

CITY OF LAKE CITY
ALCOHOLIC BEVERAGE LICENSE APPLICATION
(\$250.00)

For Official Use Only:

Date Received: _____

Date Approved: _____

Date Fee Paid: _____

Date Denied: _____

Reason Denied: _____

Type of License applying for (check only one):

- Retail Packaged Malt Beverage (\$500)
- Retail Packaged Vinous Beverage (\$500)
- Retail Packaged Malt and Vinous Beverage (\$750)
- Retail Consumption – Restaurant, all Beverages (\$5000)
- Retail Consumption – Beer and Wine Only (\$2000)
- Retail Consumption – Private Club (\$1000)
- Manufacturing – Malt or Vinous Beverage (\$100.00)

INSTRUCTIONS: Every question must be fully and correctly answered. Use a typewriter or print legibly in blue or black 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 by the applicant and filed with the City Clerk, City of Lake City, together with all supporting papers and application fee.

1. Full name and legal residence of person making application.

Name: _____ DOB: _____

Address: _____

Phone Number: _____

How long have you lived at the provided address? _____

If less than one (1) year, give your previous legal address and the length of time you resided at such residence. Length of time _____

2. Trade name of business for which license is applied:

3. Address of business for which license is applied:

4. Name and residence of each person, firm and corporation having interest in the business and the amount of such interest

Name: _____ Interest: _____

Address _____

Name: _____ Interest: _____

Address _____

Name: _____ Interest: _____

Address _____

(attach exhibits if necessary)

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

Lender: _____ Amount: _____

Address _____

Lender: _____ Amount: _____

Address _____

(attach exhibits if necessary)

6. Will this business be owned by the applicant as sole proprietorship? YES NO

If no, will this business be owned in whole or in part by a partnership, corporation or any other association? List the members of such organization and give their address and the amount of their interest:

Name: _____ Interest: _____

Address _____

Title: _____ Social Security # _____ - _____ - _____

Name: _____ Interest: _____

Address _____

Title: _____ Social Security # _____ - _____ - _____

7. Does any person or organization listed in questions (1), (4), (5) or (6) have any financial interest whatsoever in any other business selling distilled spirits, malt and/or vinous beverages either in this State or any other State? YES NO

If yes, list the name of such person or organization together with the location and the amount and type of interest: _____

Is the applicant and/or license holder the owner of the building where business is to be conducted?
YES NO

Is the applicant and/or license holder the owner of the land? YES NO

If either answer is NO, state whether you lease, sublease and/or rent the building and whether or not you lease or sublease the land or both. _____

8. 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 sublessors and attach copies of all lease agreements.

Building Owner _____

Relationship to Applicant _____

Address _____

Land Owner _____

Relationship to Applicant _____

Address _____

Other _____

Relationship to Applicant _____

Address _____

Has the applicant and/or license holder entered into an agreement or contracted with either the owner or owners, lessors and sublessors for either the building or land or both, which provides for the payment of rent on a percentage or profit sharing basis? YES NO

9. What is the direct distance (line of sight) from your business to the nearest:

School ground _____

Church ground _____

Other malt and/or vinous beverage store _____

10. 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:

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

Name: _____ DoB: _____

Address _____

Compensation: _____

12. List all other liquor, beer, or wine businesses that your general manager has interest in, is employed by, or is associated with, in any way whatsoever.

13. Does any non-resident of the State of Georgia have an interest in the operation of this business in any way whatsoever?

Name: _____ Interest: _____

Address _____

Name: _____ Interest: _____

Address _____

14. Name all management and supervisory employees of this business and their position.

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

15. If you are acquiring it from some previous licensee, give name and state license number of the previous licensee and the date acquires or to be acquired and state briefly the consideration involved.

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

Date	Charging Agency
------	-----------------

Alleged Violation	Result
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Date	Charging Agency
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Alleged Violation	Result
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17. Did the applicant or any person listed in question 4, 5, or 6 have any interest in any business engaged in the sale of distilled spirits, malt or vinous beverages during the proceeding calendar year?

