

City of Oakwood, Hall County, Georgia Application for Alcohol License

License Year: _____

Previous Year: _____

License No.: _____

Issued, Renewed License

No. _____ Spirituous Liquor Package No. _____ Spirituous Liquor Consumption
No. _____ Beer Package No. _____ Beer Consumption
No. _____ Wine Package No. _____ Wine Consumption

Instructions: Every question shall be fully answered typewritten or printed in ink. If the space provided is not sufficient, answer the question on a separate page and indicate in the space provided that such separate page is attached. When completed, this application must be dated, signed and verified under oath by the applicant and filed with the City Clerk of the City Council, together with all supporting papers and certified check, cashier's check or cash for the exact fee.

I HEREBY CERTIFY BY FILING THIS APPLICATION AS APPLICANT THAT I HAVE RECEIVED, READ AND UNDERSTAND THE CITY OF OAKWOOD, GEORGIA, REGULATIONS CONTROLLING ALCOHOLIC BEVERAGES AND HEREIN MAKE APPLICATION FOR:

- | | | | |
|----|--------------------------|-------------------------------|-----------------|
| 1. | <input type="checkbox"/> | Spirituous Liquor Package | Fee: \$5,000.00 |
| | <input type="checkbox"/> | Spirituous Liquor Consumption | Fee: \$2,500.00 |
| | <input type="checkbox"/> | Beer Package | Fee: \$ 500.00 |
| | <input type="checkbox"/> | Wine Package | Fee: \$ 500.00 |
| | <input type="checkbox"/> | Beer Consumption | Fee: \$ 500.00 |
| | <input type="checkbox"/> | Wine Consumption | Fee: \$ 500.00 |

2. **OWNER OF BUSINESS:**

- A. Resident Individual
- B. Corporation
- C. Partnership
- D. Association
- E. Non-resident Individual

3. **OWNER INFORMATION:**

Legal Name _____

Address _____ City _____

County _____ State _____ Telephone _____

4. **PERMIT PREMISES:**

Address _____ City _____

County _____ State _____ Telephone _____

GA Sales Tax #: _____ FEI #: _____

5. **APPLICANT:**

Where the owner of the business is a resident individual, the application shall be made in his name. Where the owner is a corporation, partnership, association or nonresident, the application shall be made in the name of a resident officer, partner or associate who owns a substantial interest in the business or in the name of the principal resident managing officer or managing agent. [See Section Two of Ordinances 265 and 266.]

Full Legal Name _____

Address _____ City _____

County _____ State _____ Telephone _____ Age _____ Race _____

Sex _____ Date of Birth _____ Social Security No. _____ - _____ - _____

Capacity with Owner (if other than resident individual) _____

If the Owner is a corporation, partnership or association, please list the names, addresses, telephone numbers, dates of birth and interest held (if any) of each officer, partner or agent in Question 9 below.

6. **PLAT:**

What is the straight line distance from this business or portion of this business or portion of this business used for the sale of alcoholic beverages to the nearest:

School _____, Church _____, Funeral Chapel _____
(New Applications **ONLY**, Attach Surveyor's Statement)

Plat & Surveyor's Statement Attached

7. **PRIOR APPLICATION:**

Has any person with an interest in this application ever made an application at any previous time?

Yes No (If yes, give disposition of that application)

8. PRIOR CITATIONS OR APPLICATIONS:

Has this place of business or anyone connected therewith been cited or charged at any time with any violation of state or federal law or regulation or any rule or regulation of the City or county?

Yes No (If yes, give details on a separate sheet)

9. PARTIES HAVING AN INTEREST IN THE APPLICATION:

List all pertinent information for each person, firm or corporation having any interest in this application and the type and percent of that interest:

Name	Address	Birth	SS#	Interest
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. INTEREST IN OTHER ALCOHOLIC BEVERAGE OPERATIONS:

List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms or corporations herein listed are involved in, employed by or associated with in anyway whatsoever.

11. BUILDING OWNER, LESSOR, SUBLESSOR:

List full name and address and other pertinent information of the owner of the building, the name and address of the owner of the land and the name and address of all lessors and sublessors. (Attach a copy of the deed or lease)

Owner, Lessor, Sublessor	Address	Payments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. CAPITALIZATION LOANS:

How much of the capital of this business is borrowed and from whom? If this is a liquor license application, attach financial statement of each principal named in this application. If a non-profit organization, attach proof of the current non-profit status also.

13. MANAGER:

Full name and other pertinent information of the manager of this business and state how he/she is compensated and the amount.

