

**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.

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

**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 + Background Check) \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Business Premises:**

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

If yes, name of prior business: 

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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):**

<b>Date Formed:</b>	<b>Partnership</b>	
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**FOR CORPORATIONS ONLY (If applicable):**

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

**FOR PRIVATE CLUBS ONLY:**

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

**ALCOHOL LICENSEE PERSONAL HISTORY STATEMENT**

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:

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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:

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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):

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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):

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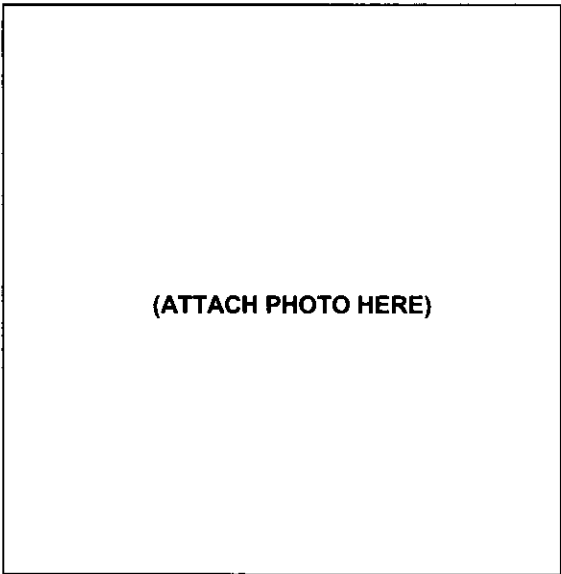
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Attach photograph (front view) taken within the last year.

Date of picture: \_\_\_\_\_

(Driver's License or State Photo Identification Card)

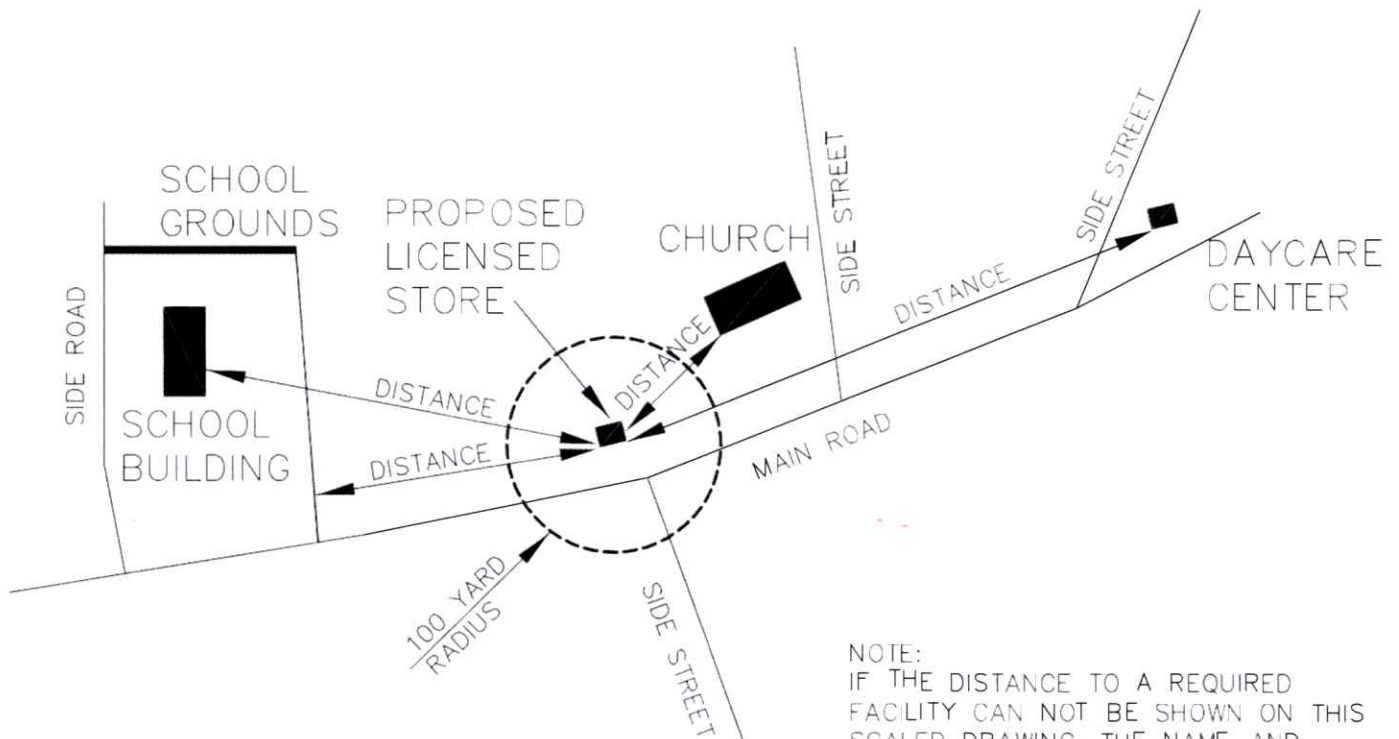


PACKAGE SALES ONLY  
EXAMPLE OF AN ACCEPTABLE ALCOHOLIC BEVERAGE SURVEY

If this business location has NOT previously sold alcoholic beverages, a certified scaled drawing showing the location and distance to the closest school buildings, licensed daycare centers, educational buildings, school grounds, colleges and/or any house of worship must be provided. A alcoholic beverage survey must show the distance requirements set forth by the Walton County Alcoholic Beverage Ordinance.

