

Hart County
Distilled Spirits License
Application

Application for License Year: _____

Applicant's Name: _____

Resident Address: _____

Home Telephone: _____ Work Telephone: _____

Email address: _____

Social Security Number: _____

Drivers License Number: _____

Business Name: _____

Business Address: _____

Business Telephone: _____

Type of Business: _____

Is this application for renewal of a current Distilled Spirits license?

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)

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Have you had an application refused or withdrawn within the year preceding the date of application?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 ran 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 1000 feet 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 50 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 51% 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 50 or more? _____

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 and can provide a reference to your character:

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 distilled spirits application are true and complete; that I have read and fully understand the Hart County Distilled Spirits 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 distilled spirits beverages except that purchased or acquired from a licensed wholesale distributor of such distilled spirits.

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 6-62-(b)-3 of the Distilled Spirits 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

OR

2) _____ I am a legal permanent resident 21 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 21 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.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

I have read and received a copy of the Applicants Privacy Rights and Privacy Act Statement.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____