



# Carroll County Department of Community Development

997 Newnan Rd  
P.O. Box 338

Carrollton, GA 30117  
(770) 830-5861

## APPLICATION FOR AN ALCOHOLIC BEVERAGE LICENSE

**\*\*\*Print or Type clearly. Illegible applications will not be processed. Pre-Application Conference is required.\*\*\***

**Business Name:** \_\_\_\_\_

**Corporation Name:** \_\_\_\_\_

If corporation is a DBA (Doing Business As), use the exact name as it should appear on the Alcoholic Beverage License. Note: When applying for the State of Georgia Alcohol License, use the same Business Name as listed above.

**Location of business for which application is being made:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Licensee's Phone:** (\_\_\_\_) \_\_\_\_\_

**Licensee's Mobile Phone:** (\_\_\_\_) \_\_\_\_\_

**Licensee's Email Address:** \_\_\_\_\_

**Will the proposed outlet have live entertainment?**

- ☐ Yes  
☐ No

**If yes, describe how many times per week and what type of entertainment in detail:**

\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF ALCOHOLIC BEVERAGE LICENSE REQUESTED (a separate application and license fee is required for each license.**

- |  |               |
|--|---------------|
| <input type="checkbox"/> Malt Beverages and Wine, Wholesale                                | \$2,000       |
| <input type="checkbox"/> Malt Beverages and Wine, Retail Package                           | \$750         |
| <input type="checkbox"/> Malt Beverages and Wine, by the drink for consumption on premises | \$1,050       |
| <input type="checkbox"/> Non-Profit Alcohol License  | \$240         |
| <input type="checkbox"/> Licensed Alcoholic Beverage Caterer                               | \$250         |
| <input type="checkbox"/> Farm Winery   | \$100         |
| <input type="checkbox"/> Special Event Alcohol Permit                                      | \$150 per day |
| <input type="checkbox"/> Employee Permit   | \$25          |
| <input type="checkbox"/> Hotel-Motel in Room Service Permit                                | \$300         |



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## TYPE OF OWNERSHIP

- ☐ Individual  
☐ Partnership  
☐ Corporation  
☐ Other (specify: \_\_\_\_\_)

\*\*If Other, complete information in Item 1(b) as if applicant were a corporation

### A. If **individual**, full name and legal address of owner:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### B. If **corporation**, corporation name: \_\_\_\_\_

Name, percentage interest, and legal address of principal stockholders and corporate officers (attach additional sheets if necessary):

Name: \_\_\_\_\_ % Interest: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ % Interest: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ % Interest: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### C. If **partnership**, partnership name: \_\_\_\_\_

Name: \_\_\_\_\_ % Interest: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ % Interest: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ % Interest: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ % Interest: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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A. Full name and residential address of the **named licensee** – (a) individual (b) principal officer/employee

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

B. For Partnerships, each partner shall join as an applicant for the license and each partner must meet the qualifications of an individual licensee. Each partner shall be required to have a criminal history check and be fingerprinted.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If the named licensee, any partner(s), the corporation or any corporate officer has any ownership in any other licensed alcohol beverage business, give business name, business location, and all other pertinent details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On behalf of the named licensee, provide three (3) personal references (not to include relatives) who are responsible, reputable adults, business or professional men or women, who have known the named licensee during the past three (3) years.**

Relationship to Applicant: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

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



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Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has the applicant(s) been denied or had revoked, within the past five (5) years preceding this application, any license to sell alcoholic beverages issued by any governmental entity? Yes or No \_\_\_\_\_

**Applicant(s) acknowledge and understand that the license, if granted, is NOT transferable to any other individual, partnership, corporation, or entity. Yes or No \_\_\_\_\_**

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**NOTES:**



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## CRIMINAL HISTORY CONSENT FORM

\*Note - Each named partner and/or corporation member must complete this form.

I hereby authorize Carroll County to receive any Criminal History Record information pertaining to me which may be in the Files of any State or Local Criminal Justice Agency.

Full Name:

LAST NAME

FIRST NAME

MIDDLE NAME

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

To be completed by authorized agent:

- ☐ Record Found (If criminal record is found, return with this signed form)  
☐ No Record Found

Signature of Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Notary

Sworn to and subscribed before me on this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

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

Seal:



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## GAPS CONFIRMATION OF FINGERPRINTING

\*Note - Each named partner and/or corporation member must complete this form.

