

**Alcohol License REQUIRED INFORMATION ACKNOWLEDGEMENT**

All application must be returned complete with attachments and supporting documentation.  
Please check your submission for the following:

- \_\_\_\_\_ Completed Application and Personnel Statement  
Signed and Sealed
- \_\_\_\_\_ All applicable license fees
- \_\_\_\_\_ Fingerprint Cards and background check for registered agent
- \_\_\_\_\_ 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 Copy of Lease Agreement
- \_\_\_\_\_ Copy of Note(s)/ Evidence of Indebtedness
- \_\_\_\_\_ Passport-size photograph (front view) from within last two years
- \_\_\_\_\_ Other information: \_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

\*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: \_\_\_\_\_ Date: \_\_\_\_\_

Agent for Board of Commissioners



PART III.

THIS APPLICATION IS SUBMITTED FOR:  
(Check all that apply)

Retail Package Dealer: \_\_\_\_\_ Liquor \_\_\_\_\_ Beer & Wine  
Consumption on Premises: \_\_\_\_\_ Liquor \_\_\_\_\_ Beer & Wine

STATE IN DETAIL WHAT OTHER KIND OF BUSINESS YOU WILL OPERATE IN CONNECTION WITH THE ABOVE BUSINESS:

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER APPLIED FOR AN ALCOHOLIC BEVERAGE LICENSE BEFORE? IF SO, GIVE DATE OF APPLICATION AND ITS DISPOSITION:

\_\_\_\_\_

LIST THE NAME, BUSINESS ADDRESS, AND PERCENT OF INTEREST FOR EACH PERSON, FIRM OR CORPORATION HAVING ANY INTEREST IN THIS BUSINESS.

\_\_\_\_\_  
Name Business Address Percent of Interest

\_\_\_\_\_  
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 Position Held Business Address Percent of Interest

NAME(S) AND ADDRESS(ES) OF OWNER(S) OF BUILDING AND PROPERTY:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
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 \_\_\_\_\_

ATTACH A PASSPORT-SIZE PHOTOGRAPH (FRONT VIEW) TAKEN WITHIN THE PAST TWO YEARS. WRITE NAME ON BACK OF PHOTOGRAPH AND ALSO THE NAME OF THE DEALER SUBMITTING LICENSE APPLICATION.

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 ORDINANCES 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 ANY OTHER PERSON OR ENTITY AFFILIATED WITH THE LICENSED OPERATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT \_\_\_\_\_ IS PERSONALLY KNOWN TO ME, THAT HE 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 STATEMENT AND ANSWERS ARE TRUE.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 19\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
- AFFIX SEAL

**ALCOHOLIC BEVERAGE PERSONNEL STATEMENT**

**INSTRUCTIONS:** TYPE ALL INFORMATION OR WRITE LEGIBLY IN INK. COMPLETE EVERY QUESTION FULLY AND CORRECTLY. IF SPACE 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, SUBMIT ALONG WITH ALCOHOLIC BEVERAGE LICENSE APPLICATION.

1. FULL NAME OF APPLICANT: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_

2. TRADE NAME OF BUSINESS OF WHICH THIS PERSONNEL STATEMENT IS A PART:

\_\_\_\_\_  
ADDRESS OF BUSINESS: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

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.

<i>Name</i>	<i>Changed By</i>	<i>Date Used</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. APPLICANT'S HOME ADDRESS:

\_\_\_\_\_

<i>Street Address</i>	<i>City, State</i>	<i>Zip</i>
-----------------------	--------------------	------------

9. APPLICANT'S BUSINESS ADDRESS:

\_\_\_\_\_

<i>Street Address</i>	<i>City, State</i>	<i>Zip</i>
-----------------------	--------------------	------------

10. PLACE OF BIRTH: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 U.S. CITIZEN(Y/N): \_\_\_\_\_ 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? \_\_\_\_\_  
 AMOUNT OF TAXES PAID: \_\_\_\_\_

14. DID YOU FILE AND PAY ANY COUNTY PROPERTY TAX FOR LAST CALENDAR YEAR? \_\_\_\_\_  
 AMOUNT OF TAXES PAID: \_\_\_\_\_ COUNTY: \_\_\_\_\_

15. DID YOU FILE AND PAY ANY CITY PROPERTY TAX FOR LAST CALENDAR YEAR? \_\_\_\_\_  
AMOUNT OF TAXES PAID: \_\_\_\_\_ CITY: \_\_\_\_\_

16. DO YOU OWE THE STATE OF GEORGIA ANY TAXES OR OTHER CHARGES? \_\_\_\_\_  
IF SO, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

17. HAVE YOU EVER HAD ANY FINANCIAL INTEREST IN AN ALCOHOLIC BEVERAGES BUSINESS  
WHICH WAS DENIED A LIQUOR LICENSE? \_\_\_\_\_  
IF YES, GIVE DETAILS:  
\_\_\_\_\_  
\_\_\_\_\_

18. 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 REGULATIONS OF THE STATE REVENUE  
COMMISSIONER RELATING TO THE SALE AND DISTRIBUTION OF ALCOHOLIC BEVERAGES?  
\_\_\_\_\_  
IF YES, GIVE DETAILS:  
\_\_\_\_\_  
\_\_\_\_\_

19. ARE YOU A MEMBER OF, OR AFFILIATED IN ANY WAY WITH ANY ALCOHOLIC BEVERAGES  
TRADE ASSOCIATION, ORGANIZATION, OR GROUP? \_\_\_\_\_  
IF YES, GIVE NAMES AND DATES APPLICABLE:  
\_\_\_\_\_  
\_\_\_\_\_

20. DO YOU PAY DUES, FEES, OR COMMISSIONS OR MAKE CONTRIBUTIONS TO SUCH  
ORGANIZATIONS? \_\_\_\_\_  
IF YES, STATE THE AMOUNT PAID TO EACH DURING EACH OF THE LAST FOUR CALENDAR  
YEARS:  
\_\_\_\_\_  
\_\_\_\_\_

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, AND RESULTS OF APPLICATION)  
\_\_\_\_\_  
\_\_\_\_\_

23. EDUCATION: (ABOVE ELEMENTARY, PLEASE PROVIDE THE FOLLOWING)

<i>Name of School</i>	<i>Address</i>	<i>Dates Attended</i>	<i>Degree/Cert</i>
<i>Name of School</i>	<i>Address</i>	<i>Dates Attended</i>	<i>Degree/Cert</i>
<i>Name of School</i>	<i>Address</i>	<i>Dates Attended</i>	<i>Degree/Cert.</i>

24. EMPLOYMENT RECORD: (MOST RECENT FIRST, IF SELF-EMPLOYED, GIVE DETAILS)

<i>Date</i>	<i>Employer</i>	<i>Salary</i>	<i>State of Employment</i>
<i>Brief Description of Duties</i>		<i>Reason for Leaving</i>	
<i>Date</i>	<i>Employer</i>	<i>Salary</i>	<i>State of Employment</i>
<i>Brief Description of Duties</i>		<i>Reason for Leaving</i>	
<i>Date</i>	<i>Employer</i>	<i>Salary</i>	<i>State of Employment</i>
<i>Brief Description of Duties</i>		<i>Reason for Leaving</i>	

25. PLACES OF RESIDENCY: (MOST RECENT FIRST)

<i>Date</i>	<i>Street Address</i>	<i>City, State</i>	<i>Zip</i>
<i>Date</i>	<i>Street Address</i>	<i>City, State</i>	<i>Zip</i>
<i>Date</i>	<i>Street Address</i>	<i>City, State</i>	<i>Zip</i>

26. REFERENCES: (THREE PERSONAL REFERENCES NOT RELATIVES, FORMER EMPLOYERS, FELLOW EMPLOYEES, OR SCHOOL TEACHERS WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE YEARS)

<i>Name</i>	<i>Residence</i>	<i>Business Address</i>	<i>Number of Years Known</i>
-------------	------------------	-------------------------	------------------------------

<i>Name</i>	<i>Residence</i>	<i>Business Address</i>	<i>Number of Years Known</i>
-------------	------------------	-------------------------	------------------------------

<i>Name</i>	<i>Residence</i>	<i>Business Address</i>	<i>Number of Years Known</i>
-------------	------------------	-------------------------	------------------------------

27. MILITARY SERVICE:

<i>Serial Number</i>	<i>Branch of Service</i>	<i>Period of Service</i>	<i>Type of Discharge</i>
----------------------	--------------------------	--------------------------	--------------------------

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 ORDINANCES? (DO NOT INCLUDE TRAFFIC VIOLATIONS.) \_\_\_\_\_  
 IF YES, GIVE DETAILS:

<i>Reason Charged or Held</i>	<i>Date</i>	<i>Place Charged</i>	<i>Disposition</i>
-------------------------------	-------------	----------------------	--------------------

<i>Reason Charged or Held</i>	<i>Date</i>	<i>Place Charged</i>	<i>Disposition</i>
-------------------------------	-------------	----------------------	--------------------

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:

<i>Name of Lender</i>	<i>Address</i>	<i>Amount Borrowed</i>	<i>Date</i>	<i>Int Rate</i>
-----------------------	----------------	------------------------	-------------	-----------------

<i>Name of Lender</i>	<i>Address</i>	<i>Amount Borrowed</i>	<i>Date</i>	<i>Int Rate</i>
-----------------------	----------------	------------------------	-------------	-----------------

ATTACH COPY OF NOTE (S) OR OTHER EVIDENCE OF INDEBTEDNESS WITH ALL AMENDMENTS

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.

\_\_\_\_\_  
APPLICANTS' SIGNATURE

I, HEREBY CERTIFY THAT \_\_\_\_\_ IS PERSONALLY KNOWN TO ME, THAT HE SIGNED HIS NAME TO THE FOREGOING PERSONNEL STATEMENT 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 STATEMENT AND ANSWERS ARE TRUE.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 19 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
-AFFIX SEAL