

**Alcoholic Beverage License Application
Lowndes County Board of Commissioners
Finance Department – Licensing Division**

Before completing this application, you must verify that the proposed location of your establishment is located in unincorporated Lowndes County.

1. TYPE OF LICENSE(S) APPLIED FOR (check all that apply):

- Retail Dealer – Off Premises Consumption (Distilled Spirits)
- Retail Dealer – Off Premises Consumption (Malt Beverages)
- Retail Dealer – Off Premises Consumption (Wine)
- Retail Consumption Dealer – Consumption on Premises (Distilled Spirits)
- Retail Consumption Dealer – Consumption on Premises (Malt Beverages)
- Retail Consumption Dealer – Consumption on Premises (Wine)
- Wholesaler – Distilled Spirits with warehousing in Lowndes County
- Wholesaler – Distilled Spirits without warehousing in Lowndes County
- Wholesaler – Malt Beverages with warehousing in Lowndes County
- Wholesaler – Malt Beverages without warehousing in Lowndes County
- Wholesaler – Wine with warehousing in Lowndes County
- Wholesaler – Wine without warehousing in Lowndes County
- Alcoholic Beverage Catering License

No retail dealer licensee shall hold any retail consumption dealer license for the same location, and vice versa; and no wholesale dealer licensee shall hold any retail dealer license or retail consumption dealer license for the same location.

2. Official Legal Name of Entity or Person seeking the License(s) (the “Applicant”):

3. Applicant's Business or Trade Name (if different than official legal name):

4. List any aliases, tradenames, or other names under which the Applicant is known or conducting business, or has been known or conducted business during the past three years:

5. If Applicant is an Entity, Full Name of the Individual Making this Application for the Applicant:

6. Street Address of establishment for which license is sought:

7. Street Address of Applicant's Primary Place of Business, if different from question #6 above:

8. Describe the type of establishment to be operated pursuant to the license applied for and the category(ies) of alcoholic beverage related functions and activities to be conducted at such establishment. [Attach additional pages if more space is needed]

9. Lowndes County's alcohol ordinance prohibits the distribution, sale or consumption of alcoholic beverages within 300 feet of any church building. The ordinance also prohibits the distribution, sale or consumption of wine or malt beverages within 100 yards, or of distilled spirits within 200 yards, of any school building, educational building, school grounds or college campus. Those distances are measured

from the door of the licensed establishment to the nearest street, thence along said street to the nearest point of any church building, school building, educational building, school grounds or college campus. List below the name and street address of the nearest church and the nearest educational facilities to the proposed establishment including the address.

Church: _____

School, college or other educational facility or grounds:

10. Has the Applicant or the establishment to be licensed been denied or had revoked an alcohol license by Lowndes County within the preceding twelve (12) months? YES NO

If yes, please explain. [Attach additional pages if more space needed]

11. Has the Applicant, any person identified in question 12 below, or any employee of the establishment for which licensure is being sought ever been refused a license related to alcohol or had such license suspended or revoked (either by Lowndes County or another jurisdiction)? YES NO

If yes, state the month and year of such occurrence, the jurisdiction, and the circumstances. [Attach additional pages if more space needed]

12. Type of Legal Entity	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
applying for license:	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Firm	<input type="checkbox"/> Association
	<input type="checkbox"/> Limited Liability Company (LLC)	
	<input type="checkbox"/> Other: _____	

If the Applicant is a partnership, joint venture or firm, list the names and addresses of all owners of the partnership, joint venture or firm. [Attach additional pages if more space is needed]

_____	_____
Name	Address

_____	_____
Name	Address

_____	_____
Name	Address

_____	_____
Name	Address

If the Applicant is a corporation or association, list the names and addresses of its principal officers, directors and the three stockholders owning the largest amounts of stock. [Attach additional pages if more space is needed]

_____	_____
President	Address

_____	_____
Vice President	Address

_____	_____
Secretary	Address

_____	_____
Treasurer	Address

_____	_____
Director	Address

_____	_____
Director	Address

_____	_____
Stockholder	Address

_____	_____
Stockholder	Address

_____	_____
Stockholder	Address

13. Has the Applicant, any person listed in question 12 above, or any employee of the applicant's establishment ever been convicted of a felony? YES NO

14. Has the Applicant, any person listed in question 12 above, or any employee of the Applicant's establishment been convicted within the previous five (5) years of a misdemeanor or of any other violation involving gambling, the Georgia Controlled Substances Act (or similar laws of another jurisdiction), prostitution, sex offenses, adult entertainment laws, rules or regulations, alcohol control laws, rules or regulations, or offenses involving moral turpitude? YES NO

15. Has the Applicant, any person identified in question 12 above and each employee of Applicant's establishment attach a fully completed and executed consent statement for necessary investigation reports? (see attachment A) YES NO

16. If the establishment for which a license is sought is or was licensed under the Lowndes County Alcohol Ordinance (or any previous ordinances or resolutions pertaining to alcoholic beverages), present details of how the Applicant has or will acquire the establishment, including on what terms and conditions. Further, describe in detail any familial, business, investment, debtor/creditor, or other relationship the Applicant may have or have had during the past three (3) years with the current or former licensee or establishment owner, and in each case with any person identified in question 12 above. [Attach additional pages if more space is needed]

17. Has the individual making this application attached a fully completed and executed affidavit (see attachment B) verifying his or her legal presence in the U.S., and also presented as his or her identification an original of one of the following current and valid "secure and verifiable documents" under O.C.G.A. § 50-36-1: driver's license issued by one of the states or territories of the U.S. or Canada; U.S. or foreign passport; picture I.D. issued by one of the states or territories of the U.S.; U.S. Certificate of Citizenship or Naturalization; or U.S. Permanent Resident Card or Alien Registration Receipt Card?
 YES NO

18. Is there attached a fully completed and executed affidavit verifying compliance by the Applicant with the federal work authorization program? (see attachment C or D) YES NO

NOTE: The Applicant may be required to submit further information or documentation as requested by the County.

CERTIFICATION REGARDING APPLICATION

Personally, appeared before the undersigned officer duly authorized to administer oaths, the undersigned affiant, who after first being duly sworn, hereby affirms, says and certifies that he/she is the _____ of _____, is authorized to make and execute this application on behalf of the Applicant, and further hereby affirms, says and certifies as to each of the following:

I have read and understand the Lowndes County Alcoholic Beverage Ordinance and will ensure that all employees of the establishment for which licensure is sought will be familiar with the provisions and regulations of that Ordinance.

I will ensure that the establishment for which licensure is sought complies at all times with all applicable laws, rules and regulations of the United States, the State of Georgia and Lowndes County, now in force or which may hereafter be enacted as relates to the sale, distribution, or consumption of alcoholic beverages.

I understand that any license issued is valid for a period of one year, beginning January 1st and expiring December 31st, that no license shall be assignable or transferrable either to a new licensee or for another location, and that no portion of the license fee shall be refunded should the license be revoked during the license year or should the establishment close.

The information, documents and statements made or contained in this Application, or submitted as a part thereof or supplementary thereto is in each case accurate and complete. I further understand that making false or fraudulent statements and/or representations in or with respect to this Application may subject me to criminal and/or civil penalties including a fine and/or imprisonment.

Submitted herewith is the sum of \$_____ [must be a cashier's check, money order, other certified funds, or cash] which includes the license fee for the year, or partial year, plus the administration fee. I understand that, should the Application be denied, I will receive a refund for the license fee only and that the administration fee is non-refundable.

Signature of Individual Making this Application

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

Date: _____

Notary Public

My commission expires: _____.

ATTACHMENT A

**Lowndes County Sheriff's Office
Criminal History Search
Consent Form**

I hereby authorize the Licensing Division – Finance Department, Lowndes County Board of Commissioners 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 Georgia.

Full Name (Print)

Address Street City State Zip Code

Sex Race Height Weight Eyes Hair Date of Birth Social Security Number

Phone Number

Signature

Date

Type of search requested:

- Background check name search
- Background check by fingerprint search

Mark purpose for background check:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Employment record | <input type="checkbox"/> Housing | <input type="checkbox"/> Checking own record |
| <input type="checkbox"/> Alcohol License | <input type="checkbox"/> Adoption | <input type="checkbox"/> Firearms License |
| <input type="checkbox"/> Professional License | <input type="checkbox"/> Firefighter | <input type="checkbox"/> Foster Care |

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

Notary Public

Date

Notary Seal

Administrative Clerk
Lowndes County Sheriff's Office

Form Updated: June 14, 2012

ATTACHMENT B

AFFIDAVIT OF COMPLIANCE WITH O.C.G.A. §50-36-1

By executing this affidavit under oath, as an Applicant for an alcoholic beverage license from the Lowndes County Board of Commissioners, the undersigned Applicant verifies one of the following with respect to my application:

- [] I am a citizen of the United States.
- [] I am a legal permanent resident of the United States.
- [] 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 is: _____.

The undersigned applicant also hereby 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.C.G.A. §50-36-1, with this affidavit. Form of secure and verifiable document: _____.

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

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

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

Notary Public

My commission expires: _____.

ATTACHMENT C

AFFIDAVIT OF PRIVATE EMPLOYER OF COMPLIANCE PURSUANT TO O.C.G.A. §36-60-6

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

Notary Public

My commission expires: _____.

ATTACHMENT D

AFFIDAVIT OF PRIVATE EMPLOYER OF COMPLIANCE PURSUANT TO O.C.G.A. §36-60-6

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

Notary Public

My commission expires: _____.

**APPENDIX A
FEES AND CHARGES**

1. Alcoholic beverage license fees shall be as follows:

License	Annual Fee*
a) Retail Dealer – Off Premise Consumption (Malt Beverages)	\$500.00
b) Retail Dealer – Off Premise Consumption (Wine)	\$500.00
c) Retail Dealer – Off Premise Consumption (Distilled Spirits)	\$1,075.00
d) Retail Consumption Dealer – Consumption on Premises (Malt Beverages)	\$675.00
e) Retail Consumption Dealer – Consumption on Premises (Wine)	\$675.00
f) Retail Consumption Dealer – Consumption on Premises (Distilled Spirits)	\$3,200.00
g) Wholesaler – Malt Beverages with warehousing in Lowndes County	\$300.00
h) Wholesaler – Malt Beverage without warehousing in Lowndes County	\$100.00
i) Wholesaler – Wine with warehousing in Lowndes County	\$300.00
j) Wholesaler – Wine without warehousing in Lowndes County	\$100.00
k) Wholesaler – Distilled Spirits with warehousing in Lowndes County	\$500.00
l) Wholesaler – Distilled Spirits without warehousing in Lowndes County	\$100.00
m) Alcoholic Beverage Catering License	\$250.00

*Initial fees may be prorated by the quarters and portions thereof remaining in the license year.

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|--|----------|
| 2. Event Permit (issued to alcoholic beverage caterer licensed by Lowndes County) | \$50.00 |
| 3. Event Permit (issued to alcoholic beverage caterer licensed by a municipality or county in Georgia other than Lowndes County
(see Section 7-2(b) and O.C.G.A. § 3-11-3(1)) | \$50.00 |
| 4. Administrative Fee | \$150.00 |