

Office of City Clerk
Debbie Turner
P.O. Box 785
Cornelia, GA 30531
706-778-8585



Cornelia

LET THE TRACKS LEAD YOU HERE

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ALCOHOLIC BEVERAGE LICENSE

* NEW APPLICATION *

FOR OFFICE USE ONLY:

LICENSE YEAR: _____ **LICENSE NUMBER:** _____

INSTRUCTIONS: Every question shall be fully answered (typewritten or printed in ink, legibly and neatly). 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 office, together with all supporting documents and certified check, cashier's check, or cash.**

BUSINESS NAME: _____

MANAGING AGENT NAME: _____
(Employee of Corporation) On Site Responsible Party

REGISTERED AGENT NAME: _____
(Resident of Habersham County)

APPLICATION FEE: \$300.00

LICENSE FEE AS FOLLOWS

(Please Check the License(s) Renewing)

FEE IN THE CENTRAL BUSINESS DISTRICT ARE REDUCED BY 50%

PACKAGE SALES

___ BEER \$750
___ WINE \$750
___ DISTILLED SPIRITS \$5,000

CONSUMPTION ON PREMISES

___ BEER \$750
___ WINE \$750
___ DISTILLED SPIRITS \$4,000

MISCELLANEOUS

___ BREW PUB \$5,000
___ MICRO BREWERY \$750
___ TASTING ROOM \$750
___ GROWLER \$750
___ TRANSFER FEE \$200
___ CATERER \$50

TOTAL DUE \$ _____

I. BUSINESS INFORMATION:

A. Legal Name of Business: _____

B. Type of ownership:

- _____ Individual Ownership (sole ownership)
- _____ Partnership
- _____ Owner with investors
- _____ Corporation with one location
- _____ Corporation with multiple locations in Georgia
- _____ Corporation with multiple locations in more than one state

C. Trade name of business: _____

D. Location of business: _____

Street address

City, State and Zip Code

E. Mailing Address: _____

Business Telephone Number: _____

Georgia Sales Tax Number: _____

Federal Employee Identification Number: _____

F. List any other individuals or entities having any interest directly or indirectly in this business and show the nature of such interest:

G. List the full name and address of the owner of the building, owner of the land, and all lessors and sublessors, and the amounts of payment to each. Attach a copy of the lease or deed.

Owner, Lessor, Sublessor: _____

Address: _____

Payments: _____

Owner, Lessor, Sublessor: _____

Address: _____

Payments: _____

H. Attach detailed plans of building and outside premises.

I. Detail below how much of the capital of this business is borrowed and from whom:

Name: _____

Address: _____

Amount and Terms: _____

Name: _____

Address: _____

Amount and Terms: _____

J. Distance Requirements:

Attach an affidavit or scale drawing, prepared by a registered surveyor, verifying that the proposed location is in compliance with City Code § 24-8: (Not required for locations at which alcoholic beverages are presently being sold in compliance with other provisions of the alcoholic beverage code.)

(1) Malt Beverages/Wine and/or Distilled Spirits:

- (a)** Licenses shall be issued only for locations in non-residential zones as defined in **Section 24-8** of this ordinance.
- (b)** No malt beverages and/or wine and/or Distilled Spirits shall be sold or offered for sale in or within **100 yards** of any church or within **200 yards** of any school building, daycare facility, or alcoholic treatment facility, except in locations zoned Central Business District (CBD), which shall be exempt from the distance requirements of this section.
- (c)** The school building referred to in this section shall apply only to state, county, city or church school buildings and to such buildings at such other schools in which are taught subjects commonly taught in the common schools and colleges of this state. The term “school building” includes only those structures in which instruction is offered.
- (d)** The terms “church” as used in this section shall mean the main structure being used by any religious organization for purposes of worship.
- (e)** The term “alcohol treatment facility” shall include any alcohol treatment facility operated by the state, county, or city government.

II. REGISTERED AGENT:

All licensed establishments must have and continuously maintain in Habersham County a "Registered Agent" upon whom any process, notice, or demand required or permitted by law or under the City of Cornelia Alcoholic Beverage Code to be served upon the licensee or owner may be served. This person must be a resident of Habersham County.

Name: _____
(state full name, do not use initials)

Sex: _____ Race: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

I hereby certify that I am a resident of Habersham County, Georgia, and agree to serve as "registered agent" on behalf of _____, a business located at _____, Cornelia, Georgia. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Code of the City of Cornelia, 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

APPROVE BY CITY MANAGER

SWORN TO AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____,
_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

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

III
MANAGING AGENT

(A photo of applicant must be attached)

The managing agent must be an individual who is a resident of the State of Georgia and a full time employee of the business, who has regular managerial authority over the business conducted on the licensed premises, including the sale of alcoholic beverages.

SECTION I: Personal Data

Full name of applicant (do not use initials) _____

Include maiden name(s), alias(s), etc.

