

# **DETAILED INSTRUCTIONS TO COMPLETE TRANSFER ALCOHOLIC BEVERAGE PACKAGE LICENSE APPLICATION**

## **PAGES 1 – 4 OF APPLICATION**

**QUESTION # 1** – Trade name of business, and other pertinent business information. This name **MUST** be the same as on your Hall County Business License.

**QUESTION # 2** - The name of the person, and other pertinent information, who will be the designated licenseholder for the business. In most cases, this person is the owner or an officer of the business. ***Please be sure to include an email address as this is used frequently for code updates, various notifications, etc.***

**QUESTION # 3** – The name of the owner of the business. If a corporation owns the business, then list the name of the corporation exactly as it is registered with the Georgia Secretary of State’s office. This owner **MUST** be the same as on your Hall County Business License.

**QUESTION # 4** – The distance from this business to the nearest church, school or funeral chapel. You may estimate this amount, it does not have to be exact. However as the distance may have changed since the last license was issued, it is important that you complete this section as to the **CURRENT** distances. We will **NOT** accept “on file” or “over 600 ft, etc” – it must be an actual or estimated distance.

**QUESTION # 5** – Indicate whether any person with **ANY** interest in this application (owners, partners, officers, property owners, Managing or Registered Agents, lien/mortgage holders) has ever made an application for an alcoholic beverage license. If yes, indicate where license was applied for and if that license was approved, or if not approved, give reasons why it was not approved.

**QUESTION # 6** – Indicate whether any person with **ANY** interest in this application (owners, partners, officers, property owners, Managing or Registered Agents, lien/mortgage holders) has ever been charged with **ANY** violation of **ANY** state or federal law or regulation, or **ANY** law, rule, or regulation of the city or county and give details.

**QUESTION # 7** - Indicate if any owner, officer, or employee of this business has been convicted of DUI or any other alcohol related offense, or **ANY** felony, within 5 years of the date of this application.

**QUESTION # 8** - Indicate if anyone listed in question # 5 ever had that license suspended or revoked and if so, indicate why.

**QUESTION # 9** – List all owners, partners, or officers of the Corporation and other pertinent information requested. This **MUST** be the same as on your Hall County Business License, and if a corporation, must include all persons registered as officers with the Georgia Secretary of State’s office.

**QUESTION # 10** – List any other businesses owned or operated by anyone listed in question # 5 and give locations.

**QUESTION # 11** – List the full name of the owner of the building and the owner of the real estate, including all sublessors.

**QUESTION # 12** - Indicate any loans on the business and amount of monthly/annual payments

**QUESTION # 13** – Date the previous licenseholder/registered agent ceased to qualify, or for whatever reason ceased to be the licenseholder.

**QUESTION # 14 & 15** – Information necessary to complete background investigation on licenseholder.

**QUESTION # 16** – Information on Registered Agent – this person **MUST** reside in Hall County and show proof of their home address. This person does **NOT** have to be an owner or employee of the business.

**PAGE 5** – Hall County Code requires confirmation that any and all ad valorem taxes owed to Hall County be paid before a license may be issued. This form need to be completed and signed by an authorized person at the Tax Commissioner’s office before the application can be accepted.

**PAGE 6** – This form authorizes Hall County to complete a criminal background investigation on the applicant/licenseholder. Violations that would disqualify the applicant include, but are not limited to alcohol violation convictions in the past 5 years and/or ANY felony conviction within the past 10 years.

**PAGE 7** – This form is a certification by the Registered Agent that they agree to serve in this capacity for the licenseholder. This certification states that the application does reside permanently in Hall County Georgia. Please include all requested information on home address, phone, and business contact information as well.

**PAGE 8** - This form authorizes Hall County to complete a criminal background investigation on the Registered agent or additional owners from Question 9. Violations that would disqualify the applicant include, but are not limited to alcohol violation convictions in the past 5 years and/or ANY felony conviction within the past 10 years.

**PAGE 9** – This memo is to be taken to the Hall County Jail when you go to obtain fingerprints. Please give this to the deputy in charge at the jail.

**PAGE 10** – This form is to be signed by BOTH the new applicant and the previous business owner. It states that the previous business owner agrees to allow the new applicant to use his alcoholic beverage license until the transfer can take place, up to a period of 90 days from the date of sale, or when the previous licenseholder ceased to qualify for the license, whichever comes first. It also certifies that the new applicant understands that if there are any outstanding charges of ANY KIND at the time the license is transferred, the new applicant assumes all responsibility for any related fines and/or suspensions.

**PAGE 11** – Citizenship Affidavit for the License holder/Managing agent to sign and have notarized. This is a new regulation from the State of Georgia.

**PAGE 12** – Citizenship Affidavit for the Registered Agent to sign and have notarized. This is a new regulation from the State of Georgia.

# TRANSFER MALT BEVERAGE & WINE PACKAGE LICENSE

## REQUIREMENTS / CHECK LIST

- (1) ORIGINAL APPLICATION COMPLETED, SIGNED, AND NOTARIZED.(Pages 1 thru 4) Answer ALL questions. ALL QUESTIONS ARE APPLICABLE. If the answer to the question is no or none, then write in "no" or "none".
- (2) PAYMENT MADE WITH APPLICATION (Certified Check, Cashier's Check, or Cash)  
  
Transfer Fee: Owner or Managing Agent/Registered Agent \$200.00 (After 5 Days \$400.00)  
  
Other:\_\_\_\_\_
- (3) BILLS, TAXES, OR REPORTS OWED HALL COUNTY COMPLETED BY TAX COMMISSIONER'S OFFICE. Fill out completely and have signed by Tax Commissioner. (page 5)
- (4) ADDITIONAL FORMS COMPLETED AND NOTARIZED AS REQUIRED. All Persons listed in item # 9 on page 2 of the application must complete a form for a background investigation. (additional forms may be copied from original on page 6 if necessary)
- (5) FINGERPRINT CARDS - Applicant can be fingerprinted ONLY at the HALL COUNTY JAIL. The hours are 8:30 to 5:00 p.m. from Monday thru Thursday. You will need to have cash or a money order payable to the HALL COUNTY JAIL for the fingerprints and processing. Return one fingerprint card to the business license office with your application after being fingerprinted. See page 10 for letter to take to the jail.
- (6) Copy of the Lease or Deed to the store building/property.
- (7) A drawing of the Premises to be licensed, interior layout (counters, shelving, cash register, tables, bar, coolers, office, bathrooms, etc.) Does NOT have to be to scale.
- (8) Verification of HOME ADDRESS for Managing Agent and Registered Agent. (Minimum 2 items required) Acceptable items: driver's license OR ID card issued by Driver's License Dept., other government or military ID showing name and address, voter registration card, if renting, a copy of a current lease agreement, or utility bill showing name and current address.
- (9) ALL ABOVE ITEMS MUST ACCOMPANY ORIGINAL APPLICATION before it may be considered for approval. Upon completion of the application and possession of ALL required forms and/or documents, contact this office (770-531-6815) to schedule an appointment to review and submit your application.

YOU MUST HAVE A VALID HALL COUNTY BUSINESS LICENSE BEFORE APPLYING FOR AN ALCOHOL LICENSE. MANAGING AGENT AND REGISTERED AGENT MUST BE PRESENT WHEN APPLICATION IS SUBMITTED. AFTER OBTAINING YOUR HALL COUNTY ALCOHOL LICENSE YOU WILL NEED TO OBTAIN STATE & FEDERAL LICENSES AS WELL BEFORE YOU MAY BEGIN SELLING ALCOHOL. CONTACT THE NUMBERS BELOW FOR INFORMATION.

Federal ATF - Technical Services: 404-679-5130

State Alcohol & Tobacco License: 404-417-4490

05/12

**KEEP THIS IMPORTANT INFORMATION PAGE**



**HALL COUNTY ALCOHOLIC BEVERAGE PACKAGE LICENSE TRANSFER APPLICATION**

Hall County License No \_\_\_\_\_

State License No \_\_\_\_\_

-- TRANSFER BEER PACKAGE:

-- TRANSFER WINE PACKAGE:

INSTRUCTIONS: **Every** question shall be **fully answered** (typewritten or printed in BLUE ink). 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(s) and Notary Public and filed with the Business License Department, together with all supporting papers and certified check, cashier's check, or cash for the exact fee. **Copies not accepted.** Incomplete applications will NOT be accepted.

