

WHITFIELD COUNTY ALCOHOL LICENSE APPLICATION

PLEASE COMPLETE ALL FORMS AND SUBMIT TO BRIAN MCBRAYER AT:
WHITFIELD COUNTY BOARD OF COMMISSIONERS
301 W. CRAWFORD ST.
DALTON, GEORGIA 30720

ALCOHOL LICENSE CHECKLIST TO SUBMIT

- _____ REMITTANCE WITH PAYMENT (CASH/CHECK/MONEY ORDER)
- _____ APPLICATION
- _____ INVESTIGATION REPORT
- _____ 2 CHARACTER REFERENCES
- _____ E-VERIFY COMPLIANCE OR EXEMPTION REPORT
- _____ AFFIDAVIT VERIFYING STATUS OF BENEFIT APPLICANT
- _____ PROOF OF RESIDENCE
(FOR EXAMPLE: UTILITY BILL FOR APPLICANT'S HOME ADDRESS)

**WHITFIELD COUNTY BOARD OF COMMISSIONERS
OFFICE - COURTHOUSE ANNEX - P.O. BOX 248
DALTON, GEORGIA 30722-0248**

2018 APPLICATION FOR MALT BEVERAGE AND WINE LICENSE

NEW _____ RENEWAL _____ TRANSFER _____

1. Name of Applicant _____
Date of Birth _____
2. Address: Home _____
3. Telephone where applicant can be reached _____
4. Years resided in County _____
5. Name of applicant's spouse _____
Date of Birth _____
6. Name, address and age of applicant's partner(s) if any _____

7. Name of Establishment _____
Address _____
8. Name of Establishment Manager _____
9. Owner of Property _____
10. Corporation _____ (Yes) _____ (No). If answer is yes, please provide names of officers and stockholders.
11. Seating capacity _____ (Only for On-Premise Restaurant applicants)
12. Do you have any interest in any other beer or wine establishment? _____
If your answer is yes, state the particulars _____

13. Have you ever had an application for beer or wine rejected or license revoked? _____
If your answer is yes, state the particulars _____

14. Have you ever been charged with the violation of any criminal statute, of any State, Federal or Municipal Government? _____ If you answer is yes, attach separate statement explaining your answer.
15. Do you have, or plan to have any employment other than the operation of this business, if so what? _____
16. I hereby make this application for an (Off-Premise/Pkg) _____ (On-Premise/ Restaurant) _____ license inasmuch as I desire to engage in the business for which the license is requested. (If any other reason state the particulars) _____

17. I have read and understand the Ordinance governing the sale of beer and wine in Whitfield County and have complied with all of its requirements, including, but not limited to, evidence of good character which is herewith attached.

Applicant(s) agrees to provide any other information required by the County or its authorities in connection herewith, and further agrees that any license or permit will be granted of the faith of the statements hereby made and agrees same is subject to be revoked by the Board of Commissioners of Whitfield County, Georgia, and subject to all the rules, regulations and provisions of the Malt Beverage and Wine Ordinance of Whitfield County.

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

Applicant(s) Signature

NOTARY PUBLIC

**WHITFIELD COUNTY BOARD OF COMMISSIONERS
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INVESTIGATION REPORT

I, _____, being an applicant with the Whitfield County Board of Commissioners for an ALCOHOL APPLICATION, hereby expressly authorize the WHITFIELD COUNTY SHERIFF'S DEPARTMENT to conduct an investigation of my background, for any time they deem necessary.

Applicant

Spouse

| | | |
|---------------------|-------|-------|
| DRIVERS LICENSE NO. | _____ | _____ |
| SOCIAL SECURITY NO. | _____ | _____ |
| DATE OF BIRTH: | _____ | _____ |
| RACE: | _____ | _____ |
| SEX: | _____ | _____ |

(PLEASE BE AWARE THAT YOUR FINGERPRINTS WILL BE CHECKED AGAINST THE FBI DATABASE)

| | | |
|-------------|----------------------------|-------------------|
| _____ | _____ | _____ |
| DATE | APPLICANT SIGNATURE | PRINT NAME |

| | | |
|-------------|-------------------------|-------------------|
| _____ | _____ | _____ |
| DATE | SPOUSE SIGNATURE | PRINT NAME |

CERTIFICATION

This is to certify that _____, the above stated applicant, does not have a criminal record on file.

| | |
|-------------|-----------------------------|
| _____ | _____ |
| DATE | SHERIFF'S DEPARTMENT |

**WHITFIELD COUNTY BOARD OF COMMISSIONERS
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CHARACTER FORM

SIR/MADAM:

THIS IS TO CERTIFY THAT I HAVE KNOWN SAID APPLICANT FOR _____ YEARS,
AND BELIEVE (HIM)____ (HER)_____ TO BE OF GOOD MORAL CHARACTER.

SAID APPLICANT HAS LIVED IN WHITFIELD COUNTY FOR AT LEAST THIRTY (30)
DAYS PRIOR TO THIS DATE.

I RECOMMEND THE APPLICANT BE GRANTED A LICENSE FOR THE SALE OF MALT
BEVERAGES AND WINE IN WHITFIELD COUNTY.

SIGNATURE

DATE

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DAYS PRIOR TO THIS DATE.

I RECOMMEND THE APPLICANT BE GRANTED A LICENSE FOR THE SALE OF MALT
BEVERAGES AND WINE IN WHITFIELD COUNTY.

SIGNATURE

DATE

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number
****Company Identification Number****

Date of Authorization

Name of Private Employer

Address of Private Employer

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:

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, __, 201__ in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

Address of Exempt Private Employer

Signature of Exempt Private Employer or Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

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

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Alcohol License
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
Whitfield County [name of government entity], 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: