

FOR OFFICIAL USE ONLY

Licensing Period: One
Cycle: One
Date and Time Received: _____
Application #: _____
Qualified (circle one): Yes No
Lottery Position: _____
Council Action: _____

**APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
FOR DISTILLED SPIRITS PACKAGE SALES
CITY OF DAHLONEGA, GEORGIA**

INSTRUCTIONS: Please read the entire application before answering any questions. Every question must be answered fully and correctly. If the space provided is not sufficient, answer the questions on another sheet of paper and indicate that a separate sheet is attached. If a particular question does not apply, then answer "N/A" and if necessary, explain why the question is not applicable to you. Do not leave any questions blank. When the form is completed, it must be dated, signed, and verified under oath by the applicant and submitted to the City Clerk of the City of Dahlonega, Georgia, together with all supporting documents, and certified checks or cash for the fees set out in Section 2(f).

New Application Renewal Application Date: _____

Name of Business: _____

Business Contact Address*: _____

1. Type of License or change applied for: *(Check all that apply)*
- | | |
|--|------------|
| <input type="checkbox"/> Distilled spirits package license | \$5,000.00 |
| <input type="checkbox"/> Retail package dealer (malt beverage only) – Add on | \$1,200.00 |
| <input type="checkbox"/> Retail package dealer (wine only) – Add on | \$1,200.00 |
| <input type="checkbox"/> Retail package dealer (malt beverage & wine) – Add on | \$2,400.00 |

Business Owner's Certification:

The undersigned hereby certifies that neither the undersigned nor any stockholder, member, owner, family member, subsidiary or affiliate of the undersigned, holds or has an interest in any other distilled spirits package sales establishment or license within the municipal limits of the City of Dahlonega.

Owner's Signature

Owner's Printed Name

*Current contact information

2. As required by Section 4-24(e) of the Alcoholic Beverage License Ordinance of the City of Dahlonega, please check off and include the following items with this application. *If not applicable, please indicate. Incomplete applications cannot be processed.*

a. A copy of the building's floor plans for the proposed licensed premises to verify compliance with building requirements and square footage together with a certificate of zoning compliance obtained from the City of Dahlonega Community Development Department demonstrating that the property to be licensed is located within a B1 or B2 zoning district of the City. Note that the showroom must be labeled clearly on the floor plan and must contain a minimum of 2500 contiguous square feet.

b. A certificate from a registered land surveyor, licensed to do business in the State of Georgia, showing a scale drawing of proposed location. No premises shall be licensed for the sale of distilled spirits by the package without complying with the distance requirements as set forth below:

1. which is located within 1,500 feet of any other business licensed to sell distilled spirits by the package.

2. which is located within 300 feet of any church building, alcoholic treatment center as defined by OCGA 3-3-21(a)(l)(c), or a housing authority property as defined in OCGA 3-3-2(e)(l) and (2).

3. which is located within 600 feet of any school building, educational building, school grounds, or college campus.

4. which is located within 300 feet of a detached single family dwelling unit located within one of the City's residential zoning districts; and

5. All measurements shall be measured by the most direct route of travel on the ground, from front door to front door.

c. A completed Inventory Affidavit (form attached on page 13) showing understanding of, and agreement with, the alcohol inventory requirements of the business by the owner.

d. An affidavit of each person whose name appears on an application for a license swearing that said person has not within 10 years prior to the date of application: (1) been convicted under any

federal or state law of any felony; or (2) been convicted under any federal, state, or local law of a misdemeanor involving alcoholic beverages, gambling or tax law violations.

- e. A copy of a deed showing the applicant to be the owner of the premises for which the license is sought or a copy of a lease showing the leasehold interest of the applicant in the business for which the license is sought. No applications will be accepted which identifies the same premises as a prior applicant. However, a successful applicant will be allowed one post award amendment to his application changing the licensed premises to another qualified location if filed within twenty days of council action on initial license approval. (Alternate information may be accepted in the discretion of the city manager.)
- f. Application processing fee of five hundred dollars (\$500.00), which is non-refundable together with the five thousand dollar (\$5000.00) license fee for distilled spirits package store licensing. Also included must be, if added licenses are sought, license fees for additional beer and wine in the amounts of twelve hundred dollars each (\$1200.00). License fees are refundable if the license is not granted. Certified check or cash are required.
- g. An affidavit form identified on Page 10 of this application must be completed by each person listed on the application. After filing your application, you will receive notice as to how the required criminal background checks will be performed. These will be done at the applicant's expense. Requests for additional parties' criminal histories may be made in the City's discretion. This is an initial requirement for all alcohol beverage license holders.
- h. Provide a 10-Year driver history which can be obtained from the Georgia Department of Drivers Services if directed by city staff after the filing of the application.
- i. For those applicants, who, within the last ten-year period, have resided or do reside in a state other than Georgia, the applicant must furnish a certified copy of a driver history and criminal background history from the state or states in which he/she has resided or resides to the City of Dahlonega, or as directed by city staff. You will be directed regarding this after the filing of your application.
- j. If the same person is serving as the licensee and the license representative, he/she shall submit an affidavit certifying that

he/she is at least twenty-one (21) years of age and a manager of the business. Form included in application. – Page 11.

- k. If the licensee is not also serving as the license representative, an affidavit from the license representative certifying that he/she is at least twenty-one (21) years of age and a manager of the business. Form included in this application – Page 11.

3. Type of ownership:

(Select only one and complete only that section indicated on the following two pages).

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability (LLC) |
| <input type="checkbox"/> Close Corporation | <input type="checkbox"/> Limited Partnership |

Individual: Full name and legal residence of owner:

NAME SOCIAL SECURITY #

STREET ADDRESS MAILING ADDRESS (If different)

CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

Is this Individual a U.S. Citizen? _____

If not, give Permanent Alien Registration Number _____ and attach a copy of Green Card.

Partnership: Partnership name _____

Name, address & social security number of general partner(s):

Name	Address	Social Security #

Name, social security number, percent interest and legal address of all partners:

Name	Social Security #	% Interest	Address

Are all the Partners U.S. Citizens? _____

If not, give Permanent Alien Registration Number _____ and attach a copy of Green Card.

Phone: _____ Email: _____

Circle the applicable company type:

For Close Corporation, Corporation, Limited Liability Company or Limited Partnership

Complete the following section:

BUSINESS NAME

STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

EMAIL

Name of registered agent of service of process for the business:

NAME

TELEPHONE NUMBER

STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Name, social security number, percent interest and legal address of all stockholders owning 5% or more of the company.

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Are all Stockholders U.S. Citizens? _____

If not, give Permanent Alien Registration Number _____ and attach a copy of Green Card.

4. **Licensee:** (Sign here as individual, partner or officer)

NAME AND TITLE _____

TELEPHONE AND EMAIL _____

STREET ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

CITY, STATE, ZIP CODE _____

CITY, STATE, ZIP CODE _____

Is the Licensee a U.S. Citizen? _____

If not, give the Licensee Permanent Alien registration number _____ and attach a copy of Green Card.

5. **License Representative:** *(must be individual)*

NAME AND TITLE _____

TELEPHONE / FAX NUMBERS _____

STREET ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

CITY, STATE, ZIP CODE _____

CITY, STATE, ZIP CODE _____

Is the License Representative a U.S. Citizen? _____

If not, give License Representative Permanent Alien Registration number _____ and attach a copy of Green Card.

6. a. Is the above address the licensee's legal and bona fide place of domicile?
 Yes No
- b. Is the above address the license representative's legal and bona fide place of domicile? Yes No

7. Name and Location of business for which application is made:

NAME OF BUSINESS (As it should appear on License)

STREET ADDRESS

CITY, STATE, ZIP CODE

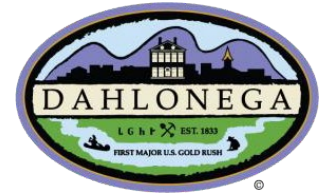
PHONE AND EMAIL

8. Have you received, read, and understood the City of Dahlonega Alcohol License Ordinance in its entirety, including the new section 4-24(e) for distilled package sales specifically?
 Yes No Licensee's Initials _____
- Yes No Licensee's Representative's Initials _____

****A current copy of the City of Dahlonega Alcohol License Ordinance can be obtained from the City Clerk****

9. Applicant must be present at the public hearing before the Council on the application and if not, at the discretion of the Council, the application shall be deemed withdrawn.

Please acknowledge that you understand this requirement by initialing here: _____



VERIFICATION OF LICENSEE

State of Georgia, _____ County.

I, _____, Licensee, do hereby swear subject to criminal penalties 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.

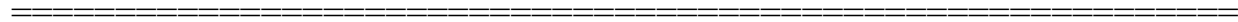
APPLICANT/LICENSEE SIGNATURE (FULL NAME IN INK)

I hereby certify that _____ signed his/her name to the foregoing application after
(Full name of Applicant/Licensee)
stating to me that he/she knew and understood all statements and answers made therein, and, under oath administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20_____.

