



HALL COUNTY

Alcoholic Beverage License Renewal Application

For License Year _____ County License # _____ State License # _____

NOTE: USE BLUE INK ONLY

DUE NOVEMBER 15th each year

INSTRUCTIONS: Fully **ANSWER ALL** questions (typewritten or printed only). If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, original application must be dated, signed and verified under oath by the applicant and filed with the Hall County Business License Department; together with all supporting papers and certified check, cashier's check, or cash for the exact fee. **Any applications received after November 15th are automatically assessed a 10% penalty and 1% per month interest for each month or fraction thereof.** Incomplete applications will NOT be accepted.

- RENEWAL BEER PACKAGE: \$500.00
- RENEWAL BEER CONSUMPTION: \$700.00
- RENEWAL WINE PACKAGE: \$500.00
- RENEWAL WINE CONSUMPTION: \$700.00
- RENEWAL DISTILLED SPIRITS CONSUMPTION: \$2500.00

BUSINESS INFORMATION

NAME _____
Street Address _____
City _____ State _____ Zip _____
Mail Address _____ Phone _____
City _____ State _____ Zip _____

Name of OWNER (S)

Name	Address	City/State/Zip	Title
_____	_____	_____	_____
_____	_____	_____	_____

Is this business a CORPORATION? If so indicate name and address of corporation:

LICENSEHOLDER/MANAGING AGENT INFORMATION (No initials; **SPELL OUT ALL NAMES**)

Name _____
Home Address _____ Co _____ Home Phone _____
City _____ State _____ Zip _____ Cell Phone _____
COUNTRY of Citizenship _____ Alien # _____ Exp date _____
Title with business (owner, manager, clerk, etc.) _____
E-mail address _____

REGISTERED AGENT INFORMATION (No initials; **SPELL OUT ALL NAMES**)

Name _____
Home Address _____ Co _____ Home Phone _____
City _____ State _____ Zip _____ Cell Phone _____
COUNTRY of Citizenship _____ Alien # _____ Exp date _____
Title with business (owner, manager, clerk, agent etc.) _____
E-mail address _____

What is the **CURRENT** straight line distance from this business or portion of this business used for the sale of alcoholic beverages to the nearest: (indicating more than 600 ft, more than 1000 ft., etc. will **NOT BE ACCEPTABLE**, and application will be returned)
School _____ Church _____ Funeral Chapel _____

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 within the past twelve (12) months?
 Yes No (If yes, give details on separate sheet.)

Has anyone (including employees) been convicted of driving/boating under the influence within the past five (5) years?
 Yes No (If yes, give details on separate sheet.)

List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms, or corporations herein listed are interested in, employed by, or associated with in any way whatsoever. _____

List full name, address and other pertinent information of the owner of the building, the name and address of the owner of the land, and the name and address of all lessors and sublessors. (If no change, indicate "ON FILE" ; if changed, please attach a copy of lease or deed) _____

OATH: I/We do solemnly swear, subject to criminal penalties for false swearing, 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 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. **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.** 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 Licenseholder/Managing Agent Under Oath _____
Signature of Registered Agent Under Oath _____
Signature of Owner if Not Applicant _____
Doing Business As _____
Title _____

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

Notary Public

SEAL

DUE WITH PAYMENT BY NOVEMBER 15, 2013

ATTENTION!!!!!!

USE BLUE INK ONLY

APPLICATIONS RECEIVED BY MAIL WILL NOT BE ACCEPTED DUE TO NEW STATE REGULATIONS. YOU MUST COME IN PERSON TO RENEW. PLEASE READ THE ENCLOSED MEMO VERY CAREFULLY AND COMPLETELY!!!!!!

REGISTERED AGENT CERTIFICATION

NAME _____

(Full name, no initials)

Physical Home Address _____

(NO P.O. BOX)

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Pager _____

E-mail address _____

COUNTRY of Citizenship _____ Alien Registration # _____ EXP _____

ADDITIONAL CONTACT INFORMATION

Place of employment _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Additional Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I hereby certify that I am a permanent resident of Hall County, Georgia and agree to serve as a "registered agent" on behalf of _____, located at _____

Business Name

_____, Hall County,

Business Address

Georgia until December 31, 2014. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Codes of Hall County, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

If for any reason I am unable to serve as the "registered agent" on behalf of the above named business, I understand that it is my responsibility to contact the Business License Director in writing advising that I will no longer serve as the "registered agent" for the above named business.

Signature of Registered Agent

date

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

Notary Public

(SEAL)

USE BLUE INK ONLY

Affidavit Verifying Legal Status Of Applicant for Hall County Alcoholic Beverage License

Please complete highlighted sections

By executing this affidavit under oath, as an owner/applicant for a Hall County Alcoholic Beverage License, I do swear the following, with respect to my application for a Hall County Alcohol License for

(business name)

AND _____
(ALCOHOL LICENSE HOLDER/MANAGING AGENT)

I certify that I am a: (check one)

1) United States citizen

OR

2) A legal permanent resident of the United States, 18 years of age or older; OR I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States*. My country of citizenship is: _____.

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of License holder/Managing Agent date

Printed Name of License holder/Managing Agent date

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____**

Notary Public

FOR OFFICE USE ONLY

Alien registration number and date of expiration

* O.C.G.A. 50.36.1(e) (2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number.

Affidavit Verifying Legal Status Of Applicant for Hall County Alcoholic Beverage License

Please complete highlighted sections

By executing this affidavit under oath, as an owner/applicant for a Hall County Alcoholic Beverage License, I do swear the following, with respect to my application for a Hall County Alcohol License for

_____ (business name)
AND _____

(ALCOHOL REGISTERED AGENT)

I certify that I am a: (check one)

2) ___ United States citizen

OR

2) ___ A legal permanent resident of the United States, 18 years of age or older; OR I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States*. My country of citizenship is: _____

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Signature of Registered Agent date

Printed Name of Registered Agent date

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
DAY OF _____, 20_____**

Notary Public

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**LICENSEHOLDER/
MANAGING AGENT**

**HALL COUNTY SHERIFF'S OFFICE
610 MAIN STREET
GAINESVILLE, GA 30501
770-531-6877**

**NO WHITEOUTS, NO MARK
THROUGHS, NO CHANGES**

CONSENT FORM

PURPOSE: _____

Special employment provisions (Check if applicable)

- ____ Employment with mentally disabled (Purpose code 'M')
- ____ Employment with elder care (Purpose code 'N')
- ____ Employment with children (Purpose code 'W')
- ____ Employment with Hall County Government Law Enforcement Sworn Officer (Purpose Code Z)
- ____ Employment with Hall County Government Law Enforcement Non-Sworn Officers (Purpose Code J)
- ____ Employment with Hall County Government Non-Law Enforcement (Purpose Code E)

One of the following must be checked:

____ This authorization is valid for 90/180/____ (circle one) days from date of signature.

____ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

I hereby authorize the Hall County Sheriff's Office to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT INFORMATION

FIRST MIDDLE LAST (MAIDEN)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP

SEX RACE DATE OF BIRTH SOCIAL SECURITY

SIGNATURE

NOTARY DATE

RECORD ON FILE | NO RECORD ON FILE

RECORDS CLERK
(AGENCY USE ONLY)

DATE COMPLETED
(AGENCY USE ONLY)

*****Special Conditions*****

If an adverse employment or licensing decision is made against the person whose record was obtained under this law, the person shall be informed: That a record was obtained, the specific contents of the record and the effect the record has upon the decision. Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

**NO WHITEOUTS, NO MARK
THROUGHS, NO CHANGES**

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