

COWETA COUNTY BUSINESS TAX DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE



INSTRUCTIONS: Read entire application before answering any questions. Every question must be answered fully and correctly. If the space provided is not sufficient, answer the questions on another sheet of paper and indicate that a separate sheet is attached. If a particular question does not apply to you then answer “N/A” and if necessary explain why the question is not applicable to you. **Do not leave any questions blank.** When the form is completed, it must be dated, signed and verified under oath by the applicant and filed with the Coweta County Business License Department together with all supporting documents, and a certified check or cash for the non-refundable processing fee.

As required by Section 6-38 and Section 6-40 of the Coweta County Alcohol Ordinance, those applying for a license shall submit in support of the application the following documents:

- (1) A certificate from a Georgia registered land surveyor showing a scale drawing of the location of the proposed premises and the shortest straight line distance from the closest point of the licensed premises to the nearest residential structure and nearest property line of any church building, alcoholic or drug treatment center building, school building, educational building, school, college building or college campus located within a radius of 100 yards, 200 yards, and 300 yards of the premises.
- (2) Fingerprint card and approval to conduct a background check of each person whose name appears on an application for a license, pursuant to section 6-38 of this chapter, ensuring that each person has not, within five years prior to the date of the application, served a sentence whether by probation or in jail, been convicted of or entered a plea of guilty or nolo contendere to any felony, misdemeanor, or other charge relating to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs; has not served a sentence whether by probation or in jail, or not entered a plea of guilty or nolo contendere or been convicted of a felony or a misdemeanor of a crime opposed to decency and morality. State and federal criminal histories shall be provided. Provided, however, that a person designated as a registered agent of a close corporation or a limited liability corporation on an application shall not be required to submit the affidavit required by this subsection unless such person is also designated as the licensee or license representative on such application.
- (3) A copy of a deed showing the applicant to be the owner of the premises for which the license is sought or a copy of a lease showing any interest the owner or lessee of the premises has in the business for which the license is sought.

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- (4) Inspections of the premises by the following: Fire marshal; Building department; Health department; and planning department.
- (5) Notification from the sheriff of the county certifying that each person named in an application pursuant to section 6-38 of this chapter has been investigated and found not to have served a sentence, have not been convicted of nor have entered a plea of guilty or nolo contendere to any felony, misdemeanor, or other charge relating to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs within five years prior to the date of the application for the license; has not served a sentence, has not entered a plea of guilty or nolo contendere or been convicted of a felony or a misdemeanor of a crime opposed to decency and morality. For those applicants who, within the last five-year period, have resided or do reside in a state other than Georgia, the applicant must furnish a certified copy of a driver history and criminal background history from the state or states in which he or she has resided or resides to the sheriff of the county. A person designated as a registered agent of a close corporation or a limited liability corporation on an application, however, shall not be required to submit a certificate from the sheriff of the county unless such person is also designated as the licensee or license representative on such application.
- (6) If the same person is serving as the licensee and the license representative, He/she shall submit an affidavit certifying that he/she is at least 21 years of age, a resident of Coweta County and a manager of the business.
- (7) If the licensee is not the license representative, an affidavit from the license Representative certifying that he/she is at least 21 years of age, a resident of Coweta County and a manager of the business.
- (8) Off-premises food caterers shall be exempt from paragraphs (1), (3) and (4) of This section.

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Type of establishment: Retail Consumption Retail Package Wholesale Dealer

Type of License applied for:

- | | |
|---|-------------|
| <input type="checkbox"/> Retail Consumption – Distilled Spirits, Malt Beverage & Wine | \$ 5,000.00 |
| <input type="checkbox"/> Retail Consumption – Malt Beverage Only | \$ 300.00 |
| <input type="checkbox"/> Retail Consumption – Wine Only | \$ 300.00 |
| <input type="checkbox"/> Retail Consumption – Malt Beverage & Wine | \$ 550.00 |
| <input type="checkbox"/> Retail Package – Malt Beverage & Wine | \$ 550.00 |
| <input type="checkbox"/> Retail Package – Malt Beverage Only | \$ 300.00 |
| <input type="checkbox"/> Retail Package – Wine Only | \$ 300.00 |
| <input type="checkbox"/> Wholesale dealer – Malt Beverage | \$ 100.00 |
| <input type="checkbox"/> Wholesale dealer – Wine | \$ 100.00 |
| <input type="checkbox"/> Wholesale dealer – Distilled Spirits | \$ 100.00 |
| <input type="checkbox"/> Change License Fee | \$ 100.00 |

Name and location of business for which application is made:

NAME OF BUSINESS

STREET ADDRESS

CITY, STATE, ZIP CODE

BUSINESS PHONE

BUSINESS CONTACT

COWETA COUNTY BUSINESS TAX DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE

TYPE OF OWNERSHIP

- Individual Partnership Closed Corporation Corporation
 Limited Liability Company Limited Partnership

• **INDIVIDUAL (please attach copy of driver's license with current address)**

NAME _____ SOCIAL SECURITY # _____

STREET ADDRESS _____ MAILING ADDRESS (if different) _____

CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____

Is this individual an U.S. Citizen? _____ TELEPHONE NUMBER _____

If not, give permanent alien registration No. _____ and attach copy of green card.

