

CHECKLIST FOR BEER & WINE RETAIL PACKAGE LICENSE:

- NOTARIZED APPLICATION FORM

- LICENSE APPLICATION FORM

- CONSENT FORMS/RELEASE (2)

- FINGERPRINT CARDS

- COPY OF APPLICATION FOR STATE LICENSE
WWW.ETAX.DOR.GA.GOV/

- EVIDENCE OF OWNERSHIP OF BUILDING OR COPY OF LEASE

- FINANCIAL STATEMENTS

- DETAILED PLANS OF BUILDING AND OUTSIDE PREMISES

- PERFORMANCE BOND \$500.00 (LETTER OF CREDIT OR CERTIFICATE OF DEPOSIT)

- O.C.G.A. § 50-36-1(e)(2) Affidavit and EVerify Form

City of Union Point
P. O. Box 233
Union Point Georgia 30669

Telephone
(706) 486-4102
Fax: (706) 426-4276

APPLICATION FOR RETAIL PACKAGE SALE LICENSE FOR BEER AND WINE

I, _____, am a potentially eligible applicant under the City of Union Point, Georgia Malt Beverage and Wine Retail Package Sale License regulations, a copy of which I have received and read and shall cause to be complied with at all times. I make application below for a retail package sale license for malt beverages and wine as follows:

Name of proposed license holder: _____

Name of business: _____

Business street address: _____

I am a citizen of the United States, at least 25 years of age and have been a resident of the State of Georgia for at least one (1) year prior to the filing of this application. I shall be actively involved in the management and operation of the business for which the license is requested. If I am making this application as an agent for a corporation or LLC or other entity, I state that the corporation or LLC or other entity is eligible for such a license, and I am authorized to act on its behalf and bind it through my actions herein. I agree on behalf thereof that any license to sell malt beverages or wine is a privilege, and not a right.

I understand that a violation of any of the laws, ordinances, regulations or statutes of the State of Georgia and/or the City of Union Point, Georgia, pertaining to the sale of malt beverages and/or wine may result in the suspension or revocation of the license. I further understand that the license can be revoked because of the violation of such law, statute, regulation or ordinance by any agent or employee of the business, including, but not limited to, the sale of beer or wine to a person under 21 years of age or on Sunday. I understand such offenses could lead to incarceration for up to six months.

I further agree to accept all communications at the above address from the City of Union Point, Georgia, regarding this application and any malt beverage and wine license granted thereunder, and waive any right to notification at a different address.

Signature

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

Notary Public
My commission expires _____

City of Union Point
P. O. Box 233
Union Point, Georgia 30669

COMPLETE ALL APPLICABLE ITEMS BELOW

1. Business

- a. Legal Name _____
- b. Location Street Address _____
- c. Phone _____

2. Owner

- a. Legal Name _____
- b. Corporation or LLC Name (if applicable) _____
- c. Location Street Address _____
- d. Phone _____

3. Registered Agent (GEORGIA RESIDENCY REQUIRED)

- a. Legal Name _____
- b. Physical Location Street Address _____
- c. Phone _____

4. Type of Ownership (check one)

- Sole Owner
- Partnership
- Private Held Corporation
- Public Held Corporation
- Public Held Corporation subject to S.E.C. Regulations
- LLC
- Other, Explain: _____

5. For PARTNERSHIPS only:

- a. Date Partnership was formed: _____
- b. Attach partnership agreement.
- c. List all partners (attach additional sheet as necessary):

- 1). Legal Name _____ General
Social Security #s _____ Limited
Interest Investment Participation \$, % _____ Silent

Position/Title in Partnership: _____

2). Legal Name _____ General
Social Security #s _____ Limited
Interest Investment Participation \$, % _____ Silent
Position/Title in Partnership: _____

3). Legal Name _____ General
Social Security #s _____ Limited
Interest Investment Participation \$, % _____ Silent
Position/Title in Partnership: _____

6. For CORPORATION and LLC only:

- a. Date of Formation _____
- b. Place of Formation _____
- c. Parent Corporation or LLC (if applicable) _____
- d. Number of shares of Capital Stock Authorized _____
- e. Number of Shares or Outstanding Stock _____
- f. List all officers, directors, members, and/or principal shareholders with 20% or more of the stock or membership interest and list their Social Security Number, number of shares held, and office held (attach additional sheets if necessary):

1). Legal Name _____
Social Security # _____
Interest % _____ Position _____

2). Legal Name _____
Social Security # _____
Interest % _____ Position _____

3). Legal Name _____
Social Security # _____
Interest % _____ Position _____

g. Is the company owned by a parent company or held by a holding company? _____ If yes, explain

8. General Information

- a. Has owner and/or individual partner, member shareholder, director or officer:
 - 1. Any financial interest in any manufacture or wholesale of alcoholic beverage? _____
 - 2. Received any financial aid or assistance from any manufacture or alcoholic beverage? _____

If yes to either of immediate foregoing, explain:

b. List all other businesses engaged in the sale of malt beverages (beer) and wine that you the owner, or any individual, partner, member, shareholder, officer or director is interested in, employed by or associated with in any way whatsoever, or have been interested in, employee by, or associated with in the past. List name, name of business, and interest %.

9. Proof of ownership or lease interest. Attach proof that applicant is the owner or lessee of the restaurant in the form of a fully executed and recorded deed or a copy of the lease.

10. No convictions. All applicants including shareholders/members of corporations/LLC's have not within the last ten years had any convictions or pleas of nolo contendere to/of a felony or a misdemeanor of moral turpitude.

12. Compliance with Age Requirements. No pouring license shall be granted to any person or partnership unless the person or all partners shall be at least 25 years of age and has/have been a resident of the state for a minimum of one year prior to filing an application for such license. If a corporation or LLC should be an applicant, the corporation or LLC must designate a person who will be responsible for all matters regarding the operation of the business, and that person shall be at least 25 years of age.

13. Distance Requirements. The business is not less than 100 yards from any school building, school grounds or college campus, not less than 100 yards from any Housing Authority property or any building used as an alcohol rehabilitation center. This distance is to be measured by the most direct route of travel on the ground. This application includes a scale drawing showing the distance to the nearest school ground or college campus and alcohol rehabilitation center, housing authority property or a certificate of a registered surveyor that such location complies with this section.

15. Certification

STATE OF GEORGIA
CITY OF UNION POINT

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 penalties of false swearing, and it includes all attached sheets submitted herewith.

I, _____ DO SOLEMNLY SWEAR SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENT AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING STATEMENT ARE TRUE AND CORRECT.

Applicant's Signature
Print Name: _____

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE/SHE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN AND HAS SWORN THAT SAID STATEMENT AND ANSWERS ARE TRUE AND CORRECT.

Sworn to and subscribed before me this ____ day of _____, 20__.
Notary Public _____ (SEAL)

City of Union Point
P. O. Box 233
Union Point, Georgia 30669

INDIVIDUAL CRIMINAL HISTORY CONSENT FORM

I hereby authorize the City of Union Point to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Signature

Print Full Name

Address

Sex Race Date of Birth Social Security Number

SPECIAL CONDITIONS

O.C.G.A. § 35-3-35: IF AN ADVERSE EMPLOYMENT OR LICENSING DECISION IS MADE AGAINST THE PERSON WHOSE RECORD WAS OBTAINED UNDER THIS LAW, THE PERSON SHALL BE INFORMED:

- (a) THAT A RECORD WAS OBTAINED;*
- (b) THE SPECIFIC CONTENTS OF THE RECORD; AND*
- (c) THE EFFECT THE RECORD HAD UPON THE DECISION.*

Date

Sworn to and subscribed before me this
____ day of _____, 20____, in the
presence of:

Notary Public

City of Union Point
P. O. Box 233
Union Point, Georgia 30669

FOR INVESTIGATION OF APPLICANT

I, _____, (Full legal name) authorize the review of and full disclosure of all records concerning myself and any applicant entity and all members, shareholders, partners, directors and officers thereof to the Union Point Police Department. I certify under oath and under penalty of perjury that I have received permission from each of the individuals referenced above to authorize said review and full disclosure of records pertaining to them.

The intent of this authorization is to give my consent for disclosure of the records necessary to determine suitability for a malt beverage and wine license. This includes a criminal history, financial statement and records wherever filed; employment records; and complaints or grievances filed by or against me and the other persons referenced above.

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 by Union Point Police Department in compiling any report for the City of Union Point. I certify that any person(s) who may furnish such information concerning me or any of the other persons referenced above shall not be held accountable for giving this information; and I do for myself and all the persons referenced above hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

Date Signature

Address Telephone Number

City State Zip Social Security Number

Sworn to and subscribed before me this _____ day of _____, 20____, in the presence of:

Notary Public _____ County, GA

My commission expires _____

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a malt beverage and wine license application as referenced in O.C.G.A. § 50-36-1, from the City of Union Point, Georgia, 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 an 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 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 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:



City of Union Point GEORGIA

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

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 and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, __, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

City of Union Point
P. O. Box 233
Union Point, Georgia 30669

Office Use Only

Date Application Received: _____

Copy of Driver's License Attached _____

Applicant Furnished Fingerprints for GBI _____

State License Attached _____

Applicant Is Not an Official or Employee of the City or Member of the City Government _____

Application Complete and Fee Paid: _____

Current Business License:

The Business Meets All Ordinances of the City, Regulations of the State Revenue Commissioner, and the Laws of the State _____

Processed Date: _____

Police Chief's Review _____

Police Chief's Signature _____

Any Extenuating Circumstances Which May Reflect Favorably or Unfavorably on the Applicant, Application or the Proposed Location of the Business. _____

Notes: _____

Mayor and Council Decision:
