

Hart County  
Beer & Wine License  
Application

Application for License Year: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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

Drivers License Number: \_\_\_\_\_

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

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

Business Telephone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Is this application for renewal of a current beer and wine license?  
\_\_\_\_\_

Class License: ( )A ( )B ( )C ( )D

Are you a citizen of the United States of America? \_\_\_\_\_  
(Attach copy of driver's license or other proof of residency)

Are you 21 years of age or older? \_\_\_\_\_

The license is requested for: ( ) Sole Proprietorship ( ) Partnership or  
Corporation

If sole proprietorship, are you the owner? \_\_\_\_\_

If not, are you actively engaged in the management of the business?  
\_\_\_\_\_

If partnership or corporation, are you an officer who is actively engaged in the  
management of the business and an owner of at least 25% of the partnership or  
corporation? \_\_\_\_\_  
(Attach a copy of letter of partnership or articles of incorporation)

Have you complied with all rules, regulations and requirements of the Hart County Board of Health, State Board of Health, and all other State, Federal, and Local public health authorities? \_\_\_\_\_ (Attach letter and/or permits as verification if applicable)

If business is a private club, does it maintain 25 or more dues paying members?

\_\_\_\_\_  
(Attach a signed, notarized statement which names the officers of the club and which indicates the total number of dues paying members)

Does the business have suitable kitchen and dining facilities to accommodate members and guests? \_\_\_\_\_

If the business is a restaurant, is 55% of the business' total annual gross income derived from the sale of prepared meals and food? \_\_\_\_\_ (Attach supporting documentation) Does the business have a seating capacity of at least 25 or more? \_\_\_\_\_

If the business is a retailer, does business have grocery-related items equaling a wholesale value of \$2,500 or more in stock? \_\_\_\_\_ (Attach supporting documentation)

List the name, address and telephone number of each person (including officers of private club if applicable), firm or corporation having any interest in the business.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three people who have known you for five years of more:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I do solemnly swear that the statements made and answers given on the Hart County beer and wine application are true and complete; that I have read and fully understand the Hart County Beer, Wine and Malt Beverage Ordinance; that I affirm that I will comply with all provisions and requirements of the ordinance; and that I shall not offer for retail sale any beer, wine ale or malt beverages except that purchased or acquired from a licensed wholesale distributor of such alcoholic and/or malt beverages.

\_\_\_\_\_  
Applicant's signature

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

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

My commission expires: \_\_\_\_\_

**Affidavit Verifying Status  
for County Public Benefit Application**

By executing this affidavit under oath, as an applicant for a     Hart     County Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit 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 a     Hart     County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for \_\_\_\_\_.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

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.

Signature of Applicant:    Date

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

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

\* \_\_\_\_\_  
Alien Registration number for non-citizens

Notary Public  
My Commission Expires:

**\*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:

\_\_\_\_\_

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) Alcohol license [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from Hart County Board of Commissioners [name of county or municipal corporation], the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012, and June 30, 2012.
  - (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
  - (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.
2. Fill out this section between July 1, 2012, and June 30, 2013.
  - (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
  - (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.
3. Fill out this section on or after July 1, 2013.
  - (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
  - (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.
4. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that his federal work authorization user identification number and date of authorization are as listed below:

\_\_\_\_\_ Federal Work Authorization User Identification Number

\_\_\_\_\_ Date of Authorization

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 O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

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

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

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)  
Compliance Deadline Schedule**

Private employers applying for a[n] business license, occupational tax certificate, or other document required to operate a business must complete the above-referenced affidavit in compliance with the following schedule:

- If you are an employer (including any individual, firm, or corporation) employing more than five hundred (500) employees, you must complete an affidavit between January 1, 2012, and June 30, 2012.
  
- If you are an employer (including any individual, firm, or corporation) employing more than one hundred (100) employees, you must complete an affidavit between July 1, 2012, and June 30, 2013.
  
- If you are an employer (including any individual, firm, or corporation) employing more than ten (10) employees, you must complete an affidavit on or after July 1, 2013.

Pursuant to O.C.G.A. § 36-60-6(f), the office of the Georgia Attorney General will post the appropriate Private Employer Affidavit form on the Department of Law's official website pursuant to the above-referenced compliance schedule.

The Affidavit form should be sent to the entity within Georgia with whom you are doing business. A copy of the affidavit form need not be sent to the Georgia Attorney General's Office.