APPLICANT INFORMATION

APPLICANT(S):_____ TELEPHONE NO. _____

APPLICANT(S):_____ TELEPHONE NO. _____

BUSINESS NAME: _____ ADDRESS: _____

TYPE OF LICENSE REQUEST: _____ CITIZEN OF U.S. ( ) YES ( ) NO
If NO, Attach Copy of Alien Resident Card or Visa.

( ) Applicant Received a Copy of the Alcoholic Beverage Ordinance by Clerk _____

ALCOHOLIC BEVERAGE APPLICATION REVIEW
(TO BE FILLED OUT BY REVIEWERS ONLY)

THE APPLICATION HAS BEEN REVIEWED, & AN INVESTIGATION HAS BEEN PERFORMED BY THE POLICE DEPARTMENT AND FOUND TO BE IN COMPLIANCE WITH THE CITY ORDINANCE.

( ) INDIVIDUAL BACKGROUND ( ) OUTLET MANAGER

( ) FINGERPRINTS ( ) CITIZEN OF THE UNITED STATES

APPROVED BY: _____ DATE: _____

THE PREMISES HAS BEEN INSPECTED & FOUND:

( ) LOCATION & BUILDING POLK COUNTY TAX MAP # _____

( ) INGRESS, EGRESS PARKING ( ) FIRE STANDARDS

( ) BUILDING STRUCTURE ( ) LOCATION MEETS REQUIRED LOCATION DISTANCE FROM CHURCH, SCHOOL, & ETC.

APPROVED BY: _____ DATE: _____

COMMISSION APPROVAL PROCESS

( ) APPROVED ( ) DENIED
( ) DEFERRED FOR:
( ) REFERRED BACK FOR:

ATTACH COPY OF PAID RECEIPT

DATE: _____

CHECK LIST FOR BEER, WINE, OR LIQUOR APPLICATION

( ) Plats of Proposed Site with Off-Street Parking Detail—2 copies (Blue Line)

( ) Fingerprints—City of Cedartown Police Department

( ) The Following Identification for both the Owner and the On-Site Manager (if applicable):

___ Drivers' License
___ ID Card with Picture
___ Social Security Card
___ Passport
___ Alien Resident Card
___ Visa

( ) Zoning—Certified by Zoning Administrator

( ) Financial Statement—Applicant and Major Stock Holders and/or Partners (includes assets, liabilities, and capital)

( ) Incorporation, Organization, or Partnership Papers

( ) Purchase Agreement—Copy Purchase Agreement (if buying existing establishment)

( ) Copy of Lease Agreement, Contract, or Ownership Deed to Property

( ) Publisher's Affidavit Reflecting Compliance with Section 6-303 (f)

( ) Copy of State License

( ) $10,000 Personal Performance Bond (Liquor Only)

( ) $200.00 Application Fee (non-refundable)

( ) $26.00 Background Investigation Fee for Manager or Entity Employees (non-refundable)

( ) $52.75 Fingerprint Background Check for Owner (non-refundable)

( ) License Fees

___ Beer Packaging $500.00
___ Beer Pouring $500.00
___ Wine Packaging $500.00
___ Wine Pouring $500.00
___ Liquor Packaging $5,000.00
___ Liquor Pouring $3,000.00

License fees are pro-rated at 50 percent after July 1st

City Commission meets the second Monday of every month unless posted otherwise.

You will be notified when your application is on the agenda to be considered.

APPLICATION FOR BEER, WINE, OR LIQUOR LICENSE

License Applied for:

( ) Beer Package
( ) Wine Package
( ) Liquor Package
( ) Beer Pouring
( ) Wine Pouring
( ) Liquor Pouring

Is Purposed Licensee a:

( ) Individual
( ) Partnership
( ) Corporation
( ) LLC
( ) Other Legal Entity (Explain Below)

If proposed licensee is a legal entity, attach copies of documents reflecting its creation.
If the proposed licensee is a legal entity, please provide the name, address, and telephone number of its registered agent. _____

_____

_____

_____

Proposed Business Name and Location:

_____

_____

Applicant Information:

1. Name: _____
2. Title/Position: _____
3. Are you a citizen of the United States? _____
4. Where were you born? _____
5. Home Address: _____

   _____
6. County: _____
7. Number of years at present address: _____
8. Home Phone Number: _____
9. Business Phone Number: _____
10. Do you reside in the City of Cedartown? _____
11. How long have you lived in the City of Cedartown? _____
12. How long have you resided in the State of Georgia? _____
13. What has been your occupation for the past five (5) years? _____

14. What is the name of the person who, if the license is granted, will be the active manager of the business and on the job at the business? List address, occupation, and employer (must complete personal statement attached). _____

    _____

    _____

    _____

15. Has the applicant, or any individual having an interest either as owner, partner, or stockholder, been convicted or entered a plea of Nolo Contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any state or United States or any municipal ordinance except traffic violations? If yes, please explain. _____

16. Do you own the land and building on which this business is to be operated? _____

    a. When did you buy it? _____
    b. If not the owner, give the amount of rental paid for such land and building, the manner in which the rent is determined, to whom and at what intervals is it paid. Give the name of the owner and agent, if any. _____
    c. Attach a copy of the lease and any other pertinent documents.

17. How is the proposed location zoned? _____

    a. If this is an application for an original license, attach hereto proof of adequate parking facilities of at least one (1) off-street parking space for each one hundred (100) square feet of total floor area that will be available to applicant's patrons and within four hundred (400) feet of the proposed location.
    b. Zoning and parking plat must be approved by zoning administrator.
    c. Attach a plat showing distances from prohibited locations, as required by Code Section 6-303(e).

18. If operating as a corporation, state name and address of corporation, when and where incorporated, and the names and addresses, social security numbers, and the office held by each of the officers or directors. _____

19. If operating as a corporation, list all stockholders with addresses and the amount of interest of each stockholder in the corporation. _____

20. If application is for on-premises consumption (pouring), is the premises a full service restaurant that derives more than 50% of its gross revenue from the sale of food? _____

21. If this is an application for any package liquor license, has applicant or spouse any financial interest in any manufacturer or wholesale of alcoholic beverages? _____

22. Show hereunder any and all persons, corporations, partnerships, or associations who have received or will receive, as a result of your operation under the requested licensee, any financial gain or payment derived from any interest or income from the operation. (Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation under the license.) In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with names of the principal stockholders. _____
_____
_____
_____
_____
_____

23. State whether or not applicant, partner, corporation officer, or stockholder holds any alcoholic beverage license in any other jurisdiction or has ever applied for a license and been denied (relate full details). _____
_____
_____
_____

24. Are you familiar with the City of Cedartown Ordinances, State Laws and Regulations, and Federal Laws and Regulations governing the operation of this type of business? _____

25. Do you agree to abide by such ordinances, laws, and regulations? _____

26. Do you or your spouse or any of the other owners, partners, or stockholders have an interest, financial or otherwise, in other liquor stores? If so, state in how many stores there are interest and where stores are located. Explain fully. _____
_____
_____

27. Are you or any member of your family the owner, lessor, or subleasor of any real estate which is occupied by a retail liquor store? If so, give the location information as to any lease or rental agreement, amounts of rents received, and to whom rented or leased. _____
_____
_____

28. Are you or any member of you family the executor or administrator or beneficiary of heir of any estate having any interest in a retail liquor store? If so, give the location, amount of interest, and your capacity with the estate. _____
_____
_____

29. Are you or any member of your family the beneficiary or trustee of any trust fund having any interest in a retail liquor store? If so, give your position, the name of the trust, and the amount of income you receive. _____
_____
_____

30. Have you, your spouse, any partner, or any stockholder any financial interest in any wholesale liquor business? If so, give details. _____
_____
_____

31. Have you obtained all necessary license or permits from the state to operate the business, whether for distilled spirits or otherwise? If yes, please attach or furnish copies of the same. If no, explain fully why you have not done so. _____
_____
_____

32. Do you have any questions or comments regarding the Ordinances, Laws, Regulations, or Applications? _____
_____
_____
_____
_____

GEORGIA, POLK COUNTY, CITY OF CEDARTOWN

I, _____, being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein, and such answers were made in order to procedure the granting of such a license.

