

DAWSON COUNTY PLANNING AND DEVELOPMENT

ALCOHOL LICENSING

Location & Mailing Address:

25 JUSTICE WAY, SUITE 2322
DAWSONVILLE, GA 30534

Phone: 706/344-3500 x 42335

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

This application must be signed by the applicant and notarized. Every question must be fully answered with the answer typewritten or printed. If the space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed, the application must be dated, signed, and verified under oath by the applicant and submitted to Planning and Development, together with the license fee(s) and the administrative/investigative fee (separate checks). All fees are payable to Dawson County in certified funds (bank check, certified check, or money order). **The applicant must be not less than 21 years of age.**

NOTICE: Any false answer to any question could result in the denial of a license, or in the event a license is issued, in the revocation or suspension of the license. *****KEEP A COPY OF ALL FORMS SUBMITTED*****

FOR OFFICIAL USE ONLY:

Name of Business: _____

Date Received: _____ License Fee Enclosed: \$ _____

Approved: _____ Denied: _____

State License Number: _____

Local License Number: _____

Administrative/Investigative Fee Enclosed : \$ _____ Advertising Fee Enclosed: \$ _____

1. **TYPE OF LICENSE:** (check one): **NEW** **AMENDMENT (TRANSFER)**
2. **ADMINISTRATIVE AND INVESTIGATIVE FEE:** **\$250.00 (Consumption on Premises)**
ADMINISTRATIVE AND INVESTIGATIVE FEE: **\$250.00 (Retail Package)**
ADMINISTRATIVE AND INVESTIGATIVE FEE: **\$250.00 (Transfer of License)**
Note: Administrative/Investigative fees may be higher depending on the number of persons for which we conduct a federal and state background check.
ADVERTISING FEE: **\$ 40.00 (Distilled Spirits)**
(Consumption on Premises & Retail Package)
3. **TYPE OF BUSINESS:**
- | | |
|--|---|
| <input type="checkbox"/> Bona Fide Eating Establishment | <input type="checkbox"/> Indoor Commercial Recreation Facility |
| <input type="checkbox"/> Super Market | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Caterer (must have alcohol by the drink license) |
| <input type="checkbox"/> Package Liquor Store (<i>see Item 14, Page 5</i>) | <input type="checkbox"/> Other |
- Explain: _____

Will live entertainment be offered? _____ If Yes, Explain: _____

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6. OWNER:

(a) Full Name: _____ Social Security # _____

(b) Corporation or LLC Name (if applicable): _____

(c) Location: _____
Street Number Street Name

City State Zip Code Phone Number

(d) Mailing Address: _____
Street Number Street Name

City State Zip Code Phone Number

7. REGISTERED AGENT: (Applicant may name a registered agent - attach Registered Agent Consent Form #2-A.)

(a) Full Name: _____ Social Security # _____

(b) Address: _____
Street Number Street Name

City State Zip Code Phone Number

8. TYPE OF OWNERSHIP:

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Private Held Corporation <input type="checkbox"/> Public Held Corporation Subject to S.E.C. Regulations <input type="checkbox"/> Other; explain _____ | <input type="checkbox"/> Legally Registered Partnership <input type="checkbox"/> Public Held Corporation <input type="checkbox"/> Limited Liability Company |
|--|---|

9. FOR PARTNERSHIP ONLY:

(a) Date the Partnership was formed: _____

(b) Attach Partnership Agreement

(c) List Partners:

| Name & Resident Address <small>(Attach separate sheet if necessary)</small> | Social Security Number | G - General L - Limited S - Silent | Interest Investment \$ | Participation % |
|--|------------------------------|--|------------------------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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10. FOR CORPORATION or LLC ONLY: (Attach Articles & Certificate of Incorporation/ Organization)

- (a) Date of Incorporation/Organization: _____
- (b) Place of Incorporation/Organization: _____
- (c) State Parent Corporation, if applicable: _____
- (d) Number of Shares of Capital Stock Authorized, if applicable: _____
- (e) Number of Shares of Outstanding Stock, if applicable: _____
- (f) For Corporations or LLC's, list officers, directors, members, and/or principal shareholders with 20% or more of the stock:

| <i>Name</i> | <i>Social Security #</i> | <i>Position</i> | <i>Interest %</i> |
|-------------|--------------------------|-----------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- (g) Is the corporation owned by a parent corporation or held by a holding company? _____
If yes, explain: _____

11. FOR PRIVATE CLUBS ONLY:

- (a) Date of organization under the laws of the State of Georgia: _____
- (b) State the total number of regular dues paying members: _____
- (c) Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of distilled spirits beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club?

- (d) **Attach minutes of the annual meeting setting salaries.** For private club, list officers, directors and/or principal shareholders with 20% or more of the stock.

| <i>Name</i> | <i>Social Security #</i> | <i>Position</i> |
|-------------|--------------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

12. FINANCING:

- (a) Bank to be used by business, include branch: _____
- (b) State total amount of capital that is or will be invested in the business by any party or parties: _____
- (c) State total amount of funds invested by the owner: _____
- (d) State total amount of funds invested by parties other than the owner: _____
- (e) If any capital is borrowed:

| <i>Name of Lender</i> | <i>Date</i> | <i>Amount</i> | <i>Interest Rate</i> |
|-----------------------|-------------|---------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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13. GENERAL INFORMATION:

(a) Has owner and/or individual partner, shareholder, director, officer or member any interest in any manufacturer or wholesaler of alcoholic beverage? _____

(b) Has owner and/or individual partner, shareholder, director, officer or member received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? _____

(c) If answer is "Yes" to either of immediate foregoing, explain: _____

(d) Show hereunder any and all persons, corporations, partnerships, limited liability companies or associations (other than persons stated herein as owner(s), directors, officers or members) who have received or will receive, as a result of your operation under the requested license, 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 or limited liability company is listed as receiving an interest or income from this operation, show the names of the officers, directors or members of said corporation together with the names of the principal stockholders.

(e) List all other businesses engaged in the sale of alcohol beverages that you the owner, or any individual, partner, shareholder, officer, director or member has interest in, is employed by or is associated with in any way whatsoever, or has had interest in, has been employed by, or has been associated with in the past.

| <i>Name</i> | <i>Name or Business</i> | <i>Interest %</i> |
|-------------|-------------------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

14. FOR PACKAGE LIQUOR STORE APPLICANTS: *State of Georgia Regulations*****

The State of Georgia will **not** issue a State Alcohol License to any person who has more than two (2) retail package liquor licenses. See official language below. Do **not** apply for a Dawson County License if you already have (or have interest in) two (2) package liquor store licenses in the State of Georgia.

O.C.G.A. 3-4-21 and Regulation 560-2-2-40.

No person shall be issued more than two retail package liquor licenses, nor shall any person be permitted to have a beneficial interest in more than two retail package liquor licenses issued by the Department regardless of the degree of such interest.

For the purposes of explanation and applicability of the Code:

"Beneficial interest" as used here means: when a person holds the retail package liquor license in his own name, or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest in, or derives any economic benefit from, or has control over a retail package liquor business.

The term "person" shall include all members of a retail package liquor dealer licensee's family; and the term "family" shall include any person related to the holder of the license within the first degree of consanguinity and affinity as computed according to the canon law which includes the following: spouse, parents, step-parents, parents-in-law, brothers and sisters, step-brothers and step-sisters, brothers-in-law and sisters-in-law, children, step-children and children-in-law.

Do you currently hold any package liquor licenses in your own name or have a beneficial interest in any package liquor licenses as described above? _____ Yes _____ No If yes, attach a separate sheet listing names, addresses, and license numbers.

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NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, DAWSON COUNTY

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT _____ SIGNED HIS NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS _____ DAY OF _____, 20 ____ .

NOTARY PUBLIC

FOR OFFICIAL USE ONLY:

PLANNING AND DEVELOPMENT REVIEW:

Date: _____

APPLICANT HAS OBTAINED ALL NECESSARY PERMITS AND LICENSES. (Building Permit / Business License)

Planning and Development Director

APPLICANT HAS COMPLETED ALL NECESSARY INSPECTIONS. (Fire Dept. / Health Dept. / Dept. of Agriculture-Retail Package only)

Planning and Development Director

APPLICANT HAS COMPLETED **PREMISE & STRUCTURE FORM # 3** AND ATTACHED ALL REQUIRED INFORMATION IN ITEMS 10 through 15.

Planning and Development Director

FOR OFFICIAL USE ONLY:

SHERIFF DEPARTMENT REVIEW:

Date: _____

APPLICANT HAS COMPLETED ALL REQUIREMENTS FOR FEDERAL AND STATE BACKGROUND CHECK AND IS APPROVED FOR THIS APPLICATION PROCESS.

Sheriff