

INSTRUCTIONS AND CHECKLIST

PLEASE NOTE: THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE BEING ACCEPTED BY THE LICENSING OFFICE. EACH QUESTION MUST BE ANSWERED.

In order to be considered for an Alcoholic Beverage License, the following procedures must be followed:

- _____ 1. The application and all attachments must be typed or legibly printed in black ink. The Licensing Office reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible.
- _____ 2. Complete and attach Affidavit Verifying Status of residency.
- _____ 3. A complete personal financial statement for the licensee, each owner and each partner must be submitted. Include assets, liabilities, and capital. (One form is attached make copies as needed.) Also, a copy of the most recent income tax return for the licensee and for the managing agent.
- _____ 4. Provide a copy of the Registered agent and Managing agent's drivers license.
- _____ 5. A criminal history consent form (page 14) must be completed and submitted with this application for each of the following: owner, sole proprietor, partner and managing agent (make additional copies as needed).
- _____ 6. Persons that are **not** U.S. Citizens must provide **original** Immigration Card I-551 to the Licensing Office for verification and copying. Naturalized citizens must provide their **original** certificate of naturalization for verification by the Licensing Office.
This applies to the licensee, each owner and each partner.
- _____ 7 Provide a copy of the Certificate of Incorporation if the business is a corporation or a Certificate of Organization when the business is an LLC.
- _____ 8. Provide an executed and dated Purchase Agreement – if you are buying an existing establishment
- _____ 9. Provide a drawing, to scale, showing the nearest church, funeral chapel, school or college or by affidavit of a registered surveyor that the proposed location of the business complies with section 6-138 of the City of Clarkesville's Alcoholic Beverage Ordinance.. (Not required for change of managing agent.)
- _____ 10. Detailed plans or drawing of the inside and outside of the proposed building and outside premises is required.
- _____ 11. Provide a complete menu with food prices, alcoholic beverage size and prices and a statement of hours of sale of food and alcohol, for consumption on premises.
- _____ 12. Provide a copy of a lease and/or sublease, contract, management agreement, lease agreement, and/or purchase agreement or deed for the property.
- _____ 13. Proof that Registered Agent is a resident of Habersham County, ie; phone bill, power bill, or

driver's license if their current address is the same address on their license.

- _____14. Documentation of the Managing Agent's home address, such as phone bill, power bill or driver's license if it reflects the same address on the application.
- _____15. Submit a completed Business Occupation Tax Application, **not** required for change of Managing Agent, [A fee is also required.]
- _____16. Submit payment of your Alcoholic Beverage License fee by one of the following methods: cash, certified check, or cashier's check, made payable to the City of Clarkesville for the proper amount.
- _____17. Submit Affidavit from the Northeast Georgian verifying dates of legal advertisement

****Please note that once the application is completed and accepted in the Licensing Office the owner, each partner and the managing agent will be required to submit to electronic fingerprinting.**

PLEASE BE ADVISED THAT, IN ADDITION TO A CITY OF CLARKESVILLE ALCOHOLIC BEVERAGE LICENSE, YOU MUST ALSO OBTAIN A LICENSE FROM THE STATE OF GEORGIA. CONTACT THEM AT:

**GEORGIA DEPARTMENT OF REVENUE
ALCOHOL AND TOBACCO TAX UNIT
LICENSING SECTION
TELEPHONE: 404-417-4900**

Once the application is **complete**; you will need to make an appointment with the Licensing Office for review of the application. If it is found to be incomplete, it will be returned to you for completion. If it is found to be complete and in order, the Licensing Office will conduct a background investigation and will submit the application to the City Council at the next available meeting. It is not necessary for you to attend this meeting unless you are notified by the Licensing Office.

If your application is **approved**, your Alcoholic Beverage License will be forwarded to you immediately, if your application is **disapproved**, you will be notified in **writing** immediately.

Please read the application carefully and answer all questions. Omissions and/or false statements associated with this application are grounds for revocation or denial of an alcoholic beverage license and criminal penalties for false swearing.