Name	Interest
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Name of Business

Name	Interest
------	----------

Name of Business

Name	Interest
------	----------

Name of Business

18. List the name of any family member of any person mentioned in question 1, 4, or 6 who has interest whatsoever in any business selling distilled spirits, malt or vinous beverages.

PLEASE READ AND COMPLETE THE FOLLOWING

19. There must be submitted with this application, as exhibits A-1, A-2 etc., a CONSENT FORM from the applicant and from each person listed in questions 4, 6, 11 and 14. Such CONSENT FORM shall be deemed to incorporated into and made a part of this application, and any false statements in this application and in any such CONSENT FORM shall not only constitute false swearing under the criminal laws of this state, but shall also constitute cause for the revocation of any license issued pursuant to this application.

Indicate the number of CONSENT FORMS attached _____

20. As to the applicant, if an individual, and as to the managing officer or partner, if a corporation or partnership, there must be attached to this application as exhibit B, an affidavit by some person having knowledge of the facts concerning the residence of such applicant, managing officer or partner for the past 5 years.

Check here that such affidavit is attached _____

21. As to the applicant, if an individual, and as to the managing officer or partner, if a corporation or partnership there must be attached to this application, as exhibit C certified copies from the clerks of all courts having criminal jurisdiction over State offenses at such person's place of residence and at his/her places of residence for the past 10 years, showing the record, if any, in such court, if any convictions against him/her involving moral turpitude, or any violation of Federal, State or local prohibition or liquor laws.

Check here that such certified copies are attached _____

22. There must be attached hereto, as exhibit D, proof of residence indicating residence in the State of Georgia for at least three (3) years preceding the date of this application.

Check here that such proof is attached _____

23. There must be attached to this application as exhibit E, a certificate from a registered surveyor as required by the Code of Ordinances of the City of Lake City, Section 6-27 relating to the distribution and sale of liquor, malt and vinous beverages in the City of Lake City, as to the real distance from this place of business to the nearest school ground, church property line and any other liquor, malt or vinous beverage retail establishment located within the City of Lake City. (Site plan is not necessary, only a certificate or certified letter.)

Check here if such exhibit is attached _____

24. 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 personal statement which is made a part of this application, such change must be reported to the City within ten (10) days. The failure to make such report shall be cause for the revocation of any license issued pursuant to this application.

Initial here to indicate this is fully understood _____

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 issue pursuant to this application.

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

Applicant's Signature

VERIFICATION

STATE OF GEORGIA, _____ COUNTY

I, _____, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City of Lake City license as a retail dealer in alcoholic beverages, are true and no false or fraudulent statements or answers are made therein to procure the issuing of such license.

Applicant's Signature

I certify that _____ personally appeared before me and signed his/her name to the forgoing application after stating to me that he/she knew and understood all statements and answers made therein, and oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20_____.

Notary Public

SEAL

CONSENT FORM (Code "E")
(Make copies as needed)

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

Last Name	First Name	Middle Name
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Street Address

City	State	Zip Code
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Sex	Race	Date of Birth	Social Security Number
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Signature	Date
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Notary Public	SEAL
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_____ Based on the above information, there is no Criminal Arrest/Conviction Record in the Georgia Crime Information Center (GCIC) Criminal History Database.

_____ Based on the above information, we are unable to verify if a record exists or not. Refer to the Georgia Crime Information Center (GCIC) at the Georgia Bureau of Investigations (GBI).

_____ Based on the above information, this individual has a criminal Arrest/Conviction Record in the Georgia Crime Information Center (GCIC) Criminal History Database.

SID #	FBI#
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Clerk's Signature	Date Processed
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LAKE CITY STATUS AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Lake City, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Lake City, Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit for:

Name of individual, business, corporation, partnership, or other private entity

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

* _____
Alien Registration Number or other authorized identification Number

*Note: O.C.G.A. 50-36-1 (e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended. Provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number registration number may supply another identifying number above.

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 Code Section 16-10-20 of the Official Code of Georgia Annotated.

Signature of Applicant

Date

Printed Name

Subscribed and sworn before me on this _____ day of _____, 20_____.

Notary Public

SEAL