Year: _____ License Number: _____

RENEWAL APPLICATION FOR GORDON COUNTY MALT BEVERAGE, WINE, AND LIQUOR LICENSE

Date: _____

NOTE: Please answer all questions. Failure to answer any question in this application or falsely answering any question in this application will result in the rejection of the application.

Type of License:
□ Retail □ Consume On-Premises □ Manufacturing
□ Wholesale □ Hotel In-Room Service □ Off-Premises Catering

□ Beer □ Wine □ Beer & Wine □ Distilled Spirits

Type of Business:
□ Sole Proprietorship
□ Corporation / LLC
□ Private Club (check one) □ Non-Profit □ For Profit
□ Partnership

APPLICANT/RESPONSIBLE PARTY: *(**MUST** be a resident of Gordon County per GA Code § 3-3-2)*

Full Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Driver's License: _____

OWNER: □ Same as Applicant

Full Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Driver's License: _____

BUSINESS:

Name/DBA: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Description of Premises: _____
(Convenience store, Restaurant, etc.)

Business Name: _____

List all pertinent information for each officer, person, firm, or corporation having any interest in this application. **(Provide a copy of the articles of incorporation, LLC, and/or partnership.)**

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

List the full name and address of every owner of the property and every owner of the building where this business is to be conducted.

Name of Property/Building Owner Address Relation to applicant or owner

_____

_____

_____

1. Has the applicant or any interested party submitted a previous application for an alcohol license in Gordon County? □ Yes □ No

If yes, please say where & if it was approved or rejected: _____

_____

_____

2. Has the applicant or any party had a license revoked in the State of Georgia? □ Yes □ No

If yes, explain: _____

_____

_____

3. Has the applicant or any interested party ever been charged, arrested, or held by Federal, State, or other Law Enforcement authorities for any violation of federal, state, county, or municipal law, regulations, or ordinances? (All charges including traffic must be included even if dismissed. Give reason charged or held, date, place where charged, and disposition)

□ Yes □ No

_____

_____

_____

4. Have you read and do you understand the County Alcoholic Beverage Ordinance? (copy attached with application) □ Yes □ No

5. Applicant certifies that they are not a surrogate for someone else. □ Yes □ No

Business Name: _____

APPLICANT CONSENT FORM

I hereby authorize the Gordon County Sheriff's Department to receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency in Georgia, and I authorize the Gordon County Sheriff's Department to release any and all information or any criminal history record information pertaining to me which may be in the files of the City of Calhoun Police Department / Gordon County Sheriff's Office. I also authorize release of any and/or all information which may concern my past and present status.

The release of any and all information is authorized whether same is of record or not, and I do hereby release all persons, firms, agencies, companies, groups, or installations, whomsoever, from any damages because of, or resulting from furnishing such information.

Information received as a result of this records check is subject to review by the Gordon County Board of Commissioners or any other licensing or hiring committee of Gordon County. This review is subject to take place in a closed or open meeting with members of the press or citizens in attendance.

Applicant Name (Print): _____
Applicant Signature: _____

Notary Public: _____
My Commission Expires: _____
(Affix Seal)

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This is to be executed under oath and subject to penalties of false swearing, and it includes all attached sheets submitted herewith.

APPLICANT VERIFICATION

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the Applicant in the foregoing personal statement are true.

_____
Applicant Signature

_____
Notary Public

_____
My Commission Expires
(Affix Seal)

Business Name: _____

TO BE COMPLETED BY THE GORDON COUNTY SHERIFF'S OFFICE

I have reviewed the above application and recommend the application be:

□ Approved □ Not Approved

_____ _____

GORDON COUNTY SHERIFF'S OFFICE **DATE**

Applicant is to take this form to the Sheriff's Office in Resaca at the Jail and Sheriff's Office Building and bring it back to the County Clerk with the report.

TO BE COMPLETED BY THE TAX COMMISSIONER'S OFFICE

This is to certify that the applicant has no delinquent taxes owed to Gordon County against any real or personal property pertaining to the location where the business is to be located.

In addition, there are no delinquent taxes owed to Gordon County by the applicant, owner, or party of interest in the business for which application is made.

_____ _____

TAX COMMISSIONER'S OFFICE **DATE**

Applicant is to take this form to the Tax Commissioner's Office and bring it back to the County Clerk.

Business Name: _____

THIS PAGE TO BE COMPLETED BY GORDON COUNTY CLERK'S OFFICE

PAYMENT INFORMATION

Date Fees Paid: _____ **Amount Paid:** _____

Cash _____ **Check/Money Order #** _____

Payment Received by: _____

TO BE COMPLETED BY GORDON COUNTY CLERK

Application considered by Board of Commissioners:

Date Approved: _____ Date Not Approved: _____

Date Issued: _____

License Number: _____

_____

CLERK OF BOARD