authorities for any violation of federal, state, county, or municipal law, regulations, or ordinances? **(All charges including traffic must be included even if dismissed. Give reason charged or held, date, place where charged, and disposition)**

Owner: Yes No Explain _____

Manager: Yes No Explain _____

7. Has the Owner, any member of the partnership, or any officer, stockholder, or member of the corporation or LLC applied at any previous time for any alcoholic beverage license in the County or any of the cities or towns therein?

Yes No If yes, explain: _____

8. Has the Manager applied at any previous time for any alcoholic beverage license in the County or any of the cities or towns therein?

Yes No If yes, explain: _____

9. Has a license previously issued to Owner or Manager ever been revoked by any state, city, county, or federal government?

Owner: Yes No If yes, explain: _____

Manager: Yes No If yes, explain: _____

10. Have you read and do you understand the County Alcoholic Beverage Ordinance? (copy attached with application)

Owner: Yes No

Manager: Yes No

11. Applicant certifies that he/she is not a surrogate for someone else. Yes No

12. Attached to this Application is a plat prepared by a Georgia Registered Land Surveyor certifying that: the building in which alcohol will be sold is more than 300 feet from any church, library, school, college, public park, public housing, public hospital, government owned treatment center, or 250 feet from private residence in a residential zoning district as defined by the **County Alcohol License Ordinance**.

Yes No N/A

OWNER / MANAGER CONSENT FORM

I hereby authorize the Floyd County Sheriff’s Department to receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency in Georgia, and I authorize the Floyd County Sheriff’s Department to release any and all information or any criminal history record information pertaining to me which may be in the files of the Rome City/Floyd County Police Department. I also authorize release of any and/or all information which may concern my past and present status.

The release of any and all information is authorized whether same is of record or not, and I do hereby release all persons, firms, agencies, companies, groups, or installations, whomsoever, from any damages because of, or resulting from furnishing such information.

Information received as a result of this records check is subject to review by the Floyd County Board of Commissioners or any other licensing or hiring committee of Floyd County. This review is subject to take place in a closed or open meeting with members of the press or citizens in attendance.

Print Full Name of Owner

Print Full Name of Manager

Owner Signature

Manager Signature

Notary Public

Notary Public

My Commission Expires
(Affix Seal)

My Commission Expires
(Affix Seal)

NOTE: Before signing this statement, check all answers and explanation to see that you have answered all questions fully and correctly. This is to be executed under oath and subject to penalties of false swearing, and it includes all attached sheets submitted herewith.

OWNER VERIFICATION

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

Owner Signature/Title If Applicable

Notary Public

My Commission Expires (Affix Seal)

MANAGER VERIFICATION

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

Manager Signature

Notary Public

My Commission Expires (Affix Seal)

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an Alcoholic Beverage License, Precious Metals Permit, Self-Service Fuel Dispensing Permit, or Contract, as referenced in O.C.G.A. § 50-36-1, from Floyd County, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____, _____
(City) (State)

Name and Address of Business / Contractor

Signature of Owner

Printed Name of Owner

(Please Print)

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires: _____

***Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Private Employer Affidavit of Compliance Pursuant to O.C.G.A §36-60-6(d)

Complete **EITHER** top or bottom portion pertaining to establishment

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A §36-60-6, stating affirmatively that the individual, firm or corporation employs **ten (10) or fewer employees** and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20__ in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

Printed Name & Title of Person Executing Affidavit

Signature of Exempt Private Employer or
Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____

----- **OR** -----

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A §36-60-6, stating affirmatively that the individual, firm or corporation employs **more than ten (10) employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20__ in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

Printed Name & Title of Person Executing Affidavit

Signature of Exempt Private Employer or
Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____

THIS PAGE TO BE COMPLETED BY FLOYD COUNTY CLERK'S OFFICE

Advertisement is:

Required Not Required

If Required: Completed Not Completed

Dates of Advertisement: _____ and _____

PAYMENT INFORMATION

Date Fees Paid: _____ **Amount Paid:** _____

Cash _____ **Check/Money Order #** _____

Payment Received by: _____

TO BE COMPLETED BY FLOYD COUNTY CLERK

Application considered by Board of Commissioners is:

Required Not Required

Date Approved: _____ **Date Not Approved:** _____

Date Issued: _____

License Number: _____

CLERK OF BOARD

Business Name _____

Business Address _____

TO BE COMPLETED BY THE FLOYD COUNTY POLICE DEPARTMENT

I have reviewed the above application and recommend the application be:

Approved Not Approved

CHIEF OF POLICE

DATE

TO BE COMPLETED BY THE TAX COMMISSIONER OF FLOYD COUNTY

This is to certify that the Ad Valorem Property Taxes assessed against the premises described above are current and that no such taxes are unpaid or overdue.

TAX COMMISSIONER

DATE

Business Name _____

Business Address _____

TO BE COMPLETED BY FIRE MARSHAL

This is to certify that the premises described above have been inspected and meet the requirements of the Floyd County Fire Code.

FIRE MARSHAL

DATE

Business Name _____

Business Address _____

TO BE COMPLETED BY BUILDING INSPECTOR

This is to certify that the premises described above have been inspected and meet the requirements of the Floyd County Building Code.

BUILDING INSPECTOR

DATE

TO BE COMPLETED BY HEALTH DEPARTMENT

This is to certify that the premises described above have been inspected and meet Health Department Standards. The toilet facilities are adequate for the business proposed. The water supply has been checked and approved.

HEALTH OFFICER

DATE