

APPLICATION

2020

LICENSE TO SELL ALCOHOLIC BEVERAGES

CATOOSA COUNTY, GA

- FOR ADDITIONAL INFORMATION, PLEASE CONTACT THE CATOOSA COUNTY ZONING OFFICE. 706-965-3787
- PLEASE PRINT ALL REQUESTED INFORMATION CLEARLY USING DARK INK
NOTE: IF ADDITIONAL SPACE NEEDED FOR ANSWERS, PLEASE ATTACH SUPPLEMENTAL SHEETS.

**APPLICATION MUST BE COMPLETED ENTIRELY OR IT WILL NOT
BE ACCEPTED**

Certification for Receipt of Copy of Catoosa County Ordinance for Alcoholic Beverages

Business Name: _____

Address: _____

Check all that apply:

- Will begin business on _____ (Date)
- Already in operation
- Will begin the sale of alcoholic beverages on _____ (Date)

- This is to certify that I have received and read the Catoosa County Code of Ordinances entitled Alcoholic Beverages.
- This is to certify that I understand the rules and regulations required by Catoosa County but not inclusive of the following:
 - Hours of Operation
 - Sale to Underage Persons
 - Change in Manager of Business
 - Renewal of License

- This is to certify that I understand that a copy of this Ordinance shall remain on the premises of my establishment permanently.

Notary

Signature

Title

Date

*Signed form to be returned with completed application.

APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES CATOOSA COUNTY

(Please print all requested information clearly - use dark ink)

Date of Application: _____ Received by: _____

Type of Application: (Check all that apply)

- Original Renewal Change in Management

<u>Beer</u>	<u>Wine</u>	<u>Growler</u>	<u>Distilled Spirits</u>	<u>Special Event</u>
<input type="checkbox"/> Retail Package	<input type="checkbox"/> Retail Package			
<input type="checkbox"/> On Premise Consumption	<input type="checkbox"/> On Premise Consumption		<input type="checkbox"/> On Premise Consumption	Description _____

Licensee or Agent - Full Name: _____

Business Address: _____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen Yes No

Social Security Number: _____ Driver's License Number: _____

Home Address of Licensee or Agent: _____

Home Telephone Number: _____ Cell Number: _____

County Resident: Yes, Years _____ No Georgia Resident: Yes, Years _____ No

Spouse Name _____ U.S. Citizen Yes No

Social Security Number: _____ Driver's License Number: _____

APPLICATION FOR ALCOHOL LICENSE

OCCUPATION: For the past seven years (chronological order, name of company, immediate supervisor, and dates of employment)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Has the applicant, or any individual having a controlling interest either as owner, partner or stockholder, ever been convicted, entered a plea of guilty or nolo contendere to any felony or a crime (whether felony or misdemeanor) involving the illegal sale, possession, transportation or distribution of alcoholic beverages of any type?

- Yes No

If yes, state date, person charged, offense, location, and disposition of each offense.

1. _____
2. _____
3. _____
4. _____

Note: If additional space needed, please attach supplemental sheets.

Business Title:

1. Legal Name of Business: _____
2. Trade Name: _____
3. Business Address: _____
4. Phone Number: _____

Application for Alcohol License

MANNER OF OPERATION

Corporation - If operating a Corporation, list all of the officers and addresses below.

1. _____
2. _____
3. _____
4. _____

Partnership - If operating as a Partnership, list the name and address of each partner.

1. _____
2. _____
3. _____
4. _____

Have any of the above ever applied for an alcoholic beverage license and been denied?

Yes No Revoked Yes No

If any answer above is yes, give name and address of applicant below:

1. _____
2. _____
3. _____
4. _____

APPLICATION FOR ALCOHOL LICENSE

STORE MANAGER – Complete the requested information below for the active manager of the business:

PLEASE PROVIDE A VALID PHOTO-ID

Name: _____ Address _____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen Yes No

Social Security Number: _____ Driver's License Number: _____

Spouse Name _____ U.S. Citizen Yes No

Social Security Number: _____ Driver's License Number: _____

Has the proposed manager ever been convicted or entered a plea of guilty or nolo contendere to any felony? Yes No If yes, state the date, person charged, offense, location, and disposition of each offense.

1. _____

PROXIMITY OF BUSINESS to the following:

1. Is business located within three hundred (300) feet, measured in a straight line, from the nearest property line of any "building" as stated in Sec. 6-214. (a) (c) of the Catoosa County, Georgia Alcoholic Beverage Ordinance, to the nearest corner of the building in which the business outlet is to be operated? Yes No

OTHER LIABILITIES:

1. Are you familiar with the Catoosa County Ordinances, State Law and Regulations, Federal Laws and Regulations governing the operation of this type of business? Yes No

2. Do you agree and understand that you may be required to appear before the Alcoholic Beverages Commission to answer any questions or furnish additional information? Yes No

I have completed all areas on this application for license to sell alcoholic beverages in Catoosa County. I agree to abide by the appropriate Alcoholic Beverages Ordinances and Amendments thereto. I further agree to provide with this application the following:

- a completed Criminal History Consent Form (Notarized) for myself, and
- a completed Criminal History Consent Form (Notarized) for the active manager of the business
- and FOR ON PREMISE CONSUMPTION LICENSE, a completed CERTIFICATE OF OCCUPANCY from the Chief Building Official, Catoosa County, Georgia

Signature of Applicant/Licensee, Date

NOTARY (Seal Required), Date

CRIMINAL HISTORY CONSENT FORM

PLEASE PROVIDE A VALID PHOTO ID

LAST NAME

FIRST NAME

MIDDLE NAME

RACE: _____

HEIGHT: _____

SEX: _____

WEIGHT: _____

DOB: _____

EYE COLOR: _____

SSN: _____

HAIR COLOR: _____

I HEREBY AUTHORIZE:

NAME OF AGENCY/INDIVIDUAL

NAME OF PERSON TO PICK UP RECORD

STREET ADDRESS CITY, STATE, ZIP CODE

TO RECEIVE MY CRIMINAL HISTORY RECORD FROM THE CATOOSA COUNTY SHERIFF'S DEPARTMENT, RINGGOLD, GA 30736.

PURPOSE CODE _____

OCA _____

SIGNATURE OF PERSON

NOTARIZED:

SEAL REQUIRED

UNLESS ALL BLANKS ON THIS FORM ARE COMPLETED AND THE FORM IS NOTARIZED, NO INFORMATION WILL BE RELEASED.

APPROVAL OF ALCOHOLIC BEVERAGE LICENSE

* APPROVAL OF ALCOHOLIC BEVERAGE LICENSE

NEW Alcoholic Beverage License (Original Application) for the year _____

RENEWAL of the Alcoholic Beverage License for the year _____

*DISAPPROVAL OF ALCOHOLIC BEVERAGE LICENSE

NEW Alcoholic Beverage License (Original Application) for the year _____

Reason for the disapproval: _____

RENEWAL of the Alcoholic Beverage License for the year _____

Reason for the disapproval of the renewing of the Alcoholic Beverage License:

Chairman, Alcohol Beverage Commission

DATE

Application for License to Sell Alcoholic Beverages – Check-off sheet CATOOSA COUNTY

1. Criminal History Investigation by Catoosa County Sheriff's Department		
Applicant's Name:	Manager's Name:	
Cleared: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleared: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	Date:	
Signed:	Signed:	
(Zoning Administrator)	(Zoning Administrator)	
2. Code Enforcement/Chief Building Official		
Name of Business:	Address:	
Zoning Designation:		
Number of Seats in Building:	Occupancy Type:	
Adequate Number of Parking Spaces: <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicable Business License: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Official Approval Date:	New Construction <input type="checkbox"/> Yes <input type="checkbox"/> No Plans Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Building has front entrance clearly visible from public street: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certificate of Occupancy Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:		
Comments:		
Fees Paid		
Business License Fee Paid/License #	Amt: \$	Date:
Signed: (Zoning Administrator)		Approval Date:
Application forwarded to Alcoholic Beverages Commission for Action Date:		
Action by Alcoholic Beverages Commission: Meeting Date: _____		
Dusty Bridges, Chairman _____	Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Odell Garrett _____	Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yvonne Morgan _____	Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ernest Pursley _____	Approved	Yes No
Benjamin Scott _____	Approved	Yes No
Comments:		

Note: If additional space is needed for answers, please attach supplemental sheets.

PROPERTY OWNER VERIFICATION FORM
Application for Alcohol License

OWNERSHIP OF BUSINESS PROPERTY

I, as owner of the property located at _____,
do acknowledge and agree that alcoholic beverages may be sold at this location.

Signature of Property Owner:

Date

Printed Name of Property Owner:

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

Notary Public
My Commission Expires: _____

Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a(n) Business Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. Section § 50-36-1, from Catoosa County, 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: _____.

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).

Signature of Applicant: _____ Date _____

Printed Name of Applicant: _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20__

Notary Public

My Commission Expires: