

# 2021 WHITFIELD COUNTY ALCOHOL LICENSE APPLICATION

PLEASE COMPLETE ALL FORMS AND SUBMIT TO:  
WHITFIELD COUNTY BOARD OF COMMISSIONERS  
ATTN: BLANCA CARDONA, COUNTY CLERK  
201 S. HAMILTON STREET, 5<sup>th</sup> FLOOR,  
DALTON, GEORGIA 30720

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Name of Applicant

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Name of Business

## ALCOHOL LICENSE CHECKLIST TO SUBMIT

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

## TYPE LICENSE APPLIED FOR (CHECK ALL THAT APPLIES TO BUSINESS)

- Package Beer \$750.00
  - Pouring Beer \$750.00
  - Package Wine \$750.00
  - Pouring Wine \$750.00
  - Pouring Distilled Spirits (Liquor) \$2,000.00 - Establishments With Food Sales Only
- 

## THE LICENSE(S) ARE BEING APPLIED FOR:

- Package Store     Restaurant

**WHITFIELD COUNTY, GEORGIA**  
**2021 ALCOHOL BEVERAGE LICENSE(S) APPLICATION**

**APPLICANT, PLEASE COMPLETE THE FOLLOWING**

○ **New Application**

○ **Change In Existing License(s)**

- Applicant/Designated Agent
- Name
- Owner

1. Name of Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
2. Address: \_\_\_\_\_
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)\_\_\_\_\_ and stockholders. If answer is yes, please provide names of officers.  
\_\_\_\_\_
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 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

\_\_\_\_\_  
Date

WHITFIELD COUNTY BOARD OF COMMISSIONERS  
201 S. HAMILTON STREET, 5TH FLOOR,  
P.O. BOX 248 DALTON, GEORGIA 30722-0248

**INVESTIGATION REPORT**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Business

I, \_\_\_\_\_, being an applicant with the Whitfield County Board of Commissioners for an ALCOHOL APPLICATION, hereby expressly authorize the WHITFIELD COUNTY SHERIFF'S OFFICE 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 OFFICE

WHITFIELD COUNTY BOARD OF COMMISSIONERS  
201 S. HAMILTON STREET, 5<sup>TH</sup> FLOOR,  
P.O. BOX 248 DALTON, GEORGIA 30722-0248

CHARACTER FORM

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\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Business

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

\_\_\_\_\_

WHITFIELD COUNTY BOARD OF COMMISSIONERS  
201 S. HAMILTON STREET, 5<sup>TH</sup> FLOOR,  
P.O. BOX 248 DALTON, GEORGIA 30722-0248

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SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

***PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A § 36-60-6(d)***

**WHITFIELD COUNTY, GEORGIA**

**MUST BE NOTARIZED**

Please Check One:

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  
(E-Verify Company ID Number)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

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 less 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.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

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

Executed on \_\_\_\_\_, 202\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_.

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

My Commission Expires:  
\_\_\_\_\_

**AFFIDAVIT VERIFYING STATUS FOR PUBLIC BENEFIT  
APPLICATION**

**WHITFIELD COUNTY, GEORGIA**

**THIS PAGE MUST BE NOTARIZED**

\_\_\_\_\_  
Business Name

By Executing This Affidavit Under Oath, As An Applicant For A Whitfield County, Georgia, Alcohol License, 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 An Alcohol License, Or Other Public Benefit (Circle One)

\_\_\_\_\_  
[Name Of Natural Person Applying On Behalf 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.\*

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 Code Section 16-10-20 Of The Official Code Of Georgia.

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
\* Alien Registration Number For Non-Citizens

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\*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 may supply another identifying number below: \_\_\_\_\_