BANKS COUNTY

150 Hudson Ridge
Suite 1
Homer GA 30547

NEW, RENEWAL, TRANSFER, APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE

(NOTICE: This application must be accompanied by a completed Banks County Business License application.)

INSTRUCTIONS: Every question must be fully answered (typewritten or printed in ink.) If the space is not sufficient, answer on a separate page and indicate that such page is attached. Application must be signed, dated and properly notarized. Return completed application, together with all supporting papers and certified check, cashier's check or cash for the exact fee to the Clerk of the Banks County Commissioners.

1. I HEREBY CERTIFY BY FILING THIS APPLICATION, AS APPLICANT, THAT I HAVE RECEIVED, READ AND DO UNDERSTAND THE BANKS COUNTY REGULATION CONTROLLING ALCOHOLIC BEVERAGES, AND HEREIN MAKE APPLICATION FOR:

☐ Beer Package
Fee $600.00

☐ Beer Consumption
Fee $750.00

☐ Wine Package
Fee $400.00

☐ Wine Consumption
Fee $750.00

☐ Distilled Spirits Consumption
Fee $3,000.00

☐ Farm Winery
Fee $400.00

2. Trade Name of Business_____

Business Address_____

Business Phone_____ GA Sales Tax #_____ FEI #_____

Description of the premises or place of business: (Attach a copy of the plans for the building where the business is located)

_____

_____

Mailing Address: (If different from business address)

_____

_____

3. **Individual, Firm or corporation Information** _____

Address_____

Age_____ Race_____ Sex____ Date of Birth_____ SS#_____

3. **Manager (Resident, Agent):** License Holder's Name (NO initials, spell out all names)

_____

Home Address_____

Age_____ Race_____ Sex____ Date of Birth_____ SS#_____

Length of Residency_____ Phone: _____ Cell: _____

How Manager is Compensated_____

4. **Distance:** (Attach a scale drawing map or affidavit from a registered surveyor that the premises complies with the distance required by the Banks County Code)

What is the straight line distance from this business to the nearest:

School_____ Church_____

Survey: Attach a scaled drawing of the premises where the business is or will be located.

5. **PRIOR APPLICATIONS:**
Has any person with an interest in this application ever made an application at any previous time?

☐ Yes ☐ No (If yes, give disposition of that application) _____

6. **PRIOR APPLICATIONS OR APPLICATIONS:**
Has this place of business or anyone connected therewith been cited or charged at any time with any violation of State of Federal law, or regulation or any rule or regulation of the City or County? ☐ Yes ☐ No (If yes, give details on separate sheet)

7. **PRIOR CITATIONS OR APPLICATIONS:**
List all pertinent information for each person, firm, or corporation having any interest in this application and the type and percent of that interest.

Name: _____ **Birthdate:** _____ **Interest:** _____

Address: _____ **SS#:** _____

Name: _____ **Birthdate:** _____ **Interest:** _____

Address: _____ **SS#:** _____

Name: _____ **Birthdate:** _____ **Interest:** _____

Address: _____ **SS#:** _____

8. **INTEREST IN OTHER ALCOHOLIC BEVERAGE OPERATIONS:**
List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms, or corporations herein listed are entered in, employed by, or associated with, in anyway whatsoever.

_____

_____

_____

9. **BUILDING OWNER, LESSOR, SUBLESSOR:**
List full name, and address, and other pertinent information of the owner of the building, and the name and address or the owner of the land, and name and address of all lessors and sublessors. (Attach a copy of the lease or deed)

Owner, Lessor, Sublessor	Address	Payments

10. **OATH:**

1. I(We) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete and that no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

2. Should any change occur during the year for which a license is issued, pursuant to this application which would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within (5) days of the change. The failure to make such amendment shall be cause for the suspension or revocation of any License issued.

3. I (we) have received a copy of the local alcoholic beverage regulations and understand That this copy if to be kept on the license premises at all times.

_____
Signature of Resident Manager Under Oath

_____
Signature of Owner if not Resident Manager

_____
Doing Business As

_____
Title

Sworn to and subscribed
Before me this _____
Day of _____, 20_____.

_____
Notary

_____
Commission Expires

Do not write below this line

BANKS COUNTY USE ONLY:

NAICS CODE:_____ S.A.V.E AFFIDAVIT COMPLETE? ☐

HOME OCCUPATION RULES APPLY? ☐YES ☐NO ZONING CLASSIFICATION: _____

BANKS COUNTY CODE COMPLIANCE CERTIFICATION:

_____ _____
CODE ENFORCEMENT OFFICER SIGNATURE **DATE**

FEE PAID $_____ ☐CASH ☐CHECK #_____