NOTARY PUBLIC

(AFFIX SEAL)



**VERIFICATION OF LICENSE REPRESENTATIVE
*(Complete only if License Representative is required)***

State of Georgia, _____ County.

I, _____, License Representative, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

LICENSE REPRESENTATIVE (FULL NAME IN INK)

I hereby certify that _____ signed his/her name to the foregoing application after
(Full name of License Representative)
stating to me that he/she knew and understood all statements and answers made therein, and, under oath administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20_____.

NOTARY PUBLIC

(AFFIX SEAL)



Background Check Authorization

I hereby authorize The City of Dahlonega for the purpose listed below to receive and review for licensing purposes any Georgia criminal and/or driver history information as authorized by state or federal law including felonies and misdemeanors.

Background Check Purpose: _____

Print Full Name: _____ **DOB:** _____

Any Aliases, maiden, or other names you may have used: _____

Address: _____

Sex: Male Female **Race:** _____

Social Security Number: _____

Signature

Date

CITY OF DAHLONEGA, GEORGIA AFFIDAVIT



10 YEAR BACKGROUND HISTORY

(Please make copies of this blank form – one form is required for each person named in the application, including the Licensee and License Representative.)

I, _____, do hereby swear that I have not, within 10 years prior to the date of this application, been convicted under any federal or state law of any felony, and have not been convicted under any federal, state, or local law of a misdemeanor involving alcoholic beverages, gambling or tax law violations.

Applicants Signature

VERIFICATION

State of Georgia, _____ County

I, _____, do hereby swear, subject to criminal penalties for false swearing, that the statements made by me in this affidavit are true.

Applicants Signature (Full Name in Ink)

I hereby certify that _____ signed his/her name to the foregoing affidavit after stating to me that he/she knew and understood all statements made therein, and under oath administered by me, has sworn that said statements are true.

This _____ day of _____, 20_____.

(Notary Public)

(Affix Seal)



**CITY OF DAHLONEGA
AFFIDAVIT OF LICENSEE/LICENSE
REPRESENTATIVE**

**LUMPKIN COUNTY
STATE OF GEORGIA**

The undersigned **Licensee** hereby certifies that he/she (is not) (is) serving as Licensee and License Representative of _____; that he/she is at least twenty-one (21) years of age and (is not) (is) a manager of the business.
(Select "is" or "is not" for each of the above concerning the Licensee)

Licensee

Sworn to and subscribed before me,
this _____ day of _____, 20 _____.

NOTARY PUBLIC

My Commission expires on _____
(Affix Seal)

.....
(Complete the section below only if the Licensee cannot answer "is" to all the questions above):

The undersigned **License Representative** hereby certifies that he/she is serving as the License Representative of _____; that he/she is at least twenty-one (21) years of age and is a manager of the business.

License Representative

Sworn to and subscribed before me,
this _____ day of _____, 20 _____.

NOTARY PUBLIC

My Commission expires on _____
(Affix Seal)



City of Dahlonega
465 Riley Road
Dahlonega, Georgia 30533
Phone: 706-864-6133

***AFFIDAVIT VERIFYING STATUS FOR CITY OF DAHLONEGA PUBLIC
BENEFIT***

(Please make copies of blank form – one form is required for each person named in the application, including the Licensee and License Representative)

By executing this affidavit under oath, as an applicant for an *Alcohol License for a Distilled Spirits Retail Store* as referenced in O.C.G.A. §50-36-1, from the *City of Dahlonega, Georgia*, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ 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: _____.

(Attach a copy for verification)

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 Code §16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in **Dahlonega, Georgia**.

Signature of Applicant

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ___ DAY OF _____ 20____

Notary Public: _____

My Commission Expires: _____

(Affix Seal)



**CITY OF DAHLONEGA, GEORGIA
AFFIDAVIT**

**Inventory Requirements for Distilled Spirits Package Stores located
in the city limits of Dahlonega, Georgia**

I, _____, have read and understand
(Owner's full name – printed)
the inventory requirements below, as the City's Ordinance Section 4-24(e)(8) stipulates:

“retail dealers for the sale of distilled spirits shall maintain a minimum inventory of at least \$500,000 in distilled spirits available for sale.”*

*Wholesale value.

Applicant's Signature

VERIFICATION

State of Georgia, _____ County

I hereby certify that _____ signed his/her name to the foregoing affidavit after stating to me that he/she read and understood the City of Dahlonega Ordinance Section 4-24(e)(8) as it pertains to inventory requirements for distilled spirits package stores located in the city limits of Dahlonega, Georgia.

This _____ day of _____, 20_____

(Notary Public)

(Affix Seal)