CITY OF CLARKESVILLE
RETAIL ALCOHOLIC BEVERAGE LICENSE
NEW APPLICATION

FOR OFFICE USE ONLY:

LICENSE YEAR: _____

LICENSE NUMBER: _____

INSTRUCTIONS: Every question shall be fully answered (**TYPEWRITTEN** or printed in ink, **LEGIBLY AND NEATLY**). If the space provided is not sufficient, answer the question on a separate page and indicate in the space provided that such separate page is attached. When completed, this application must be **DATED, SIGNED, AND VERIFIED UNDER OATH BY THE APPLICANT AND FILED WITH THE CITY CLERK'S OFFICE**, together with **ALL SUPPORTING PAPERS AND CERTIFIED CHECK, CASHIER'S CHECK, OR CASH FOR THE EXACT FEE.**

BUSINESS NAME: _____

MANAGING AGENT NAME: _____

REGISTERED AGENT NAME: _____

FEES FOR CURRENTLY LICENSED ESTABLISHMENTS ONLY:

_____ **CHANGE OF MANAGING AGENT:** \$ 100

_____ **CHANGE OF REGISTERED AGENT:** \$ 100

TYPE OF LICENSE & FEE:

(Applications filed after July 1st shall be prorated to one half the amount listed)

_____ Special Events Permit:	\$ 250
_____ Distilled Spirits/ Consumption on the Premises:	\$2,000
_____ Malt Beverage & Wine Package Sales:	\$ 425 (each)
_____ Distilled Spirits Package Sales:	\$5,000
_____ Malt Beverages/ Consumption on the Premises:	\$ 500
_____ Wine/ Consumption on the Premises:	\$ 500
_____ Farm Winery/Farm Tasting Room:	\$1,000
_____ Art Shop:	\$ 500
_____ Brew Pub:	\$ 500
_____ Administrative/Investigative Fees per location (no proration):	\$ 250
_____ Growler Permit (One Time Charge)	\$ 250

I. BUSINESS INFORMATION:

A. Legal Name of Business: _____

B. Type of ownership:

- _____ Individual Ownership (sole ownership)
- _____ Partnership
- _____ Owner with investors
- _____ Corporation with one location
- _____ Corporation with multiple locations in Georgia
- _____ Corporation with multiple locations in more than one state

C. Trade name of business: _____

D. Location of business: _____
Street address

City, State and Zip Code

E. Mailing Address: _____

Business Telephone Number: _____

Georgia Sales Tax Number: _____

Federal Employee Identification Number: _____

F. List any other individuals or entities having any interest directly or indirectly in this business and show the nature of such interest:

G. List the full name and address of the owner of the building, owner of the land, and all lessors and sublessors, and the amounts of payment to each. Attach a copy of the lease or deed.

Owner, Lessor, Sublessor: _____

Address: _____

Payments: _____

H. Attach detailed plans of building and outside premises.

I. Detail below how much of the capital of this business is borrowed and from whom:

Name: _____

Address: _____

Amount and Terms: _____

Name: _____

Address: _____

Amount and Terms: _____

J. Distance Requirements:

Provide a drawing, to scale, showing the nearest church, funeral chapel, school or college or by affidavit of a registered surveyor that the proposed location of the business complies with section 6-138 of the City of Clarksville's Alcoholic Beverage Ordinance. (Not required for change of managing agent.)

(1) Location of licensed operation:

(a) Licenses shall be issued only for locations in nonresidential zones.

(b) No person outside of the area zoned Downtown Business District may sell or offer to sell any alcoholic beverage in or within 100 yards of any church building or alcohol treatment facility or in or within 200 yards of any school building, educational grounds or college campus, or day care facility. No person in the area zoned Downtown Business District may sell or offer to sell any alcoholic beverage for consumption on the premises in or within 100 feet of any church building, alcohol treatment facility or school building, education grounds or college campus, or day care facility.

(c) No malt beverages and/or wine and/or distilled spirits for consumption on the premises may be offered for sale, sold or dispensed within one hundred **100 yards** of any property containing 300 housing units or fewer, which property is owned or operated by a housing authority created by Article 1 of Chapter 3 of Title 8 of The Housing Authorities Law.

