

OCONEE COUNTY BOARD OF COMMISSIONERS
COUNTY CLERK

P.O. Box 145/23 North Main Street
Watkinsville, Georgia 30677
Phone (706) 769-5120 ~ Fax (706) 769-0705

APPLICATION FOR LICENSE
FOR SALE OF MALT BEVERAGES & WINE

1. Type of License – please check one:

New Renewal Modification

2. Administrative & Investigative Fee: \$100 – All New Applicants

3. Type of Business:

Restaurant Package Store Wholesale
 Supermarket Convenience Store Other*

* Please explain _____

Will live entertainment be offered? Yes No

If yes, please explain _____

4. License Classification & Fees (Payment by certified funds only!) – please check all that apply:

Retail Package

Beer \$500 Wine \$500 Beer & Wine \$1000

Retail Consumption on Premises

Beer \$1000 Wine \$1000 Beer & Wine \$2000

Wholesale Distributor

Beer \$100 Wine \$100 Beer & Wine \$200

5. Business:

Business Name _____

Location Address _____ Phone _____

City _____ State _____ Zip Code _____

Mailing Address _____ Phone _____

City _____ State _____ Zip Code _____

6. Registered Agent (person responsible for alcohol issues for the entity) – *if non-individual ownership:*

Full Name _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Race _____ Sex _____ Birth date _____ SSN _____

7. Type of Ownership (please mark appropriate box and fill out section a, b or c as indicated):

Individual (a) Partnership (b) Limited Liability Company (b) Corporation (c)

a) For Individual:

Full Legal Name _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Race _____ Sex _____ Birthdate _____ SSN _____

b) For Partnership or LLC:

All applicants who are non-individual persons shall list the names, addresses and ownership interest of each owner of a 5% or greater interest.

Partnership or LLC Name _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Partners:

• Full Legal Name _____ % Interest _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

• Full Legal Name _____ % Interest _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

• Full Legal Name _____ % Interest _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

(Attach additional pages if necessary)

c) For Corporation:

All applicants who are non-individual persons shall list the names, addresses and ownership interest of each owner of a 5% or greater interest.

Name of Corporation _____
(name should be shown exactly as in Articles of Incorporation or Charter)

Date of Incorporation _____ Place of Incorporation _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Officers:

• Full Legal Name _____

% Stock Owned _____ Office held _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

• Full Legal Name _____

% Stock Owned _____ Office held _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

• Full Legal Name _____ % Interest _____

% Stock Owned _____ Office held _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

(Attach additional pages if necessary)

Stockholders (if different from Officer names):

• Full Legal Name _____ % Interest _____

% Stock Owned _____ Office held _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

• Full Legal Name _____ % Interest _____

% Stock Owned _____ Office held _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

- Full Legal Name _____ % Interest _____
 % Stock Owned _____ Office held _____
 Home Address _____ Home Phone _____
 City _____ State _____ Zip Code _____
 (Attach additional pages if necessary)

Trustees:

- Full Legal Name _____ % Interest _____
 % Stock Owned _____ Office held _____
 Home Address _____ Home Phone _____
 City _____ State _____ Zip Code _____
- Full Legal Name _____ % Interest _____
 % Stock Owned _____ Office held _____
 Home Address _____ Home Phone _____
 City _____ State _____ Zip Code _____
- Full Legal Name _____ % Interest _____
 % Stock Owned _____ Office held _____
 Home Address _____ Home Phone _____
 City _____ State _____ Zip Code _____
 (Attach additional pages if necessary)

8. Property:

Owner of the property (land & building) where the business will be located

Name _____ Address _____
 City _____ State _____ Zip Code _____

Is the commercial space where the business is to be located rented or leased?

Yes No If yes, please state name of landlord or lessor and address.

Name _____ Address _____
 City _____ State _____ Zip Code _____

9. Silent, undisclosed partners or joint venturers:

Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venture; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firms, companies, corporations or other?

Yes No If yes, please state name of person or other entity with address and amount of percentage of profits and receipts to be split.

Name _____ Address _____ % _____

City _____ State _____ Zip Code _____

10. Residency/Age requirement:

Is there any party identified in Question 7 or Question 9 that is not a legal resident of the United States and at least twenty-five (25) years of age?

Yes No If yes, please give full details on separate sheet.

If not a U.S. Citizen, can they legally be employed in the United States?

Yes No If yes, please explain on separate sheet and submit copies of eligibility.

11. Disclosure of previous denials:

Is there anyone connected with this business that has applied for a beer, wine, and/or liquor license from Oconee County or other City or County in the State of Georgia or other state or political subdivision and been denied such?

Yes No If yes, please give full details on separate sheet.

12. Disclosure of licenses held:

Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category?

Yes No If yes, please give full details on separate sheet.

13. Disclosure of felony/other convictions or offenses:

Is there anyone connected with this business that has been convicted of a felony or a crime involving moral turpitude?

