



# WHITFIELD COUNTY

## 2023 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, 5<sup>TH</sup> FLOOR ON THE FOLLOWING DAYS AND TIMES:  
TUESDAY – THURSDAY FROM 9:00 AM – 12:00 PM.**

PLEASE COMPLETE ALL FORMS AND SUBMIT TO:  
WHITFIELD COUNTY BOARD OF COMMISSIONERS  
ATTN: BLANCA CARDONA, COUNTY CLERK  
PO. BOX 248,  
DALTON, GEORGIA 30722

\*All applications must be completed and returned to the address above on or before **OCTOBER 31<sup>st</sup>, 2022**. Applications not received on or before **OCTOBER 31<sup>st</sup>, 2022**, 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 **January 31<sup>st</sup>, 2023**, or the sale of alcohol beverages shall cease at that time.\*

**Please Note - If There Is a Change in Ownership, or Location, Please Contact this Office Immediately. This Is Only a Renewal Application.**

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 Business /d/b/a: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
(Individual, Partnership, Corporation, LLC)

Designated Agent: \_\_\_\_\_

Located At: \_\_\_\_\_

AND NOW HOLDING A VALID 2022 ALCOHOL BEVERAGE LICENSE FOR (CHECK ALL THAT APPLY TO BUSINESS) HEREBY REQUEST THAT MY APPLICATION BE RENEWED FOR THE YEAR 2023.

Package Beer - \$750.00

Pouring Beer - \$750.00 **Establishments with Food Sales Only** (Retail Consumption on Premises)

Package Wine - \$750.00

Pouring Wine - \$750.00 **Establishments with Food Sales Only** (Retail Consumption on Premises)

Pouring Distilled Spirits (Liquor) - \$2,000.00 **Establishments with Food Sales Only** (Retail Consumption on Premises)

ENCLOSED IS MY: CHECK ( ) MONEY ORDER ( )

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT APPLYING FOR LICENSE  
WHITFIELD COUNTY, GEORGIA  
ALCOHOL BEVERAGE 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: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
(Individual, Partnership, Corporation, LLC)

d/b/a: \_\_\_\_\_

Local Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Number \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*INDIVIDUAL APPLICANT, PLEASE COMPLETE THE FOLLOWING:**

- A. ARE YOU A UNITED STATES CITIZEN? YES  PERMANENT RESIDENT ALIEN
- B. ARE YOU A RESIDENT OF WHITFIELD COUNTY? YES  NO

**SIGNATURE OF APPLICANT**

STATE OF GEORGIA, WHITFIELD COUNTY

I, \_\_\_\_\_, Applicant, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Sworn to and subscribed before me,  
This \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

# DESIGNATED AGENT WHITFIELD COUNTY, GEORGIA ALCOHOL BEVERAGE APPLICATION

If The Applicant Is Either An Individual Who Does Not Reside In The County Or Is A Partnership, Corporation Or A Limited Liability Company, Then The Applicant Must Name A Designated Agent Who Will Be Responsible For Any Matter Relating To The License. The Designated Agent Must Be An Individual Who Is A Resident Of The County.

### DESIGNATED AGENT FULL NAME:

*List the Name, Address, City, State, Zip & Telephone Number for Designated Agent*

NAME:

ADDRESS:

CITY, STATE & ZIP:

TELEPHONE NUMBER:

### WHAT IS YOUR RELATIONSHIP TO THE BUSINESS APPLYING FOR THIS LICENSE?

*Check the Appropriate Category*

- INDIVIDUAL OWNER    PARTNER    LARGEST STOCKHOLDER/MEMBER    AFFILIATE OF BUSINESS  
 OTHER

### CITIZENSHIP OF DESIGNATED AGENT

- A. ARE YOU A UNITED STATES CITIZEN?    YES      PERMANENT RESIDENT ALIEN     
B. ARE YOU A RESIDENT OF WHITFIELD COUNTY?    YES    NO

### SIGNATURE OF DESIGNATED AGENT

STATE OF GEORGIA, WHITFIELD COUNTY,

I, \_\_\_\_\_, Designated Agent, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Sworn to and subscribed before me,  
This \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

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

\_\_\_\_\_  
Designated Agent's Signature

\_\_\_\_\_  
Date

**WHITFIELD COUNTY, GEORGIA**

**ALCOHOL BEVERAGE RENEWAL APPLICATION**

**2023 CONSENT FORM**

Purpose: License for Alcoholic Beverages

Renewal – Background check only

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

I HEREBY AUTHORIZE THE WHITFIELD COUNTY SHERIFF'S OFFICE TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUING UNTIL REVOKED IN WRITING BY ME.

Check the appropriate Box:

INDIVIDUAL OWNER

PRINCIPAL STOCKHOLDER/MEMBER

MANAGER

PARTNER

DESIGNATED AGENT

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

-----  
SIGNATURE

-----  
DATE

**WHITFIELD COUNTY SHERIFF'S OFFICE USE ONLY**

**CERTIFICATION**

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

-----  
DATE

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SHERIFF'S DEPARTMENT

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

⇒ NOTE

DESIGNATED AGENT, INDIVIDUAL OWNER, ALL PARTNERS, PRINCIPAL STOCKHOLDER/MEMBER, SECURITY AND ALL MANAGERS MUST COMPLETE THIS FORM. PLEASE REFER TO SECTION "PERSONS WITH PRIOR CONVICTIONS"