

WHITFIELD COUNTY 2021 ALCOHOL BEVERAGE LICENSE RENEWAL APPLICATION

****PLEASE NOTE****

****COMPLETED APPLICATIONS AND PAYMENTS (CHECKS OR MONEY ORDER ONLY) WILL BE PROCESSED IN PERSON AT THE WHITFIELD COUNTY BOARD OF COMMISSIONERS OFFICE LOCATED AT 201 S. HAMILTON STREET, 5TH FLOOR ON THE FOLLOWING DATES AND TIMES: TUESDAY – THURSDAY FROM 9:00 AM – 12:00 PM.

WE ARE TAKING EVERY PRECAUTION TO KEEP OUR CITIZENS AND EMPLOYEES SAFE AND HEALTHY, AT THIS TIME WE WILL NOT BE ACCEPTING CASH PAYMENTS. THANK YOU FOR YOUR UNDERSTANDING.

PLEASE COMPLETE ALL FORMS AND SUBMIT TO: WHITFIELD COUNTY BOARD OF COMMISSIONERS ATTN: BLANCA CARDONA, COUNTY CLERK 201 S. HAMILTON STREET, 5th FLOOR,

DALTON, GEORGIA 30720

All applications must be completed and returned to the address above on or before <u>November 12th, 2020</u>. Applications not received on or before <u>November 12th, 2020</u>, could result in a lapse in selling alcohol beverages by your establishment. Licenses will be issued when the applicants' criminal background investigations have been completed and payment of fees have been received by this office. All licenses must be purchased no later than <u>January 31, 2021</u>, or the sale of alcohol beverages shall cease at that time.

ALCOHOL LICENSE RENEWAL CHECKLIST:

REMITTANCE WITH PAYMENT APPLICATION INVESTIGATION REPORT THE LICENSE(S) ARE BEING APPLIED FOR:

□ (Off-Premise/Pkg) □ (On-Premise/Restaurant)

Name of Applicant: _____

Owner Name: _____

(Individual, Partnership, Corporation, LLC)

d/b/a: _____

Located At: _____

AND NOW HOLDING A VALID 2020 ALCOHOL BEVERAGE LICENSE FOR (CHECK ALL THAT APPLY TO BUSINESS) HEREBY REQUEST THAT MY APPLICATION BE RENEWED FOR THE YEAR <u>2021.</u>

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

ENCLOSED IS MY: CHECK () MONEY ORDER (At this time no cash payments will be accepted)

WHITFIELD COUNTY BOARD OF COMMISSIONERS 201 S. HAMILTON STREET, 5th FLOOR, DALTON, GEORGIA 30720 2021 ALCOHOL BEVERAGE RENEWAL APPLICATION

Please List The Applicant Applying For The License. *The Applicant May Apply On Behalf Of A Partnership, Corporation Or LLC. The Applicant Is Responsible For The License And Must Be fingerprinted. For reference see O.C.G.A. § 3-3-2.

Name of Applicant: Date of	Birth:
Address: Mailing Addres	SS:
Telephone where applicant can be reached:	Years resided in County:
Name of Establishment:	
Address:	
Name of Establishment Manager:	
Owner of Property:	
Corporation (Yes) (No) if answer is yes, pleas	se provide names of officers and stockholders
Seating capacity (Only for On-Premise Restau	urant applicants)
Do you have any interest in any other alcoholic beverage esta yes, state the particulars	•
Have you ever had an application for an alcoholic beverage erevoked? if your answer is yes, state the particula	
Have you ever been charged with the violation of any crim Municipal Government? If your answer is yes, attack answer.	
I hereby make this application for a \Box (Off-Premise/Pkg) inasmuch as I desire to engage in the business for which t reason state the particulars)	he license is requested. (If any other
I have read and understand the Ordinance governing the sale County and have complied with all of its requirements. Applic information required by the County or its authorities in connec- that any license or permit will be granted of the faith of the sta same is subject to be revoked by the Board of Commissioner subject to all the rules, regulations and provisions of the Alco Whitfield County.	cant(s) agrees to provide any other ction herewith, and further agrees atements hereby made and agrees rs of Whitfield County, Georgia, and
Sworn to and subscribed before me, thisday of, 20	Applicant(s) Signature

NOTARY PUBLIC

WHITFIELD COUNTY BOARD OF COMMISSIONERS 201 S. HAMILTON STREET, 5th FLOOR, DALTON, GEORGIA 30720 2021 ALCOHOL BEVERAGE RENEWAL APPLICATION

INVESTIGATION REPORT CONSENT FORM

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	
DRIVERS	LICENSE NO	

SOCIAL SECURITY NO._____

DATE OF BIRTH:	
RACE:	
SEX:	

DATE

APPLICANT SIGNATURE PRINT NAME

DATE

SPOUSE SIGNATURE

PRINT NAME

WHITFIELD COUNTY SHERIFF'S OFFICE USE ONLY			
CERTIFICATION			
This is to certify that criminal record on file.	, the above stated applicant, does not have a		
DATE	SHERIFF'S DEPARTMENT		