• **PARTNERSHIP (please attach copy of driver's license with current address on all partners)**

Name, address, & social security number of general partner(s):

Name, social security number, percent interest, and legal address of all partners:

Are all of the partners U.S. Citizens? _____

If not, give permanent alien registration No. _____ and attach copy of green card.

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• **CLOSED CORPORATION**

CLOSED CORPORATION NAME

STREET ADDRESS

MAILING ADDRESS (if different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

Name of registered agent for service of process for the closed corporation:

NAME

TELEPHONE NUMBER

STREET ADDRESS

MAILING ADDRESS (if different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Name, social security number, percent interest, and legal address of all stockholders:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are all of the partners U.S. Citizens? _____

If not, give permanent alien registration No. _____ and attach copy of green card.

• **CORPORATION**

CORPORATION NAME

STREET ADDRESS

MAILING ADDRESS (if different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

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Name of registered agent for service of process for the corporation:

NAME

TELEPHONE NUMBER

STREET ADDRESS

MAILING ADDRESS (if different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

• **LIMITED LIABILITY COMPANY**

LIMITED LIABILITY COMPANY NAME

STREET ADDRESS

MAILING ADDRESS (if different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

Name, address, & social security number of managing member(s):

Name, social security number, percent interest and legal address of all members:

Are all of the partners U.S. Citizens? _____

If not, give permanent alien registration No. _____ and attach copy of green card.

Name of registered agent for service of process for the Limited Liability Company:

NAME

TELEPHONE NUMBER

STREET ADDRESS

MAILING ADDRESS (if different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

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• **LIMITED PARTNERSHIP**

LIMITED PARTNERSHIP NAME

STREET ADDRESS

MAILING ADDRESS (if different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

Name, address, & social security number of general partner(s):

Name, social security number, percent interest, and legal address of all limited partners:

Are all of the partners U.S. Citizens? _____

If not, give permanent alien registration No. _____ and attach copy of green card.

Name of registered agent for service of process for the limited partnership:

NAME

TELEPHONE NUMBER

STREET ADDRESS

MAILING ADDRESS (if different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

COWETA COUNTY BUSINESS TAX DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE



**AFFIDAVIT
LICENSE REPRESENTATIVE**

State of Georgia, Coweta County

I, _____, License Representative, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application and affidavits are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

I, _____, do hereby swear that I have not within 5 years prior to the date of this application been convicted or nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession, or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or misdemeanor of a crime opposed to decency and morality.

The undersigned hereby certifies that he/she is serving as License Representative and that he/she is at least twenty one (21) years of age and works as a manager and works at the establishment 40 plus hours a week. I understood all statements made herein, and under oath actually administered by me, has sworn that said statements are true.

I hereby certify that the undersigned signed his/her name to the foregoing affidavit after stating to me that he/she knew and understood all statements made herein, and under oath actually administered by me, has sworn that said statements are true.

LICENSEE REPRESENTATIVE (FULL NAME IN INK)

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

Notary Public
My Commission Expires:

COWETA COUNTY BUSINESS TAX DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE



**AFFIDAVIT
LICENSEE / OWNER / AGENT**

State of Georgia, Coweta County

I, _____, Licensee / Owner / Agent, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application and affidavits are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

I, _____, do hereby swear that I have not within 5 years prior to the date of this application been convicted or nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession, or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or misdemeanor of a crime opposed to decency and morality.

The undersigned hereby certifies that he/she is serving as Licensee / Owner / Agent and that he/she is at least twenty one (21) years of age and understood all statements made herein, and under oath actually administered by me, has sworn that said statements are true.

I hereby certify that the undersigned signed his/her name to the foregoing affidavit after stating to me that he/she knew and understood all statements made herein, and under oath actually administered by me, has sworn that said statements are true.

Licensee / Owner / Agent (FULL NAME IN INK)

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

Notary Public

My Commission Expires:

COWETA COUNTY BUSINESS TAX DEPARTMENT
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O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) other public benefit (Business/Alcohol License), as referenced in O.C.G.A. § 50-36-1, from Coweta County, 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 Newnan, Georgia.

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:



**Georgia Bureau of Investigation
Georgia Crime Information Center
Consent Form**

I hereby authorize Joy Thompson with the Coweta County Business Tax Department to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

LAST FIRST MIDDLE MAIDEN

ADDRESS CITY STATE ZIP CODE

SEX RACE DATE OF BIRTH SOCIAL SECURITY NUMBER

SIGNATURE DATE

BUSINESS NAME REASON

One of the following **must** be checked:

- This authorization is valid for 180 days from date of signature.
- I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company. (The requesting company and/or person will be charged each time the background check is completed.)

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC

COWETA COUNTY BUSINESS TAX DEPARTMENT
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**LIVESCAN REQUEST FORM
FINGERPRINTS**

**PLEASE USE CCBT
ORI # GA923136Z**

NAME

DATE OF BIRTH

RESIDENCE (STREET) ADDRESS

CITY, STATE, ZIP CODE

BUSINESS NAME

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

Signature, Coweta County Business License Official

Date



Coweta County

Certificate of Residence For Alcohol License Representative

State of Georgia, Coweta County

I, _____, Judge of the _____ Court, for Coweta County, Georgia,

Hereby certify that _____

is now, and has been a Bona Fide Resident of the State of Georgia for one year in the county of Coweta for one year immediately preceding the date of this affidavit, based upon the affidavit of applicant, and the evidence submitted therewith. In Witness Whereof, I have hereunto set my hand and affixed the seal of said Probate Court this ____ day of _____, 2013.

Judge of the _____ Court Coweta County, Georgia

COWETA COUNTY BUSINESS TAX DEPARTMENT
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PERSONAL HISTORY RECORD FOR ALCOHOL LICENSEE / OWNER / AGENT

DATE: _____

Name in FULL (Please Print) _____

Address: _____ Telephone: _____

Place of Birth _____ Date of Birth: _____ Age: _____
(City, State) (Day, Month, Year)

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____ Driver's License # _____

Is the licensee a U.S. Citizen? _____

If not, give permanent alien registration No. _____ and attach copy of green card.

Have you been convicted of any law? Federal: _____ Foreign Country: _____ State Law: _____

City Ordinance: _____ if so, explain: _____

Date of Occurrence: _____ Disposition: _____

Marital Status: _____ Spouse's Name: _____

CRIMINAL HISTORY CONSENT

I hereby authorize the Coweta County Sheriff's Department/ Business Tax Department to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Applicant Signature: _____ Date: _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20 ____

NOTARY PUBLIC
My Commission Expires:

COWETA COUNTY BUSINESS TAX DEPARTMENT
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PERSONAL HISTORY FOR ALCOHOL LICENSE REPRESENTATIVE

DATE: _____

Name in FULL (Please Print) _____

Address: _____ Telephone: _____

Place of Birth _____ Date of Birth: _____ Age: _____
(City, State) (Day, Month, Year)

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____ Driver's License # _____

Is the licensee a U.S. Citizen? _____

If not, give permanent alien registration No. _____ and attach copy of green card.

Have you been convicted of any law? Federal: _____ Foreign Country: _____ State Law: _____
City Ordinance: _____ if so, explain: _____

Date of Occurrence: _____ Disposition: _____

Marital Status: _____ Spouse's Name: _____

CRIMINAL HISTORY CONSENT

I hereby authorize the Coweta County Sheriff's Department/ Business Tax Department to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Applicant Signature: _____ Date: _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

**COWETA COUNTY BUSINESS TAX DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE**



CERTIFICATION

HAVE YOU READ AND FULLY UNDERSTAND THE COWETA COUNTY ALCOHOLIC BEVERAGE ORDINANCE, STATE LAWS AND REGULATIONS GOVERNING THE OPERATION OF ESTABLISHMENTS THAT SERVE AND/OR SELL ALCOHOLIC BEVERAGES?

YES NO

DO YOU AGREE TO ABIDE BY SUCH ORDINANCES, LAWS AND REGULATIONS?

YES NO

IT IS THE RESPONSIBILITY OF THE LICENSE REPRESENTATIVE TO ENSURE THAT ALL LICENSES TO SELL ALCOHOLIC BEVERAGES ARE RENEWED NO LATER THAN NOVEMBER 15TH OF EACH YEAR.

I, _____, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR THAT THE FACTS AND DETAILS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE AND COMPLETE, AND NO FALSE OR FRAUDULENT STATEMENT IS MADE HEREIN THAT SUCH ANSWERS WERE MADE IN ORDER TO PROCURE THE GRANTING OF SUCH LICENSE.

SIGNATURE OF BUSINESS OWNER / AGENT / LICENSEE DATE

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

**COWETA COUNTY BUSINESS TAX DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE**



CERTIFICATION

HAVE YOU READ AND FULLY UNDERSTAND THE COWETA COUNTY ALCOHOLIC BEVERAGE ORDINANCE, STATE LAWS AND REGULATIONS GOVERNING THE OPERATION OF ESTABLISHMENTS THAT SERVE AND/OR SELL ALCOHOLIC BEVERAGES?

YES **NO**

DO YOU AGREE TO ABIDE BY SUCH ORDINANCES, LAWS AND REGULATIONS?

YES **NO**

IT IS THE RESPONSIBILITY OF THE LICENSE REPRESENTATIVE TO ENSURE THAT ALL LICENSES TO SELL ALCOHOLIC BEVERAGES ARE RENEWED NO LATER THAN NOVEMBER 15TH OF EACH YEAR.

I, _____, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR THAT THE FACTS AND DETAILS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE AND COMPLETE, AND NO FALSE OR FRAUDULENT STATEMENT IS MADE HEREIN THAT SUCH ANSWERS WERE MADE IN ORDER TO PROCURE THE GRANTING OF SUCH LICENSE.

SIGNATURE OF LICENSES REPRESENTATIVE

DATE

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:

