

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.

APPROVED BY: _____ DATE: _____

DENIED BY: _____ DATE: _____

COMMENTS: _____

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.

MEETS CRITERIA: _____ DATE: _____

DOES NOT MEET : _____ DATE: _____

COMMENTS: _____

COMMISSION APPROVAL PROCESS

COPY OF PAID RECEIPT

() APPROVED

() DENIED FOR : _____

() DEFERRED FOR: _____

() REFERRED BACK FOR: _____

DATE: _____

APPLICATION FOR BEER, WINE, OR LIQUOR LICENSE

License Applied for:

Is Purposed Licensee a:

- Beer Package
- Wine Package
- Liquor Package
- Beer Pouring
- Wine Pouring
- Liquor Pouring

- 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 sublesor 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: _____



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

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

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On-Site Manager

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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.

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Date

Address

Sex Race DOB

Phone Number

Social Security No. Drivers License No.

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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: _____

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IDENTIFICATION CARD

BY: _____

DATE: _____