

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 State of Georgia? _____
(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
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)

Does the firm, partnership or corporation own or operate more than one business in the county that holds a beer and wine license? _____

If yes, has the same individual applied for all such licenses? _____

If the application is for a private club, are you an officer of the club?

Does a Commissioner of Hart County have any interest in this business?

Have you been convicted, pled guilty or entered a plea of nolo contendere to any felony or misdemeanor involving alcoholic beverages or drugs within the past three years? _____

Have you had an application refused or withdrawn within the year preceding the date of application? _____

Please note the provisions of the ordinance regarding the posting of the Notice of Application sign and the legal advertisement to be run in The Hartwell Sun must be completed prior to the Board of Commissioners consideration of your application.

If you are a current license holder, have you violated any law, regulation or ordinance relating to such business? _____ (if yes, attach explanation)

Have you previously had an alcoholic beverage license suspended or revoked? _____

Is the entrance of the business located within 350 yards of the nearest property line of any church, hospital or school? _____

Does the business have a history within the preceding 12 months of the filing of the application of prostitution or other offensive practices such as violent activities, gambling, illegal dealing in alcoholic beverages or drugs or other violations of the law? _____

With the exception of a private club, does the business have a front entrance that is clearly visible from a public street, road or highway?

With the exception of a private club, does the business have a fully lighted and unobstructed parking area? _____

Is the business occupied as a dwelling? _____

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
Telephone

Address

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

List record of employment for the previous five years:

Employer: _____

Address: _____

Position: _____

Dates Employed – From: _____ To: _____

Employer: _____

Address: _____

Position: _____

Dates Employed – From: _____ To: _____

Employer: _____

Address: _____

Position: _____

Dates Employed – From: _____ To: _____

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: _____

Criminal History Consent Form

In accordance with Section 7(b) of the Beer, Wine and Malt Beverage Ordinance of Hart County, as now or hereafter amended, the undersigned hereby authorizes the Hart County Sheriff's Department to inquire and receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency, and furnish said record to the Hart County Board of Commissioners.

Full Name Printed

Address

City, State, Zip

Sex

Date of Birth

Race

Social Security Number

Signature

Notary Public

My commission expires on: _____

Date Notarized: _____

() There is no criminal history record found on this subject

() The criminal history record on this subject is attached

Hart County Sheriff's Department

Date

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

- 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, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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

Executed on _____, _____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.