II. REGISTERED AGENT:

All licensed establishments must have and continuously maintain in Habersham County a "Registered Agent" upon whom any process, notice, or demand required or permitted by law or under the City of Clarkesville Alcoholic Beverage Code to be served upon the licensee or owner may be served. This person must be a resident of Habersham County.

NAME: _____
(state full name, do not use initials)

Sex: _____ Race: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ Phone #: _____

I hereby certify that I am a resident of Habersham County, Georgia, and agree to serve as "registered agent" on behalf of _____, a business located at _____, Clarkesville, Georgia. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Ordinance of the City of Clarkesville, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

SIGNATURE OF REGISTERED AGENT

DATE

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF

_____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

NOTE: Attach a copy of driver's license and proof of Habersham County residency, ie; phone or utility bill, that reflects the address listed by the Registered Agent.

III
MANAGING AGENT
(A photo of applicant must be attached)

The managing agent must be an individual who is a resident of the state of Georgia and a full time employee of the business, who has regular managerial authority over the business conducted on the licensed premises, including the sale of alcoholic beverages.

SECTION I : Personal Data

Full name of applicant (do not use initials) _____

Include maiden name(s), alias(s), etc.

Social Security No. ____ - ____ - ____ Business Phone _____ Cell Phone _____

Home Address: _____ Home Phone _____

Length of residency at this location: _____

Business Address: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____ Hair: _____ Eyes: _____

Place of Birth _____ Date of Birth: _____

U.S. Citizen: _____ By Birth: _____ Naturalized: _____

Date, Place, and Court: _____ Certificate No: _____

Petition # _____ Alien Registration # _____ Native Country: _____

Date and port of entry: _____

Length of residency in Georgia _____ Number of years at current address: _____

(Please attach proof of Georgia Residency)

SECTION II: EMPLOYMENT HISTORY (START WITH PRESENT EMPLOYMENT):

(1) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(2) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(3) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(4) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

Previous Addresses (other than present)

(1) _____ County: _____

(2) _____ County: _____

(3) _____ County: _____

What is your position/title with the business submitting this application?: _____

Name of Spouse: _____

SECTION III : BACKGROUND INFORMATION

Do you currently have any interest financial or otherwise in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and/or consumed on the premises?

If yes, please give details: _____

_____.

Are you related by blood or marriage to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each. _____

_____.

Have you, your spouse, or any person having any interest in this business, ever applied for an alcoholic beverage license, ever had any interest in any business licensed to sell alcoholic beverages, ever been an alcohol licensee, or ever been an officer in any business with an alcoholic beverage license that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended or revoked by any federal, state, county, or city government? (Failure to

make full disclosure of all details in response to this application could result in denial of the application or revocation of the license.) Yes () No () *If yes, give full details of all the above.*

Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the amount of hours required for each and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required.

What types of materials (written materials, signs, badges, etc.) are provided with the training of employees? Please enclose these materials.

Have you ever been:

- | | |
|---------------------------------------|--|
| A. Arrested Yes () No () | B. Convicted Yes () No () |
| C. Detained Yes () No () | D. Indicted Yes () No () |
| E. Pled Guilty Yes () No () | F. Pled Nolo Contendre Yes () No () |
| G. On Probation Yes () No () | H. Any Pending Charges Yes () No () |

To include but not limited to, Federal, State and Local Ordinance Violations

If you answered “YES” to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of the charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if the information was not given for any reason.)

PERSONAL STATEMENT

OWNER/PARTNER/INTEREST HOLDER

(If a different person than Managing Agent)

Personal Data:

(A photo of applicant must be attached)

Full name: (do not use initials) _____
Include maiden name(s), alias(s), etc.

Social Security No. ____ - ____ - ____ Business Phone _____ Cell Phone _____

Home Address: _____ Home Phone _____

Length of residency at this location: _____

Business Address: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____ Hair: _____ Eyes: _____

Place of Birth _____ Date of Birth: _____

U.S. Citizen: _____ By Birth: _____ Naturalized: _____

Date, Place, and Court: _____ Certificate No: _____

Petition # _____ Alien Registration # _____ Native Country: _____

Date and port of entry: _____

Length of residency in Georgia _____ Number of years at current address: _____

Percentage of interest held with the business submitted this application _____.

