CITY OF JASPER GEORGIA

Beverage Licensing Department~200 Burnt Mountain Road~ Jasper, GA 30143~706-692-9100

ALCOHOLIC BEVERAGE LICENSE APPLICATION

CHECK LIST

- ☐ Application
- ☐ Copy of current lease, deed, or real estate purchase contract.
- ☐ Surveyor's certificate and surveyor's plat (Exhibit A)
- ☐ SAVE Affidavit
- ☐ Copy of Driver's License
- ☐ Once application is submitted the criminal history must be completed for the licensee and registered agent, if different. An appointment must be made with the Jasper Police Department-55 GG Lovell Street. Appointment must be made in advance by calling 706-692-9110.

CITY OF JASPER GEORGIA

Beverage Licensing Department~200 Burnt Mountain Road~ Jasper, GA 30143~706-692-9100

APPLICATION FOR CITY LICENSE TO SELL ALCOHOLIC BEVERAGES

(Application must be completed in full ~ submitted with a copy ~ both copies must be signed and notarized.)

Instructions: Every question must be fully and correctly answered. Questions must be typed or printed plainly in ink. 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 completed it must be dated, signed and verified, under oath by the applicant and filed with the City Manager, City of Jasper, Pickens County, State of Georgia, together with all supporting papers and money order or certified check for the exact fee. Personal checks will not be acceptable.

Please check the type of license for which applicant is applying:

RENEWAL TYPE:

Manufacturing License: ☐ Beer or Malt Beverages (Brewery) ☐ Wine (Winery) ☐ Distilled Spirits (Distillery)	**Wholesale Dealer License:** ☐ Beer or Wine ☐ Beer and Wine ☐ Distilled Spirits ☐ Beer, Wine, and Distilled Spirits
Retail Consumption Dealer: ☐ Beer or Wine ☐ Beer and Wine ☐ Distilled Spirits ☐ Beer, Wine, and Distilled Spirits	**Retail Package Dealer:** ☐ Beer or Wine ☐ Beer and Wine ☐ Distilled Spirits ☐ Beer, Wine, and Distilled Spirits
Special Licenses/Permits: ☐ Wine Specialty Shop ☐ Winery/Farm Winery ☐ Distillery ☐ Outdoor Recreational Store with a Tap Room	

License requested for calendar year _____

Full Name and address of legal residence or person making application:

Name: _____ Home Ph _____ Cell Ph _____

Address: _____

Resident of _____County, State of _____

Is the above address your legal and bona-fide place of domicile?
_____

How long have you lived at the above address? _____
If less than 10 years, give your previous legal address and length of time you resided at such address:
_____
Corporation or trade name of business for which license is applied: _____
_____

Address of business location for which license is applied: _____
_____

Telephone Number: _____ Business: _____ Home: _____

Mailing Address: _____
_____

Name and residence of each person, firm and corporation having any ownership interest in business and the amount of such interest:

_____
(Name) (Residence) (Interest)

_____
(Name) (Residence) (Interest)

_____
(Name) (Residence) (Interest)

How much of the capital of this business is borrowed and from whom?

_____
(Amount) (Lender) (Address)

_____
(Amount) (Lender) (Address)

_____
(Amount) (Lender) (Address)

Will this business be owned by the applicant as a sole proprietorship? _____

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 addresses, state and county of their legal residence, and the amount of their interest.

(Name)	(Address)	(Residence)	(Interest)
(Name)	(Address)	(Residence)	(Interest)

Does any person or organization previously listed 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 organization and such other business together with the location of the business and the amount and type of interest.

Are you a citizen of the United States? _____

Where were you born? _____

What has been your occupation for the past five (5) years? Give a detailed list.

What is the name of the person who, if the license is granted, will be the acting manager of the business and on the job at the store? _____

If the licensee is a partnership, state when and where the partnership was organized, or if the licensee is a corporation, state name and address of corporation, when and where incorporated, and the names and addresses of the officers and directors and attach a copy of the Articles of Incorporation and Bylaws.