(1) BUSINESS NAME: \_\_\_\_\_

Location \_\_\_\_\_

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

Phone \_\_\_\_\_ Sales Tax # \_\_\_\_\_

Mailing Address \_\_\_\_\_ FEI # \_\_\_\_\_

(If different from business location)

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

(2) LICENSEHOLDER/MANAGING AGENT \_\_\_\_\_

(Full name - No initials)

Title

Current Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ SS # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Cell # \_\_\_\_\_

COUNTRY of Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp. Date \_\_\_\_\_

E-mail address \_\_\_\_\_

(3) BUSINESS OWNER: \_\_\_\_\_

Complete name -no initials. (If incorporated give Corporate Name)

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ SS # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Cell # \_\_\_\_\_

COUNTRY of Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp. Date \_\_\_\_\_

E-mail address \_\_\_\_\_

Is this business owned by a corporation? If so, list name and address of corporation \_\_\_\_\_

(4) 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:

School \_\_\_\_\_ Church \_\_\_\_\_ Funeral Chapel \_\_\_\_\_

(5) 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 on separate page.)

(6) 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)

(7) Has anyone (including employees) been convicted of driving under the influence, or any felony within the past five (5) years ?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, give details on separate sheet)

(8) Has any previous license issued to applicant or any person with any interest in the application been revoked by any state or subdivision or the federal government and reason? \_\_\_\_\_  
 \_\_\_\_\_

(9) List all pertinent information for each person, firm or corporation having any interest in this application and the type and percent of that interest. (Use an additional sheet if necessary)

Name	Name	Name
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip
DOB	DOB	DOB
SS NO	SS NO	SS NO
Country of Citizenship	Country of Citizenship	Country of Citizenship
Alien registration # and exp. date	Alien registration # and exp. Date	Alien registration # and exp. date
% Interest _____	% Interest _____	% Interest _____
Name	Name	Name
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip
DOB	DOB	DOB
SS NO	SS NO	SS NO
Country of Citizenship	Country of Citizenship	Country of Citizenship
Alien registration # and exp. date	Alien registration # and exp. date	Alien registration # and exp. date
% Interest _____	% Interest _____	% Interest _____

(10) 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.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(11) List the 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. (Attach a copy of lease or deed)

Owner/Lessor/Sublessor	Owner/Lessor/Sublessor	Owner/Lessor/Sublessor
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip
Phone #	Phone #	Phone #
Payments	Payments	Payments



(12) How much of the capital of this business is borrowed and from whom?

(If a non-profit organization, also attach proof of current non-profit status)

Name	Name
Address	Address
City/State/Zip	City/State/Zip
Amount & Terms	Amount & Terms

(13) Date former **Managing and/or Registered** agent ceased to qualify for this license \_\_\_\_\_

(14) Investigation of **Licenseholder/Managing Agent** for alcoholic beverage license:

Previous Arrest or Convictions (Including Driving Under the Influence)

(1) Offense	Where	Date
(2) Offense	Where	Date
(3) Offense	Where	Date

Have you ever been fingerprinted other than for this license? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Where & why \_\_\_\_\_

Physical Characteristics (Deformities, Scars, Tattoos, Etc.) \_\_\_\_\_

Any aliases or other names used \_\_\_\_\_

Previous Employment (start with present employer)

(1)Employer	From	To
Address	Job Desc	
(2)Employer	From	To
Address	Job Desc	
(3)Employer	From	To
Address	Job Desc	

Parents: Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_  
Race \_\_\_\_\_ Sex \_\_\_\_\_ Citizenship \_\_\_\_\_ SS No \_\_\_\_\_  
Home Addr \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Co \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_ DL No \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_

(15) Previous Addresses (Other than present)

Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip

(16) REGISTERED AGENT \_\_\_\_\_  
 (MUST be Hall County Resident) (Full name - No initials) Title/Occupation \_\_\_\_\_  
 Current Home Address \_\_\_\_\_ County \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? \_\_\_\_\_  
 Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SS # \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
 COUNTRY of Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Email address \_\_\_\_\_

**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 hereby certify as applicant(s) that I/We have received, read and understand the Hall County regulations controlling alcoholic beverages and herein make application. I/We also understand that a copy of the Alcoholic Beverage Code is to be kept on the licensed premises at all times.

\_\_\_\_\_  
 Signature of Applicant/Managing Agent Under Oath

\_\_\_\_\_  
 Signature of Registered Agent Under Oath

\_\_\_\_\_  
 Signature of Owner (If not Applicant)

\_\_\_\_\_  
 Doing Business As

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Sworn to and Subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

(SEAL)

**CERTIFICATION**

**HALL COUNTY TAX OFFICE**

This is to certify there are no delinquent Hall County taxes currently outstanding in the name

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

or \_\_\_\_\_  
Applicant/Licenseholder

or \_\_\_\_\_  
Business Owner (If Not Applicant)

or \_\_\_\_\_  
Business Property Owner (If Not Applicant)

Business Address \_\_\_\_\_  
\_\_\_\_\_

Tax Parcel Number \_\_\_\_\_  
(this number can be obtained from the Planning Department or from your Commercial Occupancy Permit)

\_\_\_\_\_  
Hall County Tax Commissioner

\_\_\_\_\_  
Date

**WHEN COMPLETED RETURN TO BUSINESS LICENSE OFFICE**

Purpose: \_\_\_\_\_

**Hall County Sheriff's Office  
610 Main Street  
Gainesville, GA 30501**

**C O N S E N T   F O R M**

I hereby authorize \_\_\_\_\_ to receive any criminal history records information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

**Special employment provision (check if applicable):**

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

**One of the following must be checked:**

This authorization is valid for 90/180/ \_\_\_\_\_ (circle one) days from the date signature.  
I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background check for the duration of my employment with this company.

**P L E A S E   P R I N T   I N F O R M A T I O N**

First	Middle	Last	Maiden
Street Address (NO P.O. Box)		City, State, Zip	
Sex	Race	Date of Birth	Social Security Number
Signature	Date	Telephone Number	
Notary Public	Commission Expires	Today's Date	

**\*\*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 by the person/company making the decision:

- That a record was obtained;
- The specific contents of the record; and
- The effect the record made upon the decision.

Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

**NOTE - If any changes/corrections need to be made you MUST submit a new form. This form will NOT be accepted with strikethroughs, mark outs or corrections.**

**REGISTERED AGENT CERTIFICATION**

<b>Agency Use Only</b>	
Date Completed	Signature/Initials

NAME \_\_\_\_\_

(Full name, no initials)

Physical Home Address \_\_\_\_\_

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 \_\_\_\_\_

2<sup>nd</sup> 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, Georgia until

Business Address

December 31, \_\_\_\_\_. 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 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)

Purpose: \_\_\_\_\_

**Hall County Sheriff's Office  
610 Main Street  
Gainesville, GA 30501**

**C O N S E N T   F O R M**

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**One of the following must be checked:**

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I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background check for the duration of my employment with this company.

**P L E A S E   P R I N T   I N F O R M A T I O N**

First	Middle	Last	Maiden
Street Address (NO P.O. Box)		City, State, Zip	
Sex	Race	Date of Birth	Social Security Number
Signature	Date	Telephone Number	
Notary Public	Commission Expires	Today's Date	

**\*\*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 by the person/company making the decision:

- That a record was obtained;
- The specific contents of the record; and
- The effect the record made upon the decision.

Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

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<b>Agency Use Only</b>	
Date Completed	Signature/Initials



## **MEMORANDUM**

TO: Hall County Jail, Donna Tyner

FROM: Susan Rector, Hall County Business License Director

SUBJECT: Fingerprints for Alcoholic Beverage Licensing

Please fingerprint the below named subject in accordance with Code of Georgia annotated section 3-3-2e for submission to the Georgia Crime Information Center, GBI and FBI, and processing for application for alcoholic beverage licensing for Hall County, Georgia. **Please provide 1 set of fingerprints to the applicant to return to this office to be filed with the application.**

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Applicant's full name – no initials

***FINGERPRINTS PROCESSED ONLY at the Hall County Law Enforcement center, located at 610 Main St., Gainesville, Ga., Monday – Thursday, 8:30 - 5:00 PM. For detailed directions, fees for fingerprints, or if you have questions, please call the jail at 770-531-6877.***

The fingerprint card MUST be included with your alcoholic beverage license application before it may be considered for approval.





# HALL COUNTY BUSINESS LICENSE DEP'

P O DRAWER 1435  
GAINESVILLE, GA. 30503 6815

Bridge Rd

Phone 770-531-  
Fax 770-531-4953

2875 Browns

## Affidavit Verifying Legal Status Of Applicant for Hall County Alcohol License

Please complete highlighted sections

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

AND \_\_\_\_\_  
(business name)

\_\_\_\_\_  
(License holder/Managing agent)

I certify that I am a:

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

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

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

FOR OFFICE USE ONLY



**\* 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.**