

**Walton County
ALCOHOL BEVERAGE LICENSE APPLICATION**

Please type or print legibly. Answer each question completely. The statements and answers contained within this application are furnished to Walton County under oath and subject to the penalties of false swearing.

<u>Full Business Name:</u>		
<u>Occupational Tax #:</u>	<u>Licensee Name:</u>	
<u>Street Address:</u>		
<u>Email:</u>	<u>Phone #:</u>	<u>Cell #:</u>

TYPE OF LICENSE (check one): **NEW** **RENEWAL**
LOCATION AMENDMENT \$25 Fee

Type of Business: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Eating Establishment | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Brew Pub |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Other (Explain): _____ |
| <input type="checkbox"/> Super Market | |

TYPE OF LICENSE AND FEES : (check all that apply):

A. Retail Package (Consumption off Premises)

- | | |
|--|--|
| <input type="checkbox"/> Beer (Only) \$50 | <input type="checkbox"/> Wholesale Beer (Only) \$100 |
| <input type="checkbox"/> Wine (Only) \$500 | <input type="checkbox"/> Wholesale Wine (Only) \$100 |
| <input type="checkbox"/> Beer & Wine \$1,000 | <input type="checkbox"/> Wholesale Beer & Wine \$150 |

B. Retail (Consumption on premises)

- Beer (Only): \$500
- Wine (Only): \$500
- Beer & Wine: \$1,000

C. Non Profit Private Club

- Beer (Only): \$100
- Wine (Only): \$100
- Beer & Wine: \$150
- Temporary License \$25 per day-Number of days
 (Maximum 10 days per calendar Year)

D. Supplemental Licenses

- Brew Pub: \$750
- Hotel/Motel In-Room Beer/Wine Service: \$100
- Additional Fixed Bars: \$500 per bar, Number of Bars _____
- Movable Bars: \$100 per bar, Number of Bars _____
- Golf Course \$150

Total License Fee Due (\$250 admin fee + License Fee) \$ _____ + \$ _____ =
 \$ _____

Business Premises:

Has alcohol been sold at this location previously? Yes No Do Not Know

Will Establishment Provide Live Entertainment? Yes No If Yes, explain:

Will the business have patio sales? Yes No

Alcoholic beverage sales can be made by a licensed consumption on premises establishment in a patio/open area type environment if the establishment has been approved to do so by the Planning and Development Director. The requirement for approval is that the patio/open area be enclosed by some structure providing for public ingress/egress only through the main licensed premises. The height of such structure shall be a minimum of three (3) feet above ground level. It does not have to be solid nor does it have to restrict visibility into or out of the patio/open sales area.

Food: (For consumption on premises only)

Does the establishment have a full service kitchen? Yes No

Restaurant requires food sales to be at least 50% of total sales.

Type of Ownership

Make additional copies of this form as needed to accommodate all owners/managers/stockholders (with more than 10% interest)

Owner Name (1):		Driver's License #:	
Street Address:			
City:	State:		Zip Code
Cell Phone:		Email Address:	

Owner Name (2):		Driver's License #:	
Street Address:			
City:	State:		Zip Code
Cell Phone:		Email Address:	

Manager Information: Please complete for each manager of the business. Personal history and fingerprints required.

Manager Name (1):		Driver's License #:	
Street Address:			
City:	State:		Zip Code
Cell Phone:		Email Address:	

Manager Name (2):		Driver License #:	
Street Address:			
City:	State:		Zip Code
Cell Phone:		Email Address:	

Manager Name (3):		Driver's License #:	
Street Address:			
City:	State:		Zip Code
Cell Phone:		Email Address:	

FOR PARTNERSHIP ONLY (If applicable):

Date Formed:	Partnership	
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FOR CORPORATIONS ONLY (If applicable):

Name of Corporation:		FIN#	
Street Address:		City:	State: Zip:
Email:	Phone #:	Fax #:	
Mailing Address: (if different)		City:	State: Zip:
Date of Incorporation:		Place of Incorporation:	

FOR PRIVATE CLUBS ONLY:

Date of organization under laws of the State of Georgia:	
State the total number of regular dues paying members:	
*Attach minutes of the annual meeting	

Relationship with this business: (check all that apply)

Name			
Personal Address			
	City:	State:	Zip Code:
<input type="checkbox"/> Owner	Percentage Ownership? _____%		
<input type="checkbox"/> Manager			
<input type="checkbox"/> Partner	What type of partner are you?	<input type="checkbox"/> General	<input type="checkbox"/> Limited <input type="checkbox"/> Silent
Date of Birth:	Place of Birth:	SSN:	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Qualified Alien or Non-Immigrant A copy of verifiable identification must be provided at the time of application such as driver's license or state photo identification card.			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color:	Eye Color:
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
List any other names used by applicant (maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc.) Specify names and dates used:			

If Married or Separated, Complete the following:

Full Name of Spouse	Driver's License #:
Maiden Name:	Date of Birth:

Employment record for the past three (3) years: (List the most recent experience first)

From (Mo/Yr)	To (Mo/Yr)	Employer	Title	Reason for leaving

Have you ever had a financial interest in an alcohol beverage business that was denied? Yes No If Yes, explain:

Has any alcoholic beverage business in which you have ever been related to in any way (had financial interest in or been employed by, either currently or in the past) ever been cited for any violations of the rules and regulations of the State Revenue Commissioner or any local ordinances, regulations relating to the sale and distribution of alcoholic beverages? Yes No If Yes, explain:

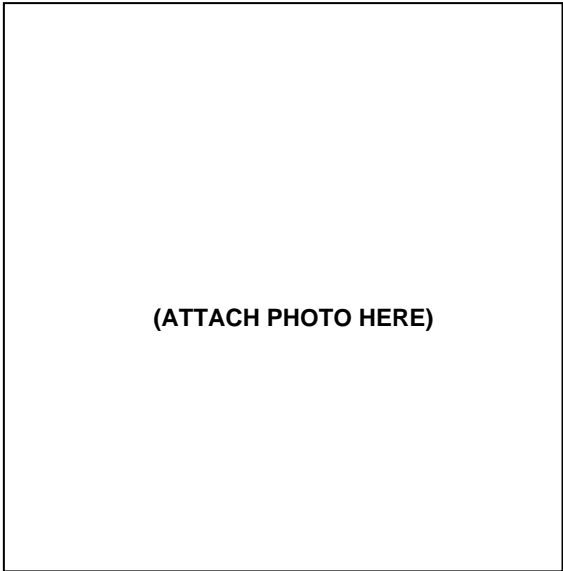
Have you ever been arrested or held by federal, state or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances? No Yes (do not include minor traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest):

Have you had any license under the regulatory powers of Walton County denied, suspended or revoked within the last two (2) years prior to the filing of this application? No Yes (explain):

Attach photograph (front view) taken within the last year.

Date of picture: _____

(Driver's License or State Photo Identification Card)



REGISTERED AGENT

All licensed establishments must have and continuously maintain a "Registered Agent." This is an individual who upon any process, notice or demand required or permitted by law or under the Walton County Alcohol Beverage Ordinance can be served upon for the licensee or owner. This person must be a Walton County, Georgia resident and agree to act in this capacity for the business.

Name:									
Home Address:				City:		State:		Zip:	
Phone Number:				Email:					
Gender:		Race:		Date of Birth:					

I hereby certify that I am a resident of Walton County in the State of Georgia, and agree to serve as "registered agent"

*on behalf of _____ (business name), a business
located at _____, Georgia.*

As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Ordinance of the Walton County, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

Signature of Registered Agent

Date

Sworn To and Subscribed Before Me

This _____ Day of _____, 20____.

Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for one of the following public benefits provided by Walton County, Georgia, as referenced in O.C.G.A. Section 50-36-1 (please check one),

- (1) _____ Business Occupation Tax Certificate
- (2) _____ Alcohol Beverage License (Beer and Wine Permit)
- (3) _____ Employee benefit
- (4) _____ Contract or Grant
- (5) _____ Other Public Benefit (please specify)_____

I am stating the following with respect to my application for a public benefit_____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

- (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 within the United States. [Applicant MUST provide alien registration number issued by the Department of Homeland Security.]*

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 of Applicant: _____ Date: _____

Printed Name: _____ Alien Registration Number for Non-Citizens: _____

Sworn to and subscribed before me this _____ 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:**

CONSENT FORM FOR CRIMINAL HISTORY RECORD

New Alcohol License _____ Renewal of License _____
(Please check one)

I hereby authorize the Walton County Probate Court and Walton County Planning and Development to receive any criminal history record information pertaining to me/applicant, which may be in the files of any state or local criminal justice agency in the State of Georgia.

Full Name

Sex _____ Race _____ Date of Birth _____

Street Address

Social Security Number

City / State / Zip

Place of Birth _____ Hair Color _____ Eye Color _____

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

Signature

Notary Public (SEAL)

Business Information:

Business Name

City of Business

VALID Daytime Phone Number

FEE DETERMINED BY PROBATE COURT

WALTON COUNTY PLANNING AND DEVELOPMENT ORI # GA923245Z

Application Affidavit

STATE OF GEORGIA, _____ 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 APPLICATION AND ANY ATTACHMENTS SUBMITTED HEREWITH, ARE TRUE AND CORRECT.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

I hereby certify that _____ signed his/her name to the foregoing application and has sworn that said all statements and answers are true and correct.

THIS DAY _____ OF _____, 20_____.

Notary Public Signature

My Commission Expires

- A state license must be obtained before any alcoholic beverage can be served or sold in the Walton County. Contact the Georgia Department of Revenue at (404) 417-4490.
- Brewpubs must be permitted by the United States Department of the Treasury, Alcohol, Tobacco & Firearms (ATF) Division. (404) 679-5130.
- Read and understand the County's Alcoholic Beverage Ordinance. Licensees to maintain a copy of the Alcoholic Beverage Ordinance and employees shall be familiar with the terms and conditions of the ordinance.
- On premises consumption shall be limited between the hours of 9:00 a.m. to 12:00 midnight Monday through Saturday. Retail package licensees shall be limited to selling alcoholic beverages between the hours of 7:00 a.m. to 12:00 midnight Monday through Saturday and between the hours of 12:30 p.m. and 11:30 p.m. on Sunday.
- All individuals required to complete personal history statement must contact the Probate Court at (770) 267-1345 for fingerprinting/background check. There will be a \$50.00 fee, in the form of cash or money order made payable to Walton County.