Alcohol License
REQUIRED INFORMATION ACKNOWLEDGEMENT

The following list of items must be submitted on the Georgia Department of Revenue website when applying for an Alcohol License. **Applications cannot be submitted to the Board of Commissioner's Office.** The Georgia Department of Revenue is now requiring the application process to be completed from their site. Do NOT bring any paperwork to the Board of Commissioner's Office. They will not be able to take anything but a a payment.

A complete Alcohol License Packet includes:

_____ Completed Application and Personnel Statement Signed and Sealed

_____ If NEW Business, provide a Completed Occupational Tax Return.

_____ Completed Affidavit (OCGA 50-36-1e2 Affidavit) & Verifiable Document

_____ Completed Private Employer Affidavit

_____ Copy of Food Health Permit

_____ Detailed sketch of completed building and outside premises.*

_____ Proposed plans, specifications and copy of Building Permit.*

_____ Evidence of ownership of building or a copy of the Lease Agreement.

_____ Copy of Note(s)/Evidence of Indebtedness. Include all amendments.

_____ Passport-size photograph (front view) taken within the past two years. The picture must include the individual's name **and** the name of the dealer submitting the application.

_____ Other information: _____

_____ All applicable license fees. To be paid **AFTER** receiving a confirmation number from the Georgia Department of Revenue website.

_____ Fingerprint Cards and Background Check for Registered Agent.
After payment is received you will receive an email with directions on completing the requirement.

*If requesting a "Package Sales" license, also provide a scale drawing showing distances to any nearby Churches, Schools or Rehab Center. Or furnish certificate of Registered Surveyor that location complies with Ordinances.

OFFICE USE ONLY

Reviewed By: _____
Agent for Board of Commissioners

Date: _____

ALCOHOLIC BEVERAGE LICENSE APPLICATION

Instructions

- Type all information or write legibly in ink.
- Complete every question fully and correctly.
- If spaced provided is not sufficient, use separate sheet and indicate that answer is attached.
- Please use "N/A" for those questions that do not apply.
- When complete, application must be dated, signed and verified under oath by the licensee.
- ALL supporting documents must be uploaded to the Georgia Dept. of Revenue website
- All applicable license fee(s) must be paid in person to the Greene County Board of Commissioner's Office.

PART I

Type License: _____ New _____ Renewal

Type Business: _____Hotel/Motel _____Restaurant _____Private Club

Type of Ownership: _____Individual _____Corporation

State in detail what **OTHER** kind of business you will operate **in connection with** the above business. _____

PART II

Business Information

_____
Business Name

_____
Address

_____ _____ _____
City State Zip

Business Information

_____
Business Name

_____
Address

_____ _____ _____
City State Zip

PART III

Type of License:

This application is submitted for: (*Check all that apply.)*

Retail Package Dealer:

_____Liquor

_____Beer and Wine

Consumption on Premises:

_____Liquor

_____Beer and Wine

Have you ever applied for Alcoholic Beverage License?

_____Yes _____No

If so, give date of application and its disposition: _____

List the name, business address, and percent of interests for **each person, firm or corporation** having any interest in the business.

Name	Business Address	Percent of Interest
_____	_____	_____%
_____	_____	_____%

If a corporation holds an interest in this business, list the name, position held, address, and percent interest for **each officer and board member of each corporation**.

Name	Position Held	Business Address	Percent of Interest
_____	_____	_____	_____%
_____	_____	_____	_____%

Name(s) and Address(es) of owner(s) of building and property.

Name	Address
_____	_____
_____	_____

State the straight line distance from the property line of the following to the wall of the building where alcoholic beverages are sold.

_____Church _____School _____Library _____Public Recreation

PART IV

VERIFICATION

STATE OF GEORGIA
GREENE 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 Alcoholic Beverage Application are true.

_____
Applicant's Signature

I, _____, hereby acknowledge that I have read and understand the Greene County Alcoholic Beverage Ordinance and that I have received copies of these Ordinances.

_____
Applicant's Signature

I, _____, acknowledge that I am aware and understand that as a licensee I will be liable for any violations of either the Greene County Alcohol Ordinances or the laws of the state of Georgia, by myself, my employees, associates, partners or other person or entity affiliated with the licensed operation.

_____
Applicant's Signature

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16- 10-20, and face criminal penalties allowed by such statute.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20____.

_____
Signature of Applicant

_____
NOTARY PUBLIC

_____
Printed Name of Applicant

My Commission Expires: _____

AFFIX SEAL

ALCOHOLIC BEVERAGE PERSONNEL STATEMENT

Instructions

- Type all information or write legibly in ink.
- Complete every question fully and correctly.
- If spaced provided is not sufficient, use separate sheet and indicate that answer is attached.
- Please use "N/A" for those questions that do not apply.
- When complete, application must be dated, signed and verified under oath by the licensee.
- ALL supporting documents must be uploaded to the Georgia Dept. of Revenue website
- All applicable license fee(s) must be paid in person to the Greene County Board of Commissioner's Office.