Applicant's Full Legal Name: \_\_\_\_\_

### **To be completed by authorized agent**

Date Applicant Registered Online with GAPS: \_\_\_\_\_

Paid by:

- ☐ Visa
- ☐ MasterCard
- ☐ Check
- ☐ Cash

Date Fingerprinting Performed at GAPS location: \_\_\_\_\_

Date Criminal History Verified with GAPS: \_\_\_\_\_

- ☐ Record Found
- ☐ No Record Found

Criminal History Waiver Required for Licensing Authorization:

- ☐ Yes
- ☐ No

**\*\*All partners are required to have a criminal history check and be fingerprinted, and must meet qualifications of an individual licensee. \*\***

Has the licensee, any partner(s), the corporation, or any corporate officer been:

a. Convicted within the last two (2) years of any felony or any misdemeanor involving moral turpitude?

Yes or No \_\_\_\_\_

b. Convicted of any other misdemeanor within the past two (2) years? Yes or No \_\_\_\_\_

c. Convicted of selling alcohol to a minor within a three (3)-year period preceding this application?

Yes or No with \_\_\_\_\_

If the answer to any portion of this question is yes, describe and give dates of occurrences for each individual conviction (attach additional information as necessary):

\_\_\_\_\_  
\_\_\_\_\_

Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PROPERTY OWNER AUTHORIZATION

THIS FORM TO BE COMPLETED ONLY IF APPLICANT AND OWNER ARE NOT THE SAME PERSON(S).  
Applicant is person submitting the application. Owner is the property owner.

(Please type or legibly print)

Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ (Owner's Name), personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted a \_\_\_\_\_ under the Ordinances of Carroll County:

I affirm that I am the owner of the property that is the subject of the attached application, as shown in the records of Carroll County, Georgia. I authorize the person named above to act as applicant in the pursuit of above application.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

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

\_\_\_\_\_  
AFFIANT (Owner's signature)

Sworn to and subscribed before me this ____ day of _____, _____.  _____ Notary Public  My Commission Expires:	(Seal)
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## AFFIDAVIT VERIFYING STATUS FOR A CARROLL COUNTY PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for an **ALCOHOLIC BEVERAGE LICENSE** or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for an **ALCOHOLIC BEVERAGE LICENSE** or other public benefit for \_\_\_\_\_  
[PRINT NAME]. [Name of natural person applying on behalf of individual, business, corporation, or other private entity]

### CHECK ONE OF THE FOLLOWING:

1. \_\_\_\_\_ I AM A UNITED STATES CITIZEN

-OR-

2. \_\_\_\_\_ I AM A LEGAL PERMANENT RESIDENT 18 YEARS OF AGE OR OLDER OR I AM AN OTHERWISE 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.\*

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.

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

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

\*Alien Registration Number for Non-Citizens: \_\_\_\_\_

**\*Note:** 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. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Notary

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

Seal:







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## E-VERIFY EXEMPTION

JULY 2013: PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. 36-60-6, stating affirmatively that as of **JULY 1, 2013**, the individual, firm, or corporation employs **fewer than ten (10)** 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.

### **IF THE BUSINESS HAS LESS THAN 10 EMPLOYEES SIGN BELOW:**

Name of **Exempt** Private Employer: \_\_\_\_\_

Signature of **Exempt** Private Employee/Agent: \_\_\_\_\_

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

Executed on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_  
[MONTH] [DAY] [YEAR] [CITY] [STATE]

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

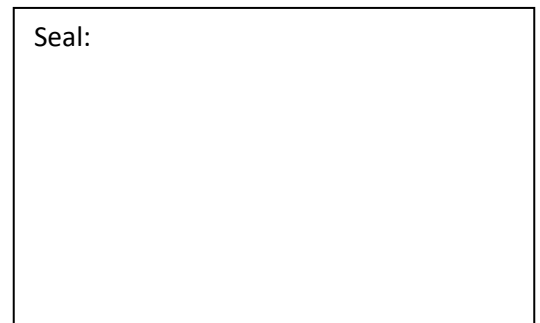
\*\*This affidavit is for use from JULY 1, 2013.

### Notary

Sworn to and subscribed before me on this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

Seal:





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**PARCEL INFORMATION SHEET**  
**APPLICATION FOR ZONING COMPLIANCE CERTIFICATE**  
**To be filled out by Map Room Personnel in Room #414**

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 <sup>ST</sup> :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
REQUIRED SETBACKS		FRONT	
		SIDE	
		REAR	
<b>CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST</b> <input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification  Signature of County Planner or Designee: _____ Date: _____  Comments: _____			
CDP COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____	
PLAT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____	
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Planner or Designee: _____ Date: _____ Comments: _____	