SECTION II: EMPLOYMENT HISTORY (START WITH PRESENT EMPLOYMENT):

(5) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(6) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(7) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(8) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

Previous Addresses (other than present)

(4) _____ County: _____

(5) _____ County: _____

(6) _____ County: _____

What is your position/title with the business submitting this application?: _____

Name of Spouse: _____

BACKGROUND INFORMATION

Do you currently have any interest financial or otherwise or worked in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and/or consumed on the premises? If yes, please give details: _____

_____.

Are you related by blood or marriage to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each. _____

_____.

Have you, your spouse, any person having any interest in this business, ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application could result in denial of the application or revocation of the license.) Yes () No () *If yes, give full details of all the above.*

Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the amount of hours required for each and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required.

What type of materials (written materials, signs, badges, etc.) are provided with the training of employees? Please enclose these materials.

Have you ever been:

- | | |
|---------------------------------------|--|
| A. Arrested Yes () No () | B. Convicted Yes () No () |
| C. Detained Yes () No () | D. Indicted Yes () No () |
| E. Pled Guilty Yes () No () | F. Pled Nolo Contendre Yes () No () |
| G. On Probation Yes () No () | H. Any Pending Charges Yes () No () |

If you answered “YES” to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of the charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if the information was not given for any reason. _____

SECTION IV: FINANCIAL STATEMENT

Complete the following financial statement, [separate financial statements should be submitted for the Owner/Partner, business and the managing agent.]:

FINANCIAL STATEMENT

NAME: _____ DATE: _____

ADDRESS: _____

BUSINESS/OCCUPATION: _____

SECTION I (NOTE: COMPLETE ALL OF SECTION II BEFORE SECTION I)

ASSETS		SI ,000's	\$100's	Cents	LIABILITIES		SI ,000's	100's	Cents
1. Cash on Hand and in Banks	SEC 11A				10. Notes Due to Banks	SEC 11A			
2. Cash Value of Life Insurance	SEC 11B				11. Notes Due to Relative and Friends	SEC 11H			
3. Securities	SEC 11C				12. Notes Due to Others	SEC 11H			
4. Notes and Accounts Receivable	SEC 11D				13. Accounts and Bills Payable	SEC 11H			
A. Accounts					14. Loans on Life Insurance Policies	SEC 11B			
B. Notes (Relatives and Friends)					15. Other Liabilities/Debts Itemized:				
5. Real Estate Owned	SEC II E								
6. Mortgages and Contracts Owned	SEC 11F								
7. Personal Property	SEC 11G				16. Real Estate Mortgages Payable	SEC 11E			
					17. TOTAL LIABILITIES				
					18. Net Worth (total assets minus total liabilities)				
9 TOTAL ASSETS (add line 1 to line 8)					19. TOTAL LIABILITIES AND NET WORTH (add line 17 to line 18)				

GENERAL INFORMATION

Are any Assets Pledged? () No () Yes (See Section II): _____

Are you a Defendant in any Suits or Legal Actions? () No () Yes (Explain): _____

Have you been declared Bankrupt in the last 10 years? () No () Yes (Explain): _____

SECTION II

A CASH IN BANKS AND NOTES DUE TO BANKS (List all Real Estate Loans in Section IIE)

NAME OF BANK	TYPE OF ACCOUNT	TYPE OF OWNERSHIP	ON DEPOSIT	NOTES DUE BANKS	COLLATERAL (If any) and type of Ownership

Cash on Hand		
	[Enter Sec I Line 2]	[Enter Sec I Line 14]

B LIFE INSURANCE (List those Policies that you own)

Company	Face of Policy	Cash Surrender Value	Policy Loan from Insurance Company	Other Loans Policy as Collateral
TOTALS				
		[Eater Sec I Line 2]	[Eater Sec 1 Line 14]	

