

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE FULTON COUNTY, GEORGIA

1. TYPE OF LICENSE -
- | | |
|---|--|
| <input type="checkbox"/> Wine and Malt Beverage | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Malt Beverage | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Wine | <input type="checkbox"/> Consumption on the Premises |
| <input type="checkbox"/> Distilled Spirits | <input type="checkbox"/> Manufacturer I |
| <input type="checkbox"/> Brew Pub | <input type="checkbox"/> Manufacturer II |

2. _____
Business or Trade Name

3. _____
Corporate Name

4. _____
Address Suite or Unit Number

5. _____
City State Zip Code

6. _____
Mailing Address Suite or Unit Number

7. _____
City State Zip Code

8. _____
Square Footage Parking Spaces Location Land Lot District

9. If owned as a corporation, where and when chartered: _____
Where When

President _____ Vice President _____

Secretary _____ Treasurer _____

Principal Stockholders (20% or more of the stock of the corporation, if none so state)

Name _____% _____ Name _____% _____

Name _____% _____ Name _____% _____

10. The following information must be furnished for each owner, partner or principle stockholder:
(Attach additional sheets if necessary)

Full Name of Owner _____

Residence Address of Owner _____

Phone _____
Residence Business Fax

_____ Date of Birth Social Security Number

_____ Place of Birth Length of Residence (Fulton County/ Georgia)

Is owner an American Citizen? YES NO

Is owner an Alien lawfully admitted for the permanent resident status? [] YES [] NO

Is owner, spouse or minor child employed by Fulton County? [] YES [] NO

Is owner related to a Fulton County employee? [] YES [] NO If yes, give name and relationship:

Name Relationship

Present occupation of owner _____

Prior business(es) of owner for preceding 10 years _____

Name and address of 5 persons who have known owner for 10 years:

Name Address

11. If person other than the owner will be the license holder, the following information must be submitted:

Full Name of proposed license holder _____

Residence Address of proposed license holder _____

Phone _____
Residence Business Fax

Date of Birth Social Security Number

Place of Birth Length of Residence (Fulton County/ Georgia)

Is proposed license holder an American Citizen? [] YES [] NO

Is proposed license holder an Alien lawfully admitted for the permanent resident status? [] YES [] NO

Is proposed license holder, spouse or minor child employed by Fulton County? [] YES [] NO

Is proposed license holder related to a Fulton County employee? [] YES [] NO

If yes, give name and relationship:

Name Relationship

Present occupation of proposed license holder _____

Prior business(es) of proposed license holder for preceding 10 years _____

Name and address of 5 persons who have known proposed license holder for 10 years:

Name

Address

12. Is owner or proposed license holder, or relative thereof by blood or marriage associated in any way with any other retail, wholesale or manufacturer of alcoholic beverages in the State of Georgia? [] YES [] NO

If yes, give particulars: _____

13. Has owner or proposed license holder previously held a license to sell alcoholic beverages? [] YES [] NO
If yes, has owner or proposed license holder violated law, regulation or ordinance relating to such business or had an alcoholic beverage license suspended or revoked? [] YES [] NO

If yes, give particulars: _____

14. Has owner or proposed license holder ever been arrested, charged, convicted, pled guilty or entered a plea of nolo contendere for any felony misdemeanor or violation of any ordinance (except traffic violations) in any Municipal, County, State or Federal Court? [] YES [] NO

If yes, give particulars: _____

15. Bank to be used by business, include branch address: _____

16. Name and address of any person, firm, or corporation, other than owner, which has any interest in the business for which this license is requested. Give the nature and amount of interest:

Name Address Nature Amount

Name Address Nature Amount

17. Is there an existing agreement for the sale or transfer of this license, if granted, to another person, firm or corporation? [] YES [] NO

If yes, give particulars: _____

18. Are finances for the proposed business owned or borrowed? _____

If borrowed, give the name of the lender: _____

CERTIFICATION

The undersigned hereby certifies that he/she is the _____ of
Title

_____ and is authorized to sign this application on behalf of the applicant.

Business Name

The undersigned further certifies that:

I have read the Fulton County Alcoholic Beverage Ordinance and a copy will be maintained on the premises, and each and every employee will be required to be familiar with said regulation;

I will comply with all laws, rules and regulations of the United States, the State of Georgia, and Fulton County, now in force or which may hereafter be promulgated or enacted, regulating and governing the sale of distilled spirits, wine and malt beverages.

I understand that any license issued shall cover the period of one year commencing the 1st day of January and expiring December 31, and that no license shall be assignable or transferable, nor am I entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that making false or fraudulent statements and/or representations may subject me to criminal and/or civil penalties including a fine and/or imprisonment.

Submitted here with is the sum of \$ _____ to cover the **ESTIMATED** cost of the newspaper advertising on behalf of this application. Any remainder will be paid prior to the issuance of the license. Any overage in excess of \$1.00 will be refunded.

Submitted herewith in either check or money order payable to Fulton County, Georgia is the sum of \$ _____ as payment in full for the license fee and to include the amount of \$855.00 to cover investigation costs and \$75.00 for a fire inspection.

I understand that if for any reason a license should not be granted, the sum of \$ _____ (license fee) tendered hereunder shall be refunded, but that advertising costs which have been expended and the sum of \$930.00 will be retained by Fulton County to defray investigation expenses and fire inspection expenses.

I solemnly swear that the facts stated in the above and foregoing application for a license in unincorporated Fulton County, Georgia, are true and correct.

Signature of Applicant

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

Notary Public

My commission expired: _____