Social Security No ----- Business Phone _____ Cell Phone _____

Home Address: _____ Home Phone _____

Length of residency at this location: _____

Business Address: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____ Hair: _____ Eyes: _____

Place of Birth _____ Date of Birth: _____

U.S. Citizen: _____ By Birth: _____ Naturalized: _____

Date, Place, and Court: _____ Certificate No: _____

Petition # _____ Alien Registration # _____ Native Country: _____

Date and port of entry: _____

Length of residency in Georgia _____ Number of years at current address: _____

(Please attach proof of Georgia Residency)

SECTION II: EMPLOYMENT HISTORY (START WITH PRESENT EMPLOYMENT):

(1) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(2) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(3) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(4) Employer: _____ Address: _____

Job Description _____

Dates _____ From: _____ To: _____

Previous Addresses (other than present)

(1) _____ County: _____

(2) _____ County: _____

(3) _____ County: _____

Position/title with the business submitting this application: _____

Name of Spouse: _____

SECTION III : BACKGROUND INFORMATION

Do you currently have any interest financial or otherwise or worked in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and/or consumed on the premises? If yes, please give details: _____

_____.

Are you related by blood or marriage to anyone who has ownership or is employed by any wholesaler or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each. _____

_____.

Have you, your spouse, any person having any interest in this business, ever applied for an alcoholic beverage license, ever had any interest in any business licensed to sell alcoholic beverages, ever been an alcohol licensee, or ever been an officer in any business with an alcoholic beverage license that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application could result in denial of the application or revocation of the license.) Yes () No () (If yes, give full details of all the above).

Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the number of hours required for each and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required. _____

What types of materials (written materials, signs, badges, etc.) are provided with the training of employees? Please enclose these materials.

Have you ever been:

- | | | | |
|-----------------|----------------|------------------------|----------------|
| A. Arrested | Yes () No () | B. Convicted | Yes () No () |
| C. Detained | Yes () No () | D. Indicted | Yes () No () |
| E. Pled Guilty | Yes () No () | F. Pled Nolo Contendre | Yes () No () |
| G. On Probation | Yes () No () | H. Any Pending Charges | Yes () No () |

To include but not limited to, Federal, State and Local Ordinance Violations

If you answered "YES" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of the charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if the information was not given for any reason. _____

Have you ever filed for bankruptcy? If so, please provide full details: _____

SECTION IV: FINANCIAL STATEMENT

Complete the following financial statement, [separate financial statements should be submitted for the business and the managing agent.]:

PAGE 8 FINANCIAL STATEMENT



PAGE 9 FINANCIAL STATEMENT



IV. MISCELLANEOUS

A. List any previous alcoholic beverage applications submitted either by this business or managing agent and show the disposition of the application(s).

B. List any previous suspensions revocations of alcoholic beverage licenses held by this business or managing agent.

C. List all other businesses engaged in the sale of alcoholic beverages having any association whatsoever with any person, firms, or corporations holding an interest in this application:

D. KEY PROVISIONS OF ALCOHOLIC BEVERAGE ORDINANCE:

1. General License Standards

Initial

(A) Applicant Knowledgeable of:

(1) State Law, City Ordinance, State & City Rules & Regulations

(2) Regulated Hours of Sale:

(3) Regulated Days of Sale:

(4) Regulated Age of Customers:

(5) Procedure for Change of License Holder:

(6) Sunday Restrictions:

KEY PROVISIONS, CONTINUED:

INITIAL:

- (7) Requirements for Posting of License: _____
- (8) Requirements for Cooperation with Police: _____
- (9) Inspection Rights of City Officials: _____
- (10) Limitations of Alcoholic Beverages on Premises only from Licensed Wholesalers: _____
- (11) Penalties for Violations: _____

(B) APPLICANT INFORMS EMPLOYEES ABOUT LAW, ORDINANCE, RULES & REGULATIONS: _____

2. CONSUMPTION ON PREMISES STANDARDS:

(A) APPLICANT KNOWLEDGEABLE OF:

- (1) 50% Food Sales Requirement & Reporting Procedure: _____
- (2) Mixed Drink Tax due 20th Day of Each Month: _____
- (3) Happy Hour Prohibition: _____
- (4) Employee Pouring Permit _____

3. PACKAGE STANDARDS:

(A) APPLICANT KNOWLEDGEABLE OF:

- (1) Prohibition Against Consumption on Premises: _____
- (2) Regulations Concerning Opened Containers: _____
- (3) Regulations Regarding Transporting Alcoholic Beverages: _____

OATH OF MANAGING AGENT

Georgia, City of Cornelia

OATH: I, _____ do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for analcoholic beverage license are true and complete, and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

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.

I have received a copy of this alcoholic beverage ordinance and do understand that this copy is to be kept on the licensed premises at all times.

I have read and do understand state laws and city ordinances relating to alcoholic beverages, including the "key provisions" on pages 10 and 11 of this application.

Signature of Managing Agent

Doing Business As

Approved by the City Manager

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

Notary Public

My commission expires: _____

THIS PAGE TO BE COMPLETED BY THE TAX OFFICE

CERTIFICATIONS:

1. OCCUPATION TAX:

This is to certify that _____

has made application and paid the appropriate occupation tax operation of:

_____ **Name of Business**

at _____ **Location of Business**

for _____ **Type of Business**

TAX OFFICE

DATE

2. AD VALOREM TAX:

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

_____ **Owner**

OR _____ **Managing Agent**

OR _____ **Business Property Owner, if not Applicant**

OR _____ **Business Name**

OR _____ **Business Location**

CITY TAX

DEPARTMENT

DATE

Consent for Criminal History Records:

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

Full Name Printed

Address

City/State/Zip Code

Date of Birth Sex Race Social Security Number

Signature

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____

LET THE TRACKS LEAD YOU HERE

FOR OFFICE USE ONLY:

PRINT NAME OF PERSON RECEIVING RECORD

CITY OF CORNELIA POLICE DEPARTMENT

SIGNATURE OF PERSON RECEIVING RECORD