1. Full Name of Applicant: _____

   Social Security Number: _____

2. Trade Name of Business of which this ***Personnel Statement*** is a part: _____

   _____

   _____
   Business Address

   _____ _____ _____
   City State Zip

3. Position of Applicant in Dealer's Business: _____

   State Ownership or Profit Sharing Interest: _____% Salary: $_____

   Annual Profit or Compensation Derived from this Business or Expected: $_____

4. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the business premises? _____

   If yes, give details _____

5. Do you have any financial interest, or are you employed in any wholesale or retail alcoholic beverages business other than the business submitting the license application of which this ***Personnel Statement*** is a part? _____

   If yes, give names and locations and the amount of interest in each.

Name	Business Address	Percent of Interest
_____	_____	_____%
_____	_____	_____%

6. Do you presently have or have had in the past, any financial or ownership interest and/or presently employed, or in the past, been employed in any business engaged in distilling, bottling, or selling (wholesale or retail) alcoholic beverages in this state or outside this state which has not otherwise been disclosed in this statement? _____

   If so, explain: _____

   _____

7. Other names used by applicant: (Maiden Name, Names by Former Marriages, Former Names Changed Legally or Otherwise, Aliases, Nicknames, etc.)
   Specify which and show dates used.

Name	Changed By	Dates Used

8. Applicant's Home Address:

_____
Address

_____ _____ _____
City State Zip

9. Applicant's Business Address:

_____
Business Address

_____ _____ _____
City State Zip

10. Place of Birth:_____ Date of Birth:_____

U.S. Citizen: *(Yes/No)* _____ If yes, by Birth_____ Naturalized:_____

11. How many **consecutive** years and months have you been a legal resident of Georgia?

Years:_____ Months:_____

12. Marital Status: Single:_____ Married:_____ Divorced:_____ Widowed:_____

If Married, Divorced or Widowed:

Spouse's Full Name:_____

Place of Birth:_____ Date of Birth:_____

Wife's Maiden Name:_____

13. Did you file a Georgia Income Tax Return for last calendar year? Yes_____ No_____

Amount of Taxes Paid: $_____

14. Did you file and pay any **County** Property Tax for last calendar year? Yes_____ No_____

Amount of Taxes Paid: $_____ County:_____

15. Did you file and pay any **City** Property Tax for last calendar year? Yes_____ No_____

    Amount of Taxes Paid: $_____ City:_____

16. Do you owe the state of Georgia any taxes or other charges? Yes_____ No_____

    If so, explain:_____

    _____

17. Have you ever had any financial interest in an alcoholic beverages business which was **denied** a liquor license? Yes:_____ No:_____

    If yes, give details:_____

    _____

    _____

18. Has any alcoholic beverage 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 regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages? Yes:_____ No:_____

    If yes, give details:_____

    _____

    _____

19. Are you a member of, or affiliated in any way with any alcoholic beverages trade association, organization or group? Yes:_____ No:_____

    If yes, give names and dates applicable:_____

    _____

20. Do you pay dues, fees or commissions or make contributions to such organizations?

    Yes:_____ No:_____

    If yes, state the amount paid to each during each of the last four calendar years:

    Year One: $_____ Year Two: $_____ Year Three: $_____ Year Four: $_____

21. Does any member of your, or your spouse's, immediate family presently have, or have had in the past, any license or financial or ownership interest whatsoever in any business dealings in alcoholic beverages?

    If yes, give details:_____

    _____

22. Have you during the past ten years applied for any local or state alcoholic beverage license in this state or outside this state?

    If yes, give details:

Date	License Number	Results of Application
Date	License Number	Results of Application
Date	License Number	Results of Application

23. Education *(**Above Elementary.** Please provide the following:)*

Name of School	Address	Dates Attended	Degree/Certificate
Name of School	Address	Dates Attended	Degree/Certificate
Name of School	Address	Dates Attended	Degree/Certificate

24. Employment Record: *(**Most Recent First**. If self-employed, give details.)*

Date	Employer	$_____ Salary	State of Employment
Brief Description of Duties		Reason for Leaving	
Date	Employer	$_____ Salary	State of Employment
Brief Description of Duties		Reason for Leaving	
Date	Employer	$_____ Salary	State of Employment
Brief Description of Duties		Reason for Leaving	

25. Places of Residency: Most recent first.

Date	Address	City	State	Zip Code
Date	Address	City	State	Zip Code
Date	Address	City	State	Zip Code

26. References: (Three personal references who have known you well during the past FIVE years)

NOT Relatives, Former Employers, Fellow Employees, or School Teachers)

Name	Residence	Business Address	# of Years Known
Name	Residence	Business Address	# of Years Known
Name	Residence	Business Address	# of Years Known

27. Military Service:

Serial Number	Branch of Service	Period of Service	Type of Discharge

28. Have you ever been arrested or held by Federal, State or other Law Enforcement Authorities, for any violation of any Federal Law, State Law, County or Municipal Law, Regulation or Ordinance.

