



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 REGULATIONS CONTROLLING ALCOHOLIC BEVERAGES, AND HEREIN MAKE APPLICATION FOR:

- | | |
|--|---|
| <input type="checkbox"/> Beer Package
Fee \$600.00 | <input type="checkbox"/> Beer Consumption
Fee \$750.00 |
| <input type="checkbox"/> Wine Package
Fee \$400.00 | <input type="checkbox"/> Wine Consumption
Fee \$750.00 |
| <input type="checkbox"/> Distilled Spirits Consumption
Fee \$3,000.00 | <input type="checkbox"/> Farm Winery
Fee \$400.00 |

2. APPLICANT: License Holder's Name (*NO initials, spell out all names*)

Home Address _____

Age _____ Race _____ Sex _____ Date of Birth _____ SS# _____

Length of Residency _____ Phone: _____ Cell: _____

3. This license is for the use of:

Name (*owner of business*) _____

Address _____

Age _____ Race _____ Sex _____ Date of Birth _____ SS# _____

4. 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)

5. DISTANCE: (Attach a scale drawing 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 survey of the premises where the business will be located. (New Applications ONLY)

6. 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) _____

7. PRIOR CITATIONS OR APPLICATIONS:

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

8. PARTIES HAVING AN INTEREST IN THE APPLICATION:

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#

9. 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.

10. BUILDING OWNER, LESSOR, SUBLESSOR:

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

<u>Owner, Lessor, Sublessor</u>	<u>Address</u>	<u>Payments</u>
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11. MANAGER: *(Attach official Criminal History which may be obtained at the local Sheriff's office)*

Full name and other pertinent information of the manager of this business and state how he/she is compensated.

Name _____ Phone: _____

Address _____ Cell: _____

Date of Birth _____ Age _____ Race _____ Sex _____

SS# _____

Compensated _____

12. 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 five (5) days of the change. The failure to make such amendment shall be a 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 is to be kept on the licensed premises at all times.

Signature of applicant under oath

Signature of owner if not applicant

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?

E-VERIFY AFFIDAVIT COMPLETE?

_____ Date of Authorization _____

HOME OCCUPATION RULES APPLY? YES NO ZONING CLASSIFICATION: _____

BANKS COUNTY CODE COMPLIANCE CERTIFICATION:

CODE ENFORCEMENT OFFICER SIGNATURE DATE

FEE PAID \$ _____

CASH CHECK # _____