No person may sell or offer to sell any alcoholic beverage within one hundred (100) yards of any school building, school grounds, house of worship or college campus or within one hundred (100) yards of an alcoholic treatment center owned and operated by this state or any county or municipal government therein. For purposes of this section, distance shall be measured by the most direct route of travel on the ground and shall be measured in the following manner: Distances herein shall be measured along a straight line which describes the shortest distance from the main customer entrance to the main entrance of the establishments as listed above.

\*\*ALL ALCOHOLIC BEVERAGE SURVEYS MUST BE CERTIFIED BY A REGISTERED SURVEYOR\*\*



NOTE:  
IF THE DISTANCE TO A REQUIRED FACILITY CAN NOT BE SHOWN ON THIS SCALED DRAWING, THE NAME AND ADDRESS OF THE FACILITY MUST BE LISTED.

**SURVEY MUST SHOW:**

APPLICANTS NAME  
ADDRESS AND PHONE NUMBER

SITE NAME AND ADDRESS

PREPARES NAME AND ADDRESS

GEORGIA REGISTERED SURVEYORS  
NAME, ADDRESS AND PHONE NUMBER

GEORGIA REGISTERED SURVEYORS  
SEAL AND SIGNATURE

**WALTON COUNTY GEORGIA**

**EXAMPLE OF AN ALCOHOLIC BEVERAGE SURVEY**



## 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\_\_\_\_.

**NOTE:** Attach a copy of driver's license and proof of residency, i.e.; phone or utility bill that reflects the current address listed by the Registered Agent.



**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)

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**Business Information:**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
City of Business

\_\_\_\_\_  
VALID Daytime Phone Number

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**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.



## Walton County Planning and Development Department

303 S. Hammond Drive, Suite 98 – Monroe, GA 30655  
Office: (770) 267-1485, Fax: (770) 267-1407

### APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- 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.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a 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 officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>. Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information.

If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions>. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by

that agency. (See 28 CFR 16.30 through 16.34.)

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

### **Privacy Act Statement**

*This privacy act statement is located on the back of the FD-258 fingerprint card.*

**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.

**Acknowledgement Statement:**

I \_\_\_\_\_ have received a copy of the Applicants Privacy Rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As of 02/04/2021

## 28 CFR 16.30 through 16.34

### **§ 16.30 Purpose and Scope**

This subpart contains the regulations of the Federal Bureau of Investigation (FBI) concerning procedures to be followed when the subject of an identification record requests production of that record to review it or to obtain a change, correction, or updating of that record.

### **§ 16.31 — Definition of identification record**

An FBI identification record, often referred to as a "rap sheet," is a listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, includes information taken from fingerprints submitted in connection with federal employment, naturalization, or military service. The identification record includes the name of the agency or institution that submitted the fingerprints to the FBI. If the fingerprints concern a criminal offense, the identification record includes the date of arrest or the date the individual was received by the agency submitting the fingerprints, the arrest charge, and the disposition of the arrest if known to the FBI. All arrest data included in an identification record are obtained from fingerprint submissions, disposition reports, and other reports submitted by agencies having criminal justice responsibilities. Therefore, the FBI Criminal Justice Information Services Division is not the source of the arrest data reflected on an identification record.

### **§ 16.32 — Procedure to obtain an identification record**

The subject of an identification record may obtain a copy thereof by submitting a written request via the U.S. mails directly to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Such request must be accompanied by satisfactory proof of identity, which shall consist of name, date and place of birth and a set of rolled-inked fingerprint impressions placed upon fingerprint cards or forms commonly utilized for applicant or law enforcement purposes by law enforcement agencies.

### **§ 16.33 — Fee for production of identification record**

Each written request for production of an identification record must be accompanied by a fee of \$18 in the form of a certified check or money order, payable to the Treasury of the United States. This fee is established pursuant to the provisions of 31 U.S.C. 9701 and is based upon the clerical time beyond the first quarter hour to be spent in searching for, identifying, and reproducing each identification record requested as specified in § 16.10. Any request for waiver of the fee shall accompany the original request for the identification record and shall include a claim and proof of indigency. Subject to applicable laws, regulations, and directions of the Attorney General of the United States, the Director of the FBI may from time to time determine and establish a revised fee amount to be assessed under this authority. Notice relating to revised fee amounts shall be published in the *Federal Register*.

### **§ 16.34 — Procedure to obtain change, correction or updating of identification records**

 **GCIC Mission:** To protect the citizens of Georgia by providing accurate and timely criminal justice information and related services. GCIC does this through employee, customer and stakeholder involvement, teamwork, planning and technology.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.