_____

If operating as a corporation, list the stockholders with addresses and the amount of interest of each stockholder in the corporation, owning more than 10% of the stock.

_____

_____

_____

Is the applicant and/or license holder the owner of the building where the business is to be conducted?

_____

Are you also the owner of the land? _____

If you are the owner, state when it was purchased? _____

If applicant and/or license holder is not the owner, state whether you lease, sub-lease, and/or rent the building and whether or not you lease, or sub-lease the land, or both.

_____

State the full name and address of the owner of the building and the name and address of the owner of the land and the name and address of all lessors and sub-lessors and attach copies of all lease agreements.

_____

(Building Owner) (Address) (Relationship to Applicant or other Owner)

_____

(Land Owner) (Address) (Relationship to Applicant or other Owner)

_____

(Other) (Address) (Relationship to Applicant or other Owner)

Has the applicant and/or license holder entered into an agreement or contracted with either the owner or owners, lessors and sub-lessors for either the building or land or both, which provides for the payment of rent on a percentage or profit-sharing basis?

_____

What is the present zoning classification of the location on which the outlet will operate?

_____

Do you or does your spouse or does any member of your family own any interest in any outlet selling alcoholic beverages? _____ Relationship _____

If so, list information as to the interest involved, location, relationship, etc.

_____

_____

Attach a list of all your brothers, sisters, children, grandchildren, father-in-law, mother-in-law, mother and father. _____

_____

Does the corporation or partnership now own any interest in any wholesale or retail outlet of any type selling alcoholic beverages? If so, list outlet and address.

_____

(Name) (Address)

Are you or any member of your family the owner, lessor, sub-lessor of any real estate which is occupied by a retail alcoholic beverage outlet of any type? _____

If so, give the location, information as to any lease or rental agreement, amounts of rents received, to whom rented or leased:

_____

Are you or any member of your family the executor or administrator or beneficiary or heir of any estate or trust having any interest in a retail or wholesale alcoholic beverage establishment?

Yes _____ No _____

If so, give the location, amount of interest and your capacity with the estate:

_____

_____

Has the applicant or individual having an interest either as owner, partner, principal officer or stockholder been convicted or entered a plea of nolo contendere within 10 years immediately prior to the filling of this application for any felony or misdemeanor of any State or of the United States or for any municipal ordinance involving moral turpitude? Yes _____ No _____

If the answer is "Yes", describe in detail and give dates: _____

_____

_____

_____

Have you within 10 years immediately prior to the filling of this application been convicted or entered a plea of nolo contendere on any charge of tax evasion? Yes _____ No _____

If the answer is "Yes", state the offense and the disposition of the case:

_____

_____

Has the spouse of the applicant or the spouse of any individual having an interest either as owner, partner, principal officer or stockholder been convicted or entered a plea of nolo contendere within 10 years immediately prior to the filling of this application for any felony or misdemeanor of any State or of the United States or for any municipal ordinance involving moral turpitude? Yes _____ No _____

If the answer is "Yes", describe in detail and give dates:

_____

_____

_____

What type of outlet do you plan to operate under the license granted hereunder?

(a) Package store selling beer and wine.
(b) Package store selling beer, wine, and distilled spirits.
(c) Outlet selling alcoholic beverages for consumption on the premises.
(d) Brewery or Winery or Distillery
(e) Wine Specialty Shop
(f) Outdoor Recreational Store with Tap Room

Have you attached a survey of the outlet premises indicating distances from churches, schools, etc., as required by Ordinance? _____

Have you attached a site plan of the outlet including floor plan, entrances, set-backs, parking spaces, etc.? _____

Are you prepared to post notice of this pending application as required by Section 1.4 (G) of the City Ordinance? _____

Are you familiar with the restrictions on the advertising for sale of alcoholic beverages as required by Section 1.12 of the City Ordinance? _____

Do you understand that this license is not transferable? _____

Do you agree to keep the premises in which the sales are made clean, wholesome, sanitary and lighted? _____

Do you agree to abide by the Ordinance of the City of Jasper respecting your business? _____

Has the applicant or any individual having an interest either as owner, partner, or stockholder, or a spouse of such individual, been found guilty of violating the alcoholic beverage or malt beverage regulations of any City, State, or Federal regulatory agency? _____

Have your or your spouse any financial interest in any wholesale liquor business? _____

If so, please give details: _____
Excepting the front entrance, describe each entrance or exit to or from your place of business, and particularly any passageway between your place of business and any other adjacent place of business.

