



Carroll County Department of Community Development

997 Old Newnan Road
Carrollton, GA 30117
TEL: 770-830-5861
FAX: 770-830-5866

Carroll County Alcohol License Renewal Application

Instructions: Complete all questions fully. Attach additional sheets if necessary. When completed, the **Named License** should date, sign, and verify under oath, the accuracy of the information and file person with the Alcohol Licensing Department. Carroll County Department of Community Development. by close business, December 15th of each calendar year.

License Fee is Due on or by December 15th of each calendar year.

Business Name: _____

Payment Enclosed Yes or No

Amount Enclosed\$ _____

Paid By: Check, Money order, Cash or Credit card (credit card payment is a 3 percent fee)

If business has moved or closed, please surrender your Carroll County Alcohol License along with a notarized statement declaring that the business closed and the effective date thereof. If your business has relocated to another location within Carroll County, please note that the Alcohol License is non-transferrable and will require a new, complete application, etc. If your business has relocated outside of Carroll County, you will be required to obtain all applicable licenses /permits from the governing agency. Please surrender your Carroll County Alcohol License along with a notarized statement declaring that the business has relocated outside of Carroll County



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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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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

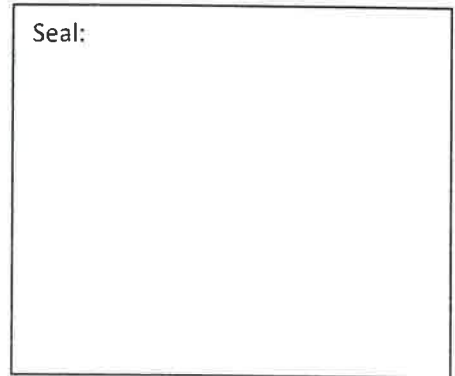
Sworn to and subscribed before me on this _____ day of

_____, _____.

Signature: _____

My Commission Expires: _____

Seal:





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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: _____

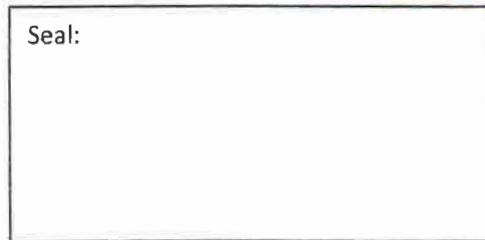
***Note:** O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide 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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AFFIDAVIT FOR A(N) _____

_____, [PRINT 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 approval for a(n) _____ under the ordinances of Carroll County.

The information contained within the application attached hereto and filed in the Carroll County Department of Community Development consist of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

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

This _____ day of _____,

AFFIANT (signature)

Personal
Address: _____

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address.

Entity: _____

Address: _____

Notary

Sworn to and subscribed before me on this _____ day of _____,

Signature: _____
My Commission Expires: _____

Seal:

