

WHITFIELD COUNTY, GEORGIA
2024 ALCOHOL BEVERAGE LICENSE(S) APPLICATION

____/____/____
Date Application Filed

Name of Business

- New Application
- Renewal Application
- Change In Existing License(s)
 - Applicant/Designated Agent
 - Manager
 - Name
 - Owner
 - Location

TYPE LICENSE APPLIED FOR (CHECK ALL THAT APPLIES TO BUSINESS)

- Package Beer \$750.00 Wholesale \$100.00
- Pouring Beer \$750.00
- Package Wine \$750.00
- Pouring Wine \$750.00
- Pouring Distilled Spirits (Liquor) \$2,000.00 Establishments With Food Sales Only

THE LICENSE(S) ARE BEING APPLIED FOR:

- Package Store Restaurant Farm Winery

**APPLICANT APPLYING FOR LICENSE
WHITFIELD COUNTY, GEORGIA
ALCOHOL BEVERAGE APPLICATION**

Please List The Applicant Applying For The License. The Applicant May Apply On Behalf Of A Partnership, Corporation Or LLC. **The Applicant Is Responsible For The License And Must Be Fingerprinted. For reference see O.C.G.A. § 3-3-2.**

Name of Applicant: _____

Owner Name: _____
(Individual, Partnership, Corporation, LLC)

d/b/a: _____

Local Business Address: _____

Mailing Address: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

Business Telephone ____/____/____ Fax Number ____/____/____

Contact Number ____/____/____

APPLICANT, PLEASE COMPLETE THE FOLLOWING:

- A. ARE YOU A UNITED STATES CITIZEN? YES **PERMANENT RESIDENT**
- B. ARE YOU A RESIDENT OF WHITFIELD COUNTY? YES NO

SIGNATURE OF APPLICANT

STATE OF GEORGIA, WHITFIELD COUNTY

I, _____, Applicant, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Sworn to and subscribed before me,
This ____ day of _____ 20 ____

Applicant's Signature

Date

NOTARY PUBLIC

DESIGNATED AGENT WHITFIELD COUNTY, GEORGIA ALCOHOL BEVERAGE APPLICATION

If The Applicant Is Either An Individual Who Does Not Reside In The County Or Is A Partnership, Corporation Or A Limited Liability Company, Then The Applicant Must Name A Designated Agent Who Will Be Responsible For Any Matter Relating To The License. The Designated Agent Must Be An Individual Who Is A Resident Of The County.

DESIGNATED AGENT FULL NAME:

List the Name, Address, City, State, Zip & Telephone Number for Designated Agent

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

WHAT IS YOUR RELATIONSHIP TO THE BUSINESS APPLYING FOR THIS LICENSE?

Check the Appropriate Category

- INDIVIDUAL OWNER PARTNER LARGEST STOCKHOLDER/MEMBER AFFILIATE OF BUSINESS
 OTHER

CITIZENSHIP OF DESIGNATED AGENT

- A. ARE YOU A UNITED STATES CITIZEN? YES PERMANENT RESIDENT
- B. ARE YOU A RESIDENT OF WHITFIELD COUNTY? YES NO

SIGNATURE OF DESIGNATED AGENT

STATE OF GEORGIA, WHITFIELD COUNTY,

I, _____, Designated Agent, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Designated Agent's Signature

Date

OWNERSHIP

WHITFIELD COUNTY, GEORGIA ALCOHOL BEVERAGE APPLICATION

CATEGORY OF BUSINESS OWNERSHIP

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership or Limited Partnership |
| <input type="checkbox"/> Domestic Corporation (Inside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)
(Inside Georgia) |
| <input type="checkbox"/> Foreign Corporation (Outside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)
(Outside Georgia) |

PLEASE LIST THE NAME OF THE INDIVIDUAL OWNER, OR PARTNER, MEMBER OR PRINCIPAL STOCKHOLDER:

- Not Applicable, No Individual Partners, Members or Stockholders Holding 5% or More Interest

NAME:

ADDRESS:

CITY, STATE & ZIP:

TELEPHONE NUMBER:

FOREIGN CORPORATIONS/LLC - ONLY

If This Entity Is Organized Outside The State Of Georgia, Please State The Name And Address Of Its Registered Agent In Georgia In The Space Provided.

NAME:

ADDRESS:

CITY, STATE & ZIP:

TELEPHONE NUMBER:

SALE OR TRANSFER OF INTEREST OF BUSINESS

HAS THERE BEEN ANY SALE OR TRANSFER OF INTEREST IN THE ABOVE NAMED BUSINESS APPLYING FOR LICENSE TO ANY UNREGISTERED PERSON IN THE PRECEDING 12 MONTHS?

- YES, NO,

IF YES, A. GIVE NAME _____

B. DATE OF SALE/TRANSFER _____

C. TO WHOM WAS BUSINESS TRANSFERRED _____

D. WHAT PERCENT WAS TRANSFERRED _____

E. REASON FOR TRANSFER _____

**ADDITIONAL STOCKHOLDERS/PARTNERS
OF
ALCOHOLIC BEVERAGE ESTABLISHMENT
All Stockholders, Members, Partners Holding 5% or More Interest**

Not Applicable, No Stockholders, Members, Partners Holding 5% or More Interest

Please List All Stockholders, Members, Partners, Holding 5% or More Interest.

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER - LIST HERE

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

**MANAGER
OF
ALCOHOLIC BEVERAGE ESTABLISHMENT**

Please List The Manager or Managers of The Business

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGER

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGER

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGER

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

**2024 CONSENT FORM
WHITFIELD COUNTY, GEORGIA
ALCOHOL BEVERAGE APPLICATION**

Purpose: License for Alcoholic Beverages

New

Name of Business _____

I HEREBY AUTHORIZE THE WHITFIELD COUNTY SHERIFF'S OFFICE TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY FEDERAL CRIMINAL JUSTICE AGENCY AND STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUING UNTIL REVOKED IN WRITING BY ME.

Check the appropriate Box:

INDIVIDUAL OWNER

PRINCIPAL STOCKHOLDER/MEMBER

MANAGER

PARTNER

DESIGNATED AGENT

(PLEASE BE AWARE THAT YOUR FINGERPRINTS WILL BE CHECKED AGAINST THE FBI DATABASE)

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

SIGNATURE DATE

WHITFIELD COUNTY SHERIFF'S OFFICE USE ONLY	
CERTIFICATION	
This is to certify that _____, the above stated applicant, does not have a criminal record on file.	
_____ DATE	_____ SHERIFF'S DEPARTMENT

⇒ NOTE
DESIGNATED AGENT, INDIVIDUAL OWNER, ALL PARTNERS, PRINCIPAL STOCKHOLDER/MEMBER, SECURITY AND ALL MANAGERS MUST COMPLETE THIS FORM.
PLEASE REFER TO SECTION "PERSONS WITH PRIOR CONVICTIONS"

**2024 CONSENT FORM
WHITFIELD COUNTY, GEORGIA
ALCOHOL BEVERAGE APPLICATION**

Purpose: License for Alcoholic Beverages

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Name of Business _____

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Check the appropriate Box:

INDIVIDUAL OWNER

PRINCIPAL STOCKHOLDER/MEMBER

MANAGER

PARTNER

DESIGNATED AGENT

(PLEASE BE AWARE THAT YOUR FINGERPRINTS WILL BE CHECKED AGAINST THE FBI DATABASE)

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

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**AFFIDAVIT VERIFYING STATUS FOR PUBLIC BENEFIT
APPLICATION**

WHITFIELD COUNTY, GEORGIA

THIS PAGE MUST BE NOTARIZED

Business Name _____

By Executing This Affidavit Under Oath, As An Applicant For A Whitfield County, Georgia Alcohol Beverage License As Referenced In O.C.G.A. Section 50-36-1, I Am Stating The Following With Respect To My Application For A Whitfield County Alcohol License,

[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. *Provide the applicant's number issued by the Department of Homeland Security or other federal immigration agency below*.

Or

3) ___ Or I Am A qualified or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., 18 years of age or older lawfully present in the United States. Provide the applicant's registration number issued by the Department of Homeland Security or other federal immigration agency below*.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

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 _____

*Registration Number For Non-Citizens _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20____

____ Date of Birth

Notary Public _____

My Commission Expires: _____

Note: O.C.G. A. § 50-36-1(f)(B) requires that individuals under the federal Immigration and Nationality Act, Title 8 U.S. C., as amended, provide their alien number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their registration number. Qualified individuals that do not have a registration number may supply another identifying number below: _____

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

WHITFIELD COUNTY, GEORGIA

MUST BE NOTARIZED

Please Check One:

By executing this affidavit, the undersigned private employer verifies its **compliance** with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has **registered with and utilizes 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. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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 the individual, firm, or corporation **employs ten (10) or less employees and 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. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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

Executed on _____, ____, 202__ in _____ (city), _____ (state).

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC

My Commission Expires:

2024 ALCOHOL BEVERAGE APPLICATION
WHITFIELD COUNTY, GEORGIA
CHARACTER FORM

Name of Applicant

Name of Business

Sir/Madam:

This is to certify that I have known said applicant for _____ years, and believe(him) (her) to be of good moral character.

Said applicant has lived in Whitfield County for at least thirty (30) days prior to this date. I recommend the applicant be granted a license for the sale of malt beverages and wine in Whitfield County.

PRINT NAME

SIGNATURE

DATE

2024 ALCOHOL BEVERAGE APPLICATION
WHITFIELD COUNTY, GEORGIA
CHARACTER FORM

Name of Applicant

Name of Business

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