C SECURITIES OWNED (Including U.S. Government Bonds and all other Stocks and Bonds)

Face Value-Bonds No. of Shares Stock	Description	Type of Ownership	Cost	Market Value	Amount Pledged in Secure Loan
TOTAL					
				[Enter Sec 1 line 3]	

D NOTES AND ACCOUNTS RECEIVABLE (Money Payable or Owed to You Individually-Indicate by X if others have an Ownership Interest)

Maker/Debtor	X	When Due	Original Amount	Balance Due On Accounts	Balance Due Notes Relatives & Friends	SECURITY (If any)
TOTALS						
				[Enter Sec 1 Line 4]	[Enter Sec 1 Line 4]	

E REAL ESTATE OWNED (Indicate by X if others have an Ownership Interest)

TITLE IN NAME OF	X	Description and Location	Date Acquired	Original Coal	Present Value Of Real Estate	Balance Doe	Payment	Maturity	To Whom Payable
TOTALS									
					[Enter Sec 1 Line 5]	[Enter Sec 1 Line 16]			

F MORTGAGES AND CONTRACTS OWNED (Indicate by X if others have an Ownership Interest)

F Cost	Mttge	X	MAK ER		PROPERTY COVERED	Starling Date	Payment	Maturity	Balance Due
			Name	Address					

--	--	--	--	--	--	--	--	--	--

[Enter Sec 1 Line 6]

G PERSONAL PROPERTY (Indicate by X if others have an Ownership Interest)

DESCRIPTION	X	Date	Cost When New	Value Today	LOANS	ON PROPERTY
		<i>When New</i>			B a l a n c e D u e	To Whom Payable
Automobiles						
TOTAL						

[Enter Sec 1 Line 7]

H NOTES, ACCOUNTS, BILLS AND CONTRACTS PAYABLE (other than Bank, Mortgage and Insurance Company Loans)

PAYABLE TO	Other Obligors (if any)	When Due	Notes Due to Relatives and Friends	(Notes Due Others Not Banks)	Accounts and Bills Payable	COLLATERAL (If Any)
TOTAL						

[Enter Sec 1 Line 11]

[Enter Sec 1 Line 12]

[Enter Sec1 Line13]

For the **purpose of obtaining a** City License, I furnish the foregoing as -true and **accurate** statement of my financial **condition**. Authorization is **hereby** given to the City of Clarkesville to verify in any manner it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the City immediately in writing or *any* significant adverse change in such financial **condition**.

Signature: _____

Date: _____

IV. MISCELLANEOUS

- A. List any previous alcoholic beverage applications submitted either by this business or managing agent and show the disposition of the application(s).

- B. List any previous suspensions/ revocations of alcoholic beverage licenses held by this business or managing agent.

- C. List all other businesses engaged in the sale of alcoholic beverages having any association whatsoever with any person, firms, or corporations holding an interest in this application:

- D. KEY PROVISIONS OF ALCOHOLIC BEVERAGE ORDINANCE:

1. General License Standards	<u>Initial</u>
(A) Applicant Knowledgeable of:	
(1) State Law, City Ordinance, State & City Rules & Regulations	
(2) Regulated Hours of Sale:	
(3) Regulated Days of Sale:	
(4) Regulated Age of Customers:	
(5) Procedure for Change of License Holder:	
(6) Sunday Restrictions:	
(7) Requirements for Posting of License:	
(8) Requirements for Cooperation with Police:	

- (9) Inspection Rights of City Officials: _____
- (10) Limitations of Alcoholic Beverages on
Premises only from Licensed Wholesalers: _____
- (11) Penalties for Violations: _____

(B) **APPLICANT INFORMS EMPLOYEES ABOUT
LAW, ORDINANCE, RULES & REGULATIONS:** _____

2. CONSUMPTION ON PREMISES STANDARDS:

(A) **APPLICANT KNOWLEDGEABLE OF:**

- (1) 50% Food Sales Requirement & Reporting Procedure: _____
- (2) Mixed Drink Tax due **20th Day** of Each Month: _____
- (3) Happy Hour Regