



# CITY OF WHITESBURG ALCOHOLIC BEVERAGE LICENSE APPLICATION

60 Booster Field Drive  
Whitesburg, GA 30185  
Telephone: 770-834-0848 Fax: 770-832-1180  
Email: [whitesburg@whitesburgcity.com](mailto:whitesburg@whitesburgcity.com)

**INSTRUCTIONS:** Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in that space that a separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed in person by the applicant with the Whitesburg City Hall, 60 Booster Field Drive, Whitesburg, Georgia 30185 together with all supporting documentation and a check for the required non-refundable application fee.

A license issued to an individual shall be issued in the name of the individual. A license issued to a partnership shall be issued in the name of the partnership and in the name of one of the partners who shall be the named licensee. A license issued to a corporation having as its principal business the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the majority stockholder or a principal officer of the corporation; and such majority stockholder or officer shall be the named licensee. A license issued to a corporation having as its principal business an activity other than the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the officer or employee of the corporation primarily responsible for the operation of the licensed premises; and such officer or employee shall be the named licensee.

<b>NON REFUNDABLE APPLICATION FEE</b>					
Package Beer	<b>\$100.00</b>	Pouring Restaurant – All	<b>\$250.00</b>	Retail Distilled Spirits Package	<b>\$500.00</b>
Package Wine	<b>\$100.00</b>	Pouring Beer & Wine	<b>\$100.00</b>		

<b>TYPE OF OUTLET (Check Only One):</b>	
<input type="checkbox"/> Retail Package Sales	<input type="checkbox"/> Restaurant
<b>TYPE OF LICENSE/Annual License Fee (Check Only One):</b>	
<input type="checkbox"/> Retail Package Malt Beverages & Wine <b>\$350.00</b>	<input type="checkbox"/> Retail Sale of Distilled Spirits Package <b>\$5,000</b>
<input type="checkbox"/> Pouring License Restaurant <b>\$2,500.00</b>	<input type="checkbox"/> Limited Pouring License Restaurant <b>\$500.00</b>

**\* PART I \***

1. TYPE OF OWNERSHIP:

Individual

Partnership

Corporation

(A) If individual, give full name and legal address of owner:

Full Name

Address

(B) If corporation/partnership give corporate/partnership name:

Federal Tax ID: \_\_\_\_\_

Name, percent interest and legal address of principle stockholders and corporate officers or partners:

Full Name

Address

% Interest

Full Name

Address

% Interest

Full Name

Address

% Interest

Full Name

Address

% Interest

Full Name

Address

% Interest

Describe the principle business of the corporation/partnership:

Full name, legal residence, and social security number of the named licensee (a) Individual (b) Principal Officer/Employer (c) Partner, each partner must be a named licensee:

Full Name

Address

2. Is the above address your legal and bona-fide place of domicile?  Yes  No

3. Trade name of business for which application is made: \_\_\_\_\_

4. Address of business for which application is made: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Business Home

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

If additional space is required, please attach to this application, noting which section it refers to.

**\* PART II \***

1. Will the proposed outlet have live entertainment?  Yes  No (If yes, describe how often and what type in detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you received a copy of the City of Whitesburg Alcoholic Beverage Ordinance?  Yes  No  
*No application will be processed until receipt of a copy of this ordinance is acknowledged.*

3. Have you included with this application a check for the non-refundable application fee required by Chapter 3 of the Alcoholic Beverage Ordinance of the City of Whitesburg?  Yes  No

4. As required by Chapter 3 of the Alcoholic Beverage Ordinance of the City of Whitesburg, have you included the following with this application? Please check the applicable answer(s).

- (a) A copy of the deed to the premises to be licensed, if owned by applicant.
- (b) A copy of the lease agreement covering the premises to be licensed, if leased by the applicant.
- (c) In the case of a partnership, a copy of the partnership agreement.
- (d) In the case of a corporation, a copy of the articles of incorporation.
- (e) A current stamped certificate from a registered surveyor which shows a scale drawing of the premises and the location at which the applicant desires to operate an alcoholic beverage outlet and which shows, with linear foot measurements where appropriate, such location's compliance or noncompliance with the provisions of Chapter 3 of the Alcoholic Beverage Ordinance of the City of Whitesburg.

5. Have you confirmed with the City of Whitesburg Community Development Department that the location of the proposed outlet is in a zoning district approved for the sale of alcoholic beverages subject to the specific limitations of the respective district as provided for in Chapter 3 of the Alcoholic Beverage Ordinance of the City of Whitesburg?  Yes  No

6. If applicable, have you received approval from the City of Whitesburg Building Official for any new construction, renovations, remodeling, etc. at the premises to be licensed?  Yes  No

7. If applicable, have you received an approved site plan from the City of Whitesburg for the location of the premises to be licensed?  Yes  No

8. If applicable, have you received a Carroll County Health Department Food Service Permit and any other applicable local, state, or federal permits, etc. required for a food service establishment?  Yes  No

9. Do you comply with the requirements of Regulation 560-2-2-.38 below?  Yes  No

Neither a retail dealer or retail consumption dealer, whether licensed in this State or not, nor any of his employees or members of such retail dealers or retail consumption dealer's immediate family shall have, own, or enjoy any ownership interest in, or partnership arrangement or other business association with the business of any wholesaler, manufacturer, producer, shipper, importer or broker.

10. Has the named licensee and all other persons otherwise required, submitted themselves to the Carroll County Sheriff's Office for fingerprinting and background check(s) as provided for in Chapter 3 of the Alcoholic Beverage Ordinance of the City of Whitesburg?  Yes  No

11. Has the named licensee, any partner(s), the corporation, or any corporate officer been:

(a) Convicted within the last ten (10) years of any felony or any misdemeanor involving moral turpitude?  Yes  No

(b) Any other misdemeanor within the past five (5) years?  Yes  No

(c) Denied or had revoked, within the past five (5) years, any license to sell alcoholic beverages issued by any government entity?  Yes  No

(d) Been convicted of selling alcohol to a minor within the past three (3) years?  Yes  No

If the answer to any portion of question 11 is yes, describe in detail and give dates of occurrences:

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12. Has any alcoholic beverage business in which the named licensee, partner(s), the corporation, or corporate officers holds or has held any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinance/legislation relating to the sale or distribution of alcoholic beverage?  Yes  No

If yes, describe in detail and give dates:

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13. On behalf of the name licensee, provide three (3) personal references (not relatives, former employers, fellow employees or school teachers) who are responsible, reputable adults, business or professional men or women, who have known the named licensee during the past five (5) years.

Include name, residence, business address, and number of years known.

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14. Is the named licensee a citizen of the U.S.?  Yes  No

\_\_\_\_\_  
Place of Birth

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

**\* PART III \***

VERIFICATION

State of Georgia, \_\_\_\_\_ County

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

\_\_\_\_\_  
Applicants Signature (FULL NAME IN INK)

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

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

(Seal)

Georgia Crime Information Center  
Criminal Background Consent Form

I hereby authorize \_\_\_\_\_  
(Name of person receiving history)

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 the State of Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex                      Race                      Date of Birth                      Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Special Employment Provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/\_\_\_\_\_ (circle one) 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.

- Record Attached
- No Record

Operator: \_\_\_\_\_

Date: \_\_\_\_\_