Do NOT include traffic violations.

Reason Charged or Held	Date	Place Charged	Disposition
Reason Charged or Held	Date	Place Charged	Disposition

29. State amount of capital that is or will be invested in business:

$_____

State amount of capital that you, the applicant, personally have invested, or will invest in business:

$_____

State amount of capital of business which is or will be borrowed:

$_____

30. Evidence of Indebtedness:

_____	_____	
Name of Lender	Address	
$_____	_____	_____%
Amount Borrowed	Date	Interest Rate

_____	_____	
Name of Lender	Address	
$_____	_____	_____%
Amount Borrowed	Date	Interest Rate

VERIFICATION

STATE OF GEORGIA
GREENE 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 personnel statement are true.

_____
Applicant's Signature

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16- 10-20, and face criminal penalties allowed by such statute.

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE ____ DAY OF _____, 20____.

_____
Signature of Applicant

_____
Printed Name of Applicant

_____
NOTARY PUBLIC

My Commission Expires: _____

AFFIX SEAL

1034 Silver Drive, Suite 201
Greensboro, GA 30642
Phone 706-453-7716

☐ Renewal ☐ New Business ☐ Out of Business
Date closed:_____

**All applications must be filled out completely. Incomplete forms will not be processed.

COMPANY INFORMATION	
Business Name (including DBA name)	
Owner's Name	
Email address	
Phone	( ) - ☐Business ☐Home ☐Mobile ☐Fax
Other Phone/Fax	( ) - ☐Business ☐Home ☐Mobile ☐Fax
Business Address	
City	State Zip
Mailing Address (if different)	
City	State Zip

SUB-CONTACTS (if different from owner and may include operator/manager/etc)	
Name(s)	
Phone	( ) - ☐Business ☐Home ☐Mobile ☐Fax
Email address	

CERTIFICATIONS	
Does your business or occupation require State of Georgia licensure?	
If yes, provide license number here & attach copy of your State license:	

Turn over for page 2 of application

BUSINESS INFORMATION	
Company Type (sole proprietor, LLC, Corporation, etc)	
Federal Employer Identification Number or Social Security Number	
Georgia Sales and Use Tax Number (if applicable)	
Date Business Started (new applications only)	
NAICS Code (**six-digit number**) You can look it up here by business type: https://www.census.gov/eos/www/naics/	*example- 236115 (single- family house construction by general contractors)*
Business Description	
Number of Employees	

I certify that the information submitted is true and correct.

_____ _____ _____
Signature of Applicant Title Date

Office Use Only – Please do not fill out

Reviewed by: _____ Zoning: _____

Permitted use? _____ List use:_____

Other reason for allowing occupancy type:_____

License#		Fee		Payment		Date	

PRIVATE EMPLOYER AFFIDAVIT

THIS FORM MUST BE COMPLETED. IF YOU SELECT (a), LIST YOUR FEDERAL WORK PROGRAM AUTHORIZATION IDENTIFICATION NUMBER AND DATE AUTHORIZED. ALL FORMS MUST BE SIGNED BY AN AUTHORIZED OFFICER OR AGENT OF THE BUSINESS AND NOTARIZED.

Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, as an applicant for a Business License as referenced in O.C.G.A. §36 -60 -6(d), from Greene County, Georgia, the undersigned applicant representing the private employer known as __ _____ verifies one of the following with respect to the application for the above mentioned document:

Section 1.

CHECK ONLY ONE.

(a)_____The individual, firm, or corporation employed **more than** ten (10) employees.
(Enter your Federal Work Authorization User Identification Number and Date of Authorization)

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6. The undersigned private employer also attests that its federal work authorization user identification number (NOT YOUR FEDERAL TAX ID NUMBER) and date of authorization are as listed below:

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

(b)_____The individual, firm, or corporation employed ten (10) **or fewer** employees.

Section 2.

ALL FORMS MUST BE SIGNED AND NOTARIZED.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16- 10-20, and face criminal penalties allowed by such statute.

Executed on the_____ day of _____, 20____ in,_____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20____.

_____
Signature of Authorized Officer or Agent

_____
NOTARY PUBLIC

_____
Printed Name of and Title of Authorized Officer or Agent

My Commission Expires: _____