

HALL COUNTY ALCOHOLIC BEVERAGE

REGISTERED AGENT TRANSFER

APPLICATION CHECKLIST

The following items should be submitted for application:

(1) APPLICATION COMPLETED, SIGNED, AND NOTARIZED.(Pages 1 thru 4)

(2) PAYMENT MADE (Check, or Cash)

_____ Transfer Fee for Malt Beverage & Wine \$ 50.00
(After 5 Days \$100.00)

_____ Transfer Fee for Distilled Spirits \$ 50.00
(After 5 Days \$100.00)

_____ Other: _____

(5) ATTACH

Verification of home address for Registered Agent (At least two of the following showing Name and current address--drivers license (or photo ID from Driver's Services), military I.D, voter registration, utility bills with individual's name and service address.)

REVIEW DATE _____

ALL ABOVE ITEMS MUST ACCOMPANY ORIGINAL APPLICATION BEFORE IT CAN BE ACCEPTED!!! WE MUST HVE THE ORIGINAL APPLICATION - COPIES OF APPLICATION FORM WILL NOT BE ACCEPTED! REGISTERED AGENT MUST BE PRESENT WHEN APPLICATION IS SUBMITTED. AFTER OBTAINING YOUR HALL COUNTY ALCOHOL LICENSE YOU WILL NEED TO TRANSFER YOUR STATE & FEDERAL LICENSES AS WELL.

KEEP THIS PAGE FOR YOUR INFORMATION

USE BLUE INK ONLY



HALL COUNTY

REGISTERED AGENT TRANSFER APPLICATION

License Type - [] Malt Beverage [] Wine [] Distilled Spirits License No _____
Current Yr _____ License Yr _____ State License No _____

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 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 _____
Mailing Address _____ FEI # _____
(If different from business location)
City _____ State _____ Zip _____

(2) LICENSEHOLDER
(Managing Agent) License Holder Name (Full name - No initials) Job Title
Address _____ Phone _____
City _____ State _____ Zip _____ SS# _____
Sex _____ DOB _____ Citizenship _____ Alien # _____ Exp _____
Driver's License Number _____ State _____ Cell # _____
E-mail address _____

(3) BUSINESS OWNER: _____
CORPORATE NAME or Owner Name (No initials)
Address _____ Phone _____
City _____ State _____ Zip _____ SS# _____
Sex _____ DOB _____ Citizenship _____ Alien # _____ Exp _____
Driver's License Number _____ State _____ Cell # _____
E-mail address _____

(4) REGISTERED AGENT _____
(Full name - No initials)
Address _____ Co _____ Phone _____
City _____ State _____ Zip _____ Cell # _____
Sex _____ DOB _____ Country of Citizenship _____ Alien # _____ Exp _____
Driver's License Number _____ State _____ SS# _____
E-mail address _____

- a) Has this "registered agent" 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)
b) Has this "registered agent" 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)

c) Has any previous license issued to this "registered agent" or has this "registered agent" held any interest in an application that has been revoked by any state or subdivision or the federal government and reason _____

d) Name of previous "registered agent", and date this person left employment of this business. _____

(5) **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 Licenseholder (Managing Agent) Under Oath

Signature of Registered Agent Under Oath

Signature of Owner (If not Licenseholder)

Doing Business As

Title

Date

USE BLUE INK ONLY

Sworn to and Subscribed before me

This _____ day of _____, 20____.

Notary Public

(SEAL)

REGISTERED AGENT CERTIFICATION

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 _____

2nd 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

_____ Business Name

located at _____

Business Address

Hall County, Georgia until 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

USE BLUE INK ONLY

REGISTERED 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.