

**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

*Email questions, completed application, and any attachments to: khayes@oconee.ga.us or tbailey@oconee.ga.us.*

*Pages 6, 9, 10, and 11 require an original signature and/or notarization. Application may be emailed, and original signatures may be delivered at a later date.*

**APPLICATION FOR LICENSE  
FOR SALE OF MALT BEVERAGES, WINE & DISTILLED SPIRITS**

**1. Type of License – please check one:**

New - \$100       Renewal – No Fee       Modification - \$500

**2. Administrative Fee:  \$100 – New License Applications / Background Check:  \$43.25**

(Annual renewal applications are exempt from Administrative & Investigative Fees)

**3. Type of Business:**

Restaurant       Wholesale       Convenience Store  
 Package Store       Supermarket       Recreational Club       Other\*

\* Please explain \_\_\_\_\_

**Will live entertainment be offered?**    Yes    No

If yes, please explain \_\_\_\_\_

**4. License Classification & Fees – please check all that apply:**

**Retail Consumption on Premises (restaurants)**

Beer \$1000       Wine \$1000       Distilled Spirits \$1000      TOTAL \$ \_\_\_\_\_

**Retail Package**

Beer \$500       Wine \$500       Beer & Wine \$1000      TOTAL \$ \_\_\_\_\_

**Wholesale Distributor**

Beer \$100       Wine \$100       Beer & Wine \$200      TOTAL \$ \_\_\_\_\_

**Recreational Club**

Beer/Wine/Distilled Spirits \$1000

**5. Business:**

Business Name \_\_\_\_\_

Location Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Who to contact if there are questions regarding the application?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

6. **Registered Agent** (person responsible for alcohol issues for the entity) –  
***If non-individual ownership or non-resident/non-managing owner:***

Full Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Race \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

**Stockholders** (if different from Officer names):

- 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 venture partners:**

Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venture partner; 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-one (21) 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 Responsible Alcohol Services & Sales (RASS) Program? A copy of the RASS certificate(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 \_\_\_\_\_

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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)

**\*\* Pursuant to Title II ADA and Section 504 of the Rehabilitation Act of 1973, as amended, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial Assistance or under any program or activity conducted by Oconee County, Georgia. Additionally, pursuant to Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987, no person shall on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity conducted by Oconee County, Georgia.**

**OCONEE COUNTY BOARD OF COMMISSIONERS  
COUNTY CLERK**

**PREMISES & 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:**

- Restaurant                       Package Store                       Wholesale
- Supermarket                       Convenience Store                       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. Lighting of Premises (exterior and interior)**

(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. \*Proposed Property Location:** 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. (Alcohol Ordinance Section 5.f.)

**9. \*Property Location:** Attach a certificate of a registered land surveyor or professional engineer that the location complies with the distance requirement from churches and schools. (Section 5.f.)

**10. \*Evidence of Ownership / Lease:** Attach evidence of ownership of the building or proposed building or a copy of the lease if the applicant is leasing the building.

**11. \*Franchise Agreement:** If the applicant is a franchise, attach a copy of the franchise agreement contract.

**12. \*Restaurant Menu:** If establishment is a restaurant, attach a copy of the menu(s).

**13. \*Site Plans**

(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.

**\*Required in order to process an application for new license.**



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)

**Important: Application will not be processed without this page completed and delivered to Board of Commissioners Office.**

**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

**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

**Important: Application will not be processed without this page completed and delivered to Board of Commissioners Office.**

**Affidavit Verifying Status  
for County Public Benefit Application  
O.C.G.A. § 50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for an Business Occupation Tax Certificate, Alcohol License or other public benefit as referenced in O.C.G.A. § 50-36-1, from Oconee County, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_ I am a United States citizen.
- 2) \_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

My card number is: \_\_\_\_\_

The undersigned applicant also verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.G.C.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

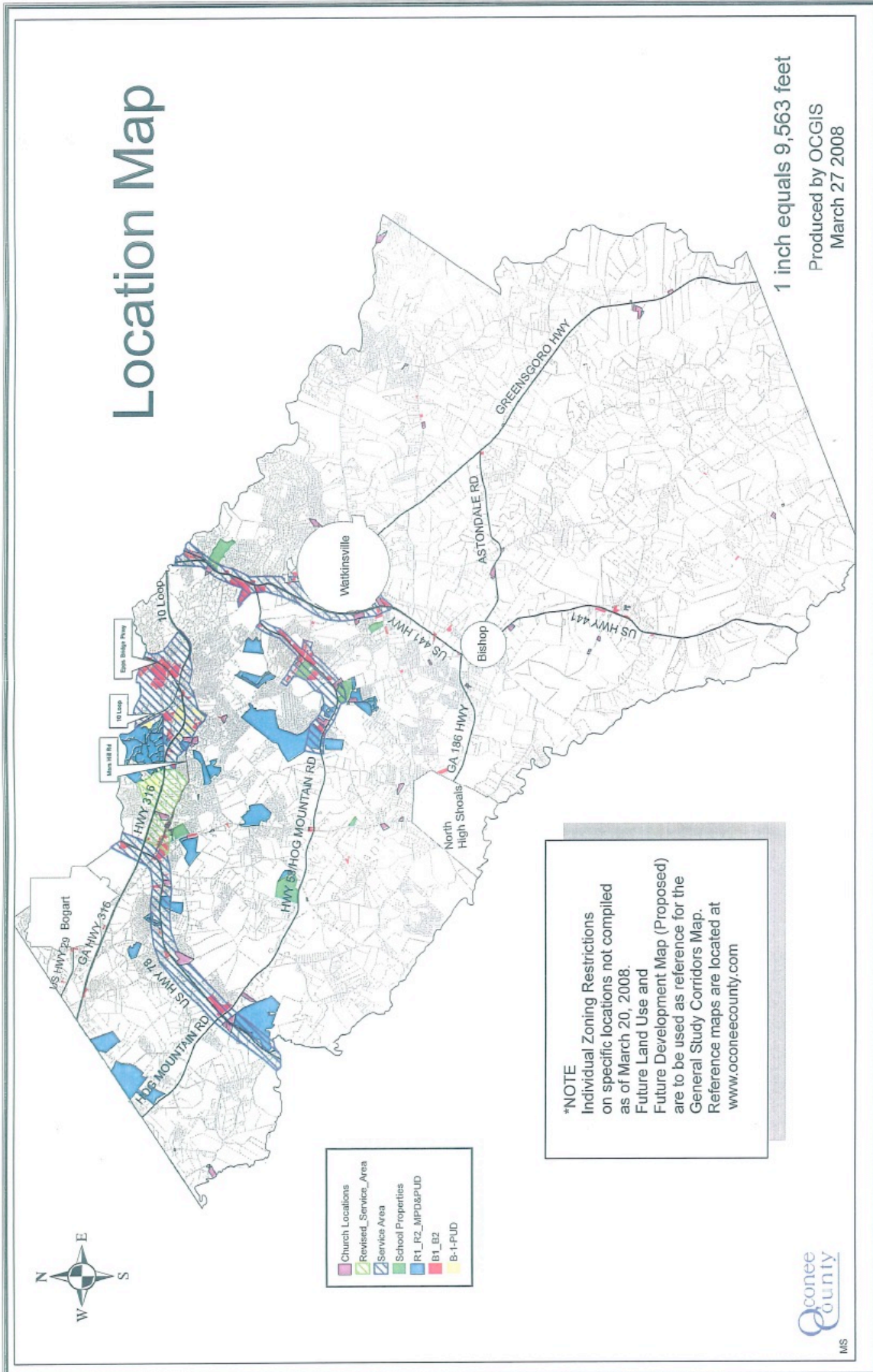
Subscribed and Sworn to before me, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**Important: Application will not be processed without this page completed and delivered to Board of Commissioners Office.**

# Location Map



1 inch equals 9,563 feet  
 Produced by OCGIS  
 March 27 2008

**\*NOTE**  
 Individual Zoning Restrictions on specific locations not compiled as of March 20, 2008. Future Land Use and Future Development Map (Proposed) are to be used as reference for the General Study Corridors Map. Reference maps are located at [www.oconeecounty.com](http://www.oconeecounty.com)

- Church Locations
- Revised Service Area
- Service Area
- School Properties
- R1, R2, MPD&PUD
- B1, B2
- B-1-PUD