Name: _____,

Address: _____,

City: _____, County: _____,

State: _____, Zip: _____, Home Phone: _____,

Date of Birth: _____, Age: _____, Race: _____,

Sex: _____, SS No.: _____

Compensated: _____, Amount: _____

FINANCIAL STATEMENT

Financial Statement of _____ for the purpose of obtaining an alcoholic beverage license. I herewith submit the following as being a fair and accurate statement of my financial condition on _____ day of _____, 20 _____.

ASSETS		LIABILITIES	
Cash on hand and in banks	\$		\$
Notes Receivable	\$		\$
Accounts Receivable	\$		\$
Stocks & Bonds (list on back)	\$		\$
Cash Surrender Value of Life Insurance	\$		\$
Real Estate (List on Page 6)	\$		\$
Other	\$		\$
Machinery & Tools (Actual Value)	\$		\$
Household Furniture	\$		\$
Boats & Motors	\$		\$
Auto(s)	\$		\$
Total	\$		\$

DESCRIPTION OF REAL ESTATE

Location of Real Estate	County	Improvements	In Whose Name is Titled Listed

Value of Land and Improvements	Amount of Mortgages of Liens

DESCRIPTION OF STOCKS AND BONDS AND REMARKS

14. INVESTIGATION FOR APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

NAME _____

Aliases _____, Race _____, Sex, _____, Nationality _____ SS# _____

Home Address _____ County _____ Phone # _____

Business Address _____ County _____ Phone # _____

Birthplace _____ County _____ Birth Date _____

Occupation _____ Employer _____

Driver's License # _____ Education _____

Build _____ Height _____ Weight _____ Hair _____ Eyes _____ Nose _____

Physical characteristics _____
(Deformities, Scars, Tattoos, Etc.)

Spouse _____

Aliases _____, Race _____, Sex, _____, Nationality _____ SS# _____

Home Address _____ County _____ Phone # _____

Birth Date _____ Employer _____ Address _____

Previous Employment (start with present employment)

(a) Employer _____ Address _____

Job Description _____

From: _____ To: _____

(b) Employer _____ Address _____

Job Description _____

From: _____ To: _____

(c) Employer _____ Address _____

Job Description _____

From: _____ To: _____

PREVIOUS ADDRESS (other than Present)

(a) _____ County _____

(b) _____ County _____

(c) _____ County _____

PARENTS

Father _____ Address _____

Mother _____ Address _____

PREVIOUS ARREST OR CONVICTIONS (Including driving under the influence)

(a) Offense _____ Where _____ Date _____

(b) Offense _____ Where _____ Date _____

(c) Offense _____ Where _____ Date _____

I hereby authorize the City of Oakwood to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal agency in Georgia.

(Full name printed)

(Address)

(Sex) (Race) (Date of birth) (SS #)

(Signature)

Sworn to and subscribed before me

This ____ day of _____, 20 ____.

Notary

Commission Expires

(New Applications ONLY)

CERTIFICATIONS

15. City Business License Office

This is to certify that _____

has obtained a business license for the operation of:

(Name of business)

(Location of business)

(Type of Business)

(City License Dept.) (Date)

16. City Tax Office

This is to certify there are no City of Oakwood ad valorem taxes outstanding in the name

of _____
(Applicant)

or _____
(Business owner, if not applicant)

or _____
(Business property owner, if not applicant)

or _____
(Business name & location)

or land lot number(s) _____
(Business Location)

(City Tax Dept.) (Date)

18. OATH:

1. I (We) do solemnly swear subject to criminal penalties for false swearing, the statements and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverage are true and complete that no false or fraudulent statement or answer is made herein to procure granting of a license and that any license issued pursuant to this application is conditioned upon the truth of the answers herein and shall constitute cause for the suspension or revocation of any license issued pursuant to this application.
2. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be a cause for the suspension or revocation of any license issued.
3. I (We) have received a copy of the local alcoholic beverage regulations and understand that this copy is to be kept on the licensed premises at all times.

Signature of applicant under oath

Signature of owner if not applicant

Doing Business as

Title

Sworn to and subscribed before me this _____

day of _____, 20____.

Notary

Commission Expires

Oakwood Police Department

4009 Railroad Street
Post Office Box 99
Oakwood, Georgia 30566
770-534-2364
Fax: 770-532-9885



Randall K. Moon
Chief of Police

Criminal History Consent Form

I hereby authorize the Oakwood Police Department to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print) (include Maiden name)

Address (No P.O. Box)

Sex Race Date of Birth Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency – non-sworn (Purpose code 'J')
- Employment with criminal justice agency – sworn (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/180/_____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

NOTARY

DATE

Record On File _____

Record Not On File _____



"The Proud City"