_____
Signature of Applicant
Title: _____

Sworn to and Subscribed Before Me This _____ Day of _____, 20_____.

_____
Notary Public

Cedartown Police Department

Authorization for Release of Personal Information

Owner/Applicant

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of the City of Cedartown Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospital, clinics, private practitioners, and the U.S. Veterans Administration; employment and preemployment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and records of any criminal history with the Georgia Crime Information Center (GCIC) or National Crime Information Center (NCIC).

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered by the CPD in determining my suitability for a distilled spirits license. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be insured as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ _____
Signature (including maiden and middle name) Date

_____ _____
Address Sex Race DOB

_____ _____
Phone Number Social Security No. Drivers License No.

_____
States resided in since 18 years of age (use abbreviations)

_____ _____
Witness Date

OWNER/APPLICANT

FINGERPRINTED BY CEDARTOWN POLICE DEPARTMENT

BY: _____

DATE: _____

CRIMINAL BACKGROUND CHECK BY CEDARTOWN POLICE DEPARTMENT

BY: _____

DATE: _____

CRIMINAL BACKGROUND

APPROVED BY: _____

REJECTED BY: _____

DATE: _____

IDENTIFICATION CARD

BY: _____

DATE: _____

Personnel Statement
(On-Site Manager)
A Photo of Manger Must be Attached to This Form

1. Full name of manager (use no initials):
   _____

2. Corporation or legal entity name/if corporation (must be registered with Georgia Secretary of State):
   _____

3. Home address of manager: _____
   _____

4. Name and address of retail store, lounge, or restaurant: _____
   _____

5. Place and date of birth of manager: _____
   _____

6. If married, give spouse's full name, date and place of birth. Give date and place of marriage and name of spouse's employer. (Include spouse's maiden name.) If widowed or divorced, give same information on former spouse(s).
   _____
   _____
   _____
   _____
   _____

7. Race:_____ Sex:_____ Height:_____ Weight:_____ Age:_____

   Color of Hair:_____ Color of Eyes:_____

8. Give names and addresses of all children and stepchildren (regardless of age):

Full Name	Address	Age	Place of Birth

9. Give names and addresses of all immediate living relatives other than children listed above:

Full Name	Address	Age	Place of Birth

10. Did you file Georgia tax last year? ( ) Yes ( ) No

11. Have you ever had any financial interest in a liquor business which was denied a license or had the license revoked? If so, give details. _____

12. Education (include all above elementary, giving name of school, address, dates attended, and degrees received): _____

13. Employment record (include from month/year, occupation/description of duties performed, salary, employer, reason for leaving): _____

14. List residences for past 10 years (include from year, to year, street, city, state): _____

15. References: Give three (3) personal references not relatives, current or former employers, fellow employees, or school teachers, whom you have known for five years: _____

16. Have you ever been arrested or charged with violations in any municipal, county, state, or federal law? If so, give dates, charges, place of arrest, and disposition of charges: _____

I, _____, do solemnly swear, that the forgoing statements are true. I understand that any falsehoods are grounds for automatic dismissal of this application.

_____ _____

Manager Signature (Full Name in Ink) Date

_____

Notary Public

Cedartown Police Department

Authorization for Release of Personal Information

On-Site Manager

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of the City of Cedartown Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospital, clinics, private practitioners, and the U.S. Veterans Administration; employment and preemployment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and records of any criminal history with the Georgia Crime Information Center (GCIC) or National Crime Information Center (NCIC).

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered by the CPD in determining my suitability for a distilled spirits license. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be insured as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ _____
Signature (including maiden and middle name) Date

_____ _____
Address Sex Race DOB

_____ _____
Phone Number Social Security No. Drivers License No.

_____
States resided in since 18 years of age (use abbreviations)

_____ _____
Witness Date

ON-SITE MANAGER

FINGERPRINTED BY CEDARTOWN POLICE DEPARTMENT

BY: _____

DATE: _____

CRIMINAL BACKGROUND CHECK BY CEDARTOWN POLICE DEPARTMENT

BY: _____

DATE: _____

CRIMINAL BACKGROUND

APPROVED BY: _____

REJECTED BY: _____

DATE: _____

IDENTIFICATION CARD

BY: _____

DATE: _____