Yes No If yes, please give full details on separate sheet including dates, charges and disposition.

Is there anyone connected with this business that has been convicted of any state, federal or local ordinance pertaining to the manufacture, possession, use, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof within the last ten years immediately prior to the filing of this application?

Yes No If yes, please give full details on separate sheet including dates, charges and disposition.

Is there anyone connected with this business that has been found in violation of the ordinances of Oconee County, or any other county or municipality, governing alcoholic beverages licenses with the last five years immediately prior to the filing of this application?

Yes No If yes, please give full details on separate sheet.

Is there anyone connected with this business that has been convicted under any Federal, State or County law for a criminal offense involving alcoholic beverages, gambling or tax law violations?

Yes No If yes, please give full details on separate sheet.

14. Training:

Have the owner/agent and manager(s) completed the Training for Intervention Procedures (TIPS) Program? A copy of the TIPS card(s) must be attached prior to the issuance of an alcoholic beverage license.

Name _____ Date of Training _____

Name _____ Date of Training _____

Name _____ Date of Training _____

Name _____ Date of Training _____

I, _____, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a license to sell malt beverages & wine in Oconee County, Georgia is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said license.

Print full name as signed below

Signature of Applicant/Registered Agent Title Date

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

Notary Public (SEAL)

**OCONEE COUNTY BOARD OF COMMISSIONERS
COUNTY CLERK**

PREMISE & STRUCTURE

INSTRUCTIONS: Under oath, each question must be fully answered. If space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached.

1. Type of Business:

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Package Store | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other* |

* Please explain _____

2. Trade Name of Business: _____

Location Address _____ Phone _____

City _____ State _____ Zip Code _____

Parcel Number _____

3. Is this location within a commercial zoning district?

- Yes No

Please indicate zoning classification: _____

4. Does the completed building or the proposed building comply with the ordinances of Oconee County, regulations of the State Revenue Commissioner and the Laws of the State of Georgia?

- Yes No

If no, please explain reason for non-compliance and proposed methods to rectify the same:

5. (a) Does the building in which business is to be located contain sufficient lighting so that the building itself and the premises on all sides of the building are readily visible at all times from the front of the street on which the building is located as to reveal all of the outside premises of such building?

- Yes No

(b) Is the building so illuminated that the interior of the store is visible day and night?

- Yes No

If answer is no to either (a) or (b) or both above, please explain proposed methods to rectify the insufficient lighting:

6. For Restaurants Only:

- (a) Number of square feet of total floor area: _____
- (b) Number of square feet devoted to dining area: _____
- (c) Seating capacity: _____
- (d) Number of full time employees: _____
- (e) Do you have a full service kitchen? Yes No
- (f) Hours of service for prepared meals or foods: _____
- (g) Hours of operation: _____
- (h) Is the place of business in full compliance with the definition of "Restaurant" under the Oconee County Malt Beverages and Wine Ordinance?
 Yes No

7. For Supermarket/Convenience Store Only:

- (a) Number of square feet of floor area: _____
- (b) Number of square feet devoted to the sale of groceries/food products: _____
- (c) Is the establishment devoted principally to the retail sale of groceries and food products?
 Yes No

If no, please explain:

- 8.** Attach a certified scale drawing of the proposed premises by a registered land surveyor or professional engineer, showing the distance requirement from church and school.
- 9.** Attach a certificate of a registered land surveyor or professional engineer that the location complies with the distance requirement from churches and schools.
- 10.** Attach evidence of ownership of the building or proposed building or a copy of the lease if the applicant is leasing the building.
- 11.** If the applicant is a franchise, attach a copy of the franchise agreement or contract.
- 12.** If establishment is a restaurant, attach a copy of the menu(s).
- 13.** (a) If the building is complete, attach copies of detailed site plans of said building including outside premises and floor plan.
(b) If the building is proposed, attach copies of proposed site plan and specifications and building permit of the proposed building.
(c) Show all areas where alcoholic beverages may be sold, served or consumed.

14. Applicant's Oath:

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

STATE OF GEORGIA, _____ COUNTY

I, _____, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, that the statements and answers made by me as the applicant in the foregoing premise and structure statement are true and correct.

Signature of Applicant/Registered Agent

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

This the _____ day of _____, 20_____.

Notary Public (SEAL)

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REGISTERED AGENT CONSENT FORM

Business Name _____

Location Address _____ Phone _____

City _____ State _____ Zip Code _____

I, _____, do hereby consent to serve as the *Registered Agent* for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the ordinance regulating the sale of malt beverages & wine in Oconee County. I understand the basic purpose is to have and continuously maintain in the County a *Registered Agent* upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served.

This the _____ day of _____, 20_____.

Signature of Agent

Print/Type Name of Agent

Print/Type Agent's Home Address

Print/Type City, County and State

APPROVED:

Owner/Officer/Director

Title