



5047 Union Street
 Union City, GA 30291
 Phone (770) 515-7807
 Fax (770) 969-8795

Alcoholic Beverage License Application

FOR OFFICIAL USE ONLY:

FOR OFFICIAL USE ONLY:

Date Received: _____ 20____

Approved as to
 form by: _____ Date: _____ 20____

State License No. _____

Local License No. _____

TYPE OF LICENSE:

Retail
 Pouring _____

Fee Enclosed _____

Mayor and Council Action:

Approved _____ 20____
 Denied _____ 20____

 Community Development Director
 City of Union City, Georgia

ORIGINAL APPLICATION FOR LICENSE FOR (CHECK ONE)

- PACKAGE SALES
 - ON-PREMISE CONSUMPTION
 - IN SPIRITOUS LIQUORS
 - IN VINOUS LIQUORS
 - IN MALT LIQUORS
 - IN SUNDAY SALES (ON PREMISE ONLY)
-

INSTRUCTIONS: Read through entire application before answering any questions. EVERY question and sub-question must be fully and completely answered. Do not leave any questions blank. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When the form is completed, it must be dated, signed and verified under oath by the applicant and filed with the Community Development Director, City of Union City, Georgia, together with all supporting papers, one complete copy, and money order or certified check for the exact fee. A copy of the relevant alcoholic beverage ordinance is available for your use.

1. (a) Full name, address & legal residence of person making application.

Name: _____

Address: _____

Resident of: City _____ County _____ State _____

(b) Is the above address your legal and bona fide place of domicile? _____

(c) How long have you lived at the above address? _____

(d) Please list all legal addresses and residences for the last ten (10) years, and state the length of time you resided there. (attach separate sheet if necessary)

Address	City	County	State	#Years residence

2. Trade name of business for which license is requested:

3. Location of business for which license is requested:

Address _____

Telephone Number: _____

Mailing Address: _____

(If different from above)

4. Name and residence of each person, partnership and corporation having any ownership interest in the business, and the amount of such interest.

Name	Residence	Interest

5. (a) Will this business be owned by the applicant as a sole proprietorship? Yes _____ No _____

(b) If this business will be owned-in whole or in part by a partnership, corporation or any other association, list the members of such organization and give their address, county and state of their legal residence, and the amount of their interest.

Name	Address	Interest
------	---------	----------

Name	Address	Interest
------	---------	----------

6. How much of the capital of this business is borrowed and from whom? (attach exhibits if necessary)

Amount	Lender	Address
--------	--------	---------

Amount	Lender	Address
--------	--------	---------

7. Does any person or organization listed in questions (1), (4), (5) or (6) have any financial interest whatsoever in any other business selling distilled spirits, wine or beer, either in this state or any other state? If so, list the name of such person or organization, the name and location of such other business, and the amount and type of interest.

8. (a) Is the applicant and/or license holder the owner of the building where business is to be conducted? _____

(b) Is the applicant and/or license holder the owner of the land where business is to be conducted? _____

(c) If your answer is "No" to either question, state whether you lease, sublease, or rent the building and whether you lease, sublease, or rent the land, or both _____

9. (a) State the full name and address of the owner of the building, the name and address of the owner of the land, and the name and address of all lessors and/or sublessors. Attach copies of all lease agreements as exhibits to question 9.

Building Owner	Address	Relationship to applicant/other owners
----------------	---------	--

Land Owner	Address	Relationship to applicant/other owners
------------	---------	--

Other	Address	Relationship to applicant/other owners
-------	---------	--

(b) Has the applicant and/or license holder entered into an agreement or contract with either the owner, lessor or sublessor for either the building or the land or both which provides for the payment of rent on a percentage or profit sharing basis? _____

If "yes", please list the terms of such agreement or contract, and attach a copy of such agreement or contract if in written form.

10. What is the distance from the entrance of the relevant building, utilizing the most direct route of travel on the ground, to the building entrance of the following:

(a) Alcoholic Treatment Center _____

(b) Church _____

(c) School Ground or College _____

(d) Housing Authority property _____

11. Excepting the front entrance, describe each entrance and exit to or from your place of business, and any passageways between your place of business and any adjacent place of business: _____

12. Name the manager of the business for which this application is filed and state how he is compensated.

Name	Address
------	---------

Compensation: Check One: Salary Hourly Commission Combination of any 3

13. List all other liquor, beer or wine businesses that your general manager is interested in, employed by, or associated with, in any way whatsoever:

Name	Address
Liquor, beer or wine business name	Type of interest and amount

14. Does any non-resident of the State of Georgia interested in the operation of this business? If so, list such non-resident's legal name and address and what interest is involved.

Name	Address	Interest
Name	Address	Interest

15. List all employees of this business involved in serving, pouring, or bartending positions, or in cashier positions. List all managers and/or supervisors. Note: Applies only to the particular business for which the license application is made. (Attach exhibits if necessary)

Name	Position	Name	Position
Name	Position	Name	Position

16. If you acquired this business or propose to acquire it from some previous licensee, give the name of the previous licensee, the State License Number of the previous license, and the date acquired or to be acquired, and state briefly the consideration involved in such acquisition. _____

17. Has any place of business engaged in the sale of distilled spirits, wine or beer with which you have been associated ever been cited or charged at any time with any violation of federal law, state law, county law, or municipal law, or any rule, regulation or ordinance, concerning the sale of such products?

Authority issuing citation	violation alleged	results
Authority issuing citation	violation alleged	results

18. Did the applicant or any person listed in questions 4, 5(b) or 6 have any interest in any business engaged in the sale of distilled spirits during the preceding calendar year? If so, state:

Name	Business	Interest
------	----------	----------

Name	Business	Interest
------	----------	----------

19. (a) List the name of the spouse of any person mentioned in questions 1, 4, or 5(b) who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Business	Interest
------	----------	----------

(b) List the name of the father, mother, brother, sister, son, or daughter or the spouse of any such relative, of any person mentioned in questions 1, 4 or 5(b) who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Business	Interest
------	----------	----------

Name	Business	Interest
------	----------	----------

Read and Complete the following:

20. There must be submitted with this application, as Exhibits A-1, A-2, etc., a personnel statement from the applicant and from each person listed in questions 4 and 5. Such personnel statements shall be deemed to be incorporated into and made a part of this application, and any false statement in this application or in any such personnel statement shall constitute cause for the revocation of any license issued pursuant to this application. Indicate here the number of personnel statements attached hereto. _____
21. As to the applicant, if an individual, and as to the managing officer or partner, if a corporation or partnership, there must be attached to this application as Exhibit B an affidavit by some person having knowledge of the facts concerning the residence of such applicant, managing officer or partner for the past ten years. Check here that such affidavit is attached. _____
22. There must be attached hereto, as Exhibit C, documentation proving residence of the applicant in the State of Georgia for twelve (12) months prior the year for which application is made. Such documentation can include copies of a county tax bill showing a homestead exemption, a lease agreement, a deed, or some identification showing an address. Check here that such documentation is attached. _____

23. There must be attached to this application as Exhibit D a certificate from a registered surveyor showing a scale drawing of the location of the proposed premises and the straight line distance from the proposed premises to the building and property line of the nearest alcoholic treatment center, church, school, college, housing authority property and the nearest three (3) occupied commercial establishments. The scale drawing shall also show the straight line distance from the front entrance of the proposed premises to the front entrance of the relevant building utilizing the most direct route of travel on the ground. Check here that such exhibit is attached. _____

24. There must be attached, as Exhibit E, approved building/site plans, showing seating and building requirements. Plans will have approved stamp and approval by the City of Union City, Georgia, Building Inspector or City Administrator. Check here that such exhibit is attached. _____

25. 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, or any personnel statement which is made a part of this application, such change must be reported to the city administrator within ten (10) days. The failure to make such report shall be cause for the revocation of any license issued pursuant to this application. Initial below to indicate that this is fully understood. _____

26. Please initial each following paragraph if you have read it, understand it, and agree with the information contained therein.

(a) I agree to abide by all laws, rules and regulations of the United States, the State of Georgia and the City of Union City, either now in force or hereafter promulgated or enacted, regulating and governing the sale of alcoholic beverages and liquors. _____

(b) I understand that any license issued shall be valid from the date of issuance or the first day of January of each subsequent year, and shall expire December 31, in the year issued. I also understand that no license shall be assignable or transferable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of revocation of said license or for any other reason. _____

(c) As applicant and/or license holder, I have read the Ordinance governing the sale of beer, wine, or other alcoholic beverages, and all amendments thereto in the City of Union City, Georgia. _____

28. Complete and initial the following statement if you have read and understand it.

I submit herewith the sum of \$ _____ dollars as payment in full of the investigation fee, with the understanding that if for any reason the license shall not be granted, the investigation fee will not be refunded. _____

NOTE: BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS APPLICATION IS TO BE EXECUTED UNDER OATH, IS SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HERewith. APPLICANT UNDERSTANDS THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION IS CONDITIONED UPON THE TRUTH OF THE ANSWERS AND STATEMENTS MADE HEREIN, AND ANY FALSE OR FRAUDULENT STATEMENT OR ANSWER WITHIN THIS APPLICATION OR ATTACHMENTS THERETO SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION.

VERIFICATION

STATE OF _____, _____ COUNTY

I, _____, applicant do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City of Union City license as a dealer in alcoholic beverages and/or liquors are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

Applicant's Signature (Full Name in Ink)

I certify that _____
(above-named applicant)

is personally known to me, that he/she signed his/her name to the foregoing application after stating to me that he/she 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.

This _____ day of _____, 20_____

NOTARY PUBLIC

(AFFIX SEAL)

PERSONNEL STATEMENT
ATTACHMENT A-_____

1. Full Name: _____
2. Social Security Number: _____
3. Address: _____
4. Telephone Number: (Business) _____ (Home) _____
4. Trade name and address of business of which this application is a part. _____

6. Indicate your position in business (owner, co-owner, manager, or specific employee position).

State any ownership interest, or profit-sharing interest, in this business: _____

Salary _____

7. Do you have any financial interest in, or are you employed by, any other business where alcoholic beverages are sold or consumed? If so, give names and locations of such other businesses, and amount of interest in each, or salary paid by each. _____

8. Place of Birth: _____ Date of Birth: _____

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

Date, Place and Court: _____

Certificate #: _____ Petition #: _____

Derived Parents Certificate #'s: _____

Alien Registration #: _____

Native Country: _____ Date and Port of Entry: _____

9. How many consecutive years and months have you been a resident of Georgia?

Years _____ Months _____

10. Check marital status: Single _____ Married _____ Widowed _____
Divorced _____ Separated _____

11. If married or separated, complete the information below on spouse

Full Name of Spouse _____

Social Security # _____ Wife's Maiden Name _____

Date of Birth _____ Place of Birth _____

Place of Marriage _____ Name of Spouses Employer _____

Address and Phone # of Spouses Employer _____

12. Within the ten (10) years immediately preceding the date of the signing of this application, have you been convicted of, or entered a plea of nolo contendere for, any felony or crime involving moral turpitude? _____ If yes, explain.

13. Height _____ Weight _____ Sex _____ Age _____

Race _____ Color of Hair _____ Color of Eyes _____

14. Are you an elected or appointed officer, agent or employee of Union City? _____

If yes, list position or connection with City. _____

15. Are you a registered voter in the State of Georgia? _____

In what county? _____ How many years? _____

16. Have you ever had any financial interest in an alcoholic beverages business which was denied a liquor license? If so, give full details. _____

17. Has any alcoholic beverages business in which you hold, or have held, any financial interest, or are employed or have been employed, ever been cited for any violation of the rules and regulation's of any state, or of any county or city ordinances, relating to the sale and distribution of alcoholic beverages? If so, give full details. _____

18. List employment record for the past ten years. (Give most recent experience first. If self - employed, give details.)

<u>Dates Employed</u>	<u>Company</u>	<u>Address</u>	<u>Supervisor</u>	<u>Phone #</u>

19. List in reverse chronological order all of your residences for the past ten years.

<u>Dates Resided</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZIP Code</u>

20. References. Give three personal references who are responsible, reputable adults, who have known you well during the past five years. Do not list relatives.

<u># Years Known</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZIP Code</u>	<u>Phone #</u>

21. Have you ever been arrested, or held, by Federal, State, or other law enforcement authorities, for any violation of any federal, state, county, or municipal law, regulation or ordinances? (Do not include traffic violations.) All other charges must be included even if they were dismissed.

<u>Date</u>	<u>Charge</u>	<u>Place where Charged</u>	<u>Disposition</u>

22. Attach passport size photograph (front view) taken within the past two (2) years. Write your name on the back of the photograph, and also include the name of the dealer submitting the license application.

ATTACH

PHOTOGRAPH

HERE

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.

VERIFICATION

STATE OF GEORGIA, _____ COUNTY.

I, _____ do solemnly swear, subject to the penalties for false swearing, that the statement and answers made by me as the applicant in the foregoing personnel statement are true.

Date

Applicant's Signature
(full name and in ink)

I hereby certify that _____ is personally known to me,
(the above-named person)

that (s)he signed (his)(her) name to the foregoing personnel statement stating to me that (s)he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statement and answers are true.

This _____ day of _____, 20_____

NOTARY PUBLIC

(AFFIX SEAL)

WAIVER AND AUTHORITY FOR THE RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authority a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Union City, whether the said records are of 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 hospitals, clinics, private practitioners and U.S. Veteran’s Administration; employment and pre-employment records, including internal investigative reports, background reports, polygraph reports and charts, efficiency rating 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 any other document or article of information deemed pertinent for the purposes of assessing my suitability for issuance of an alcoholic beverage license.

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 in determining my suitability as a candidate for issuance of an alcoholic beverage license. I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said persons from any and all liability which may be incurred as result of furnishing such information.

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

Signed this _____ day of _____

Applicant Signature_____

Address_____

Telephone_____ Social Security#_____

Notary Public Certification

Signed before me this _____ day of _____

Notary Signature and Seal_____

**UNION CITY
POLICE DEPARTMENT**

**CONSENT TO OBTAIN CRIMINAL HISTORY & DRIVER'S
HISTORY FOR ISSUANCE OF PERMIT**

I hereby authorize the Union City Police Services Bureau and its agents to receive any criminal history or driver's history pertaining to me which may be in the files of any state or local criminal justice agency

Date: _____ Applicant Signature: _____

PRINT ALL OF THE FOLLOWING INFORMATION

NAME

Last Name First Name Middle Name

ADDRESS

Street # and Name Apt. # City/State/ZIP

TELEPHONE #

Area Code/Number

NAME OF BUSINESS
Associated with Permit

TELEPHONE #
Associated with Permit

Area Code/Number

DATE OF BIRTH

____/____/____

Month Date Year

SOCIAL SECURITY #

____-____-____

DRIVER'S LICENSE #

____-____

NOTARY SIGNATURE & SEAL

VITAL STATISTICS						
HEIGHT		WEIGHT	HAIR	EYES	SEX	RACE
FT	IN	LBS	Color	Color	M F	

DO NOT WRITE BELOW THIS LINE

Alcohol Permit Other: _____

Taxi Permit

Criminal History

Driver's History Other

Approved for Permit

Permit Denied

Permit Number

Receipt Number

APPROVED BY

Signature and Title

DATE APPROVED

____/____/____

Month Date Year