_____

_____

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

_____
(Name) (Address)

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)

_____
(Type Interest and Amount)

Name all employees of this business who will in any way handle alcoholic beverages and indicate their positions.

_____

_____

If you acquired this business or propose to acquire it from some previous licensee, give name and state license number of the previous licensee and the date acquired or to be acquired and state briefly the consideration involved. _____
_____

Has any place of business engaged in the sale of distilled spirits, wine, or malt beverages with which you have been associated ever been cited or charged at any time with any violation of Georgia law or Federal law or Municipal law or any rule or regulation or ordinance concerning the sale of such products?

_____

(Date) (Violation)

_____

(Authority Issuing Citation)

_____

(Violation)

_____

(Disposition)

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 within five (5) days. The failure to make such report shall be cause for revocation of any license issued pursuant to this application. Indicate here that this is fully understood. _____

Cash or certified check is enclosed in the amount of $ _____ to cover the investigation fee as required by the City ordinance setting forth rules and regulations for issuance of liquor licenses. Also enclosed is cash or certified check in the amount of $ _____ in payment of the license fees required. Check that such is enclosed. _____

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 and subject to the penalties of false swearing and it 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 that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to the application.

As applicant and/or license holder, I have read the Ordinance and all amendments pertaining to the Ordinance governing the sale of alcoholic beverages in the City of Jasper, Georgia.

_____
(Applicant's Signature)

_____ (Affix Seal)
(Notary Public)

_____
(Principal Officer's signature owning more than 10% of stock
in a corporation or any partnership's signature of the applicant)

_____ (Affix Seal)
(Notary Public)

_____
(Principal Officer's signature owning more than 10% of stock
in a corporation of any partnership's signature of the applicant)

_____ (Affix Seal)
(Notary Public)

FOR OFFICIAL USE ONLY:

Date Received: _____, 20 _____ Fee Enclosed: _____

Type of License: _____ Date Approved: _____, 20 ____

State License Number: _____

Local License Number: _____

Denied: _____, 20 _____

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) **Alcohol License**, as referenced in O.C.G.A. § 50-36-1, from **City of Jasper** , the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1.) _____ I am a United States Citizen

2.) _____ I am a legal permanent resident of the United States.

3.) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with and alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other Federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

In make 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 as allowed by such criminal statute.

Executed in _____(city), _____ (state).

_____
Signature of Applicant

_____
Printed Name of Applicant

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

_____
NOTARY PUBLIC
My commission Expires:

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ALCOHOLIC BEVERAGE REGISTERED AGENT CONSENT FORM
(Application must be completed in full)

FOR OFFICIAL USE ONLY:

Date Received: _____, 20 _____ Local License Number _____

Received by: _____

_____

Business Name: _____

Business Location: _____

City, State, Zip: _____

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of the Ordinances of the City of Jasper. (Every establishment holding an alcoholic beverage license in the City must have a registered agent.)

Approved: _____

_____	_____
(Signature of Agent)	(Licensee)
_____	_____
(Type or print name of Agent)	(Owner)
_____	_____
(Agent's Home Address)	(Owner)
_____	_____
(City, State, Zip)	(Officer or Director – Title)
	_____
	(Officer or Director – Title)

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AFFIDAVIT

STATE OF GEORGIA
COUNTY OF PICKENS
CITY OF JASPER

I, the undersigned, certify that the distance between _____

_____

and _____

_____

is 300 feet for beer and wine or 600 feet for distilled spirits. Therefore, it is in compliance with the Alcohol Beverage Ordinance enacted by the City of Jasper, Georgia.

_____ _____
Georgia Registered Land Surveyor Georgia R. L. S. Number

ATTESTED:

_____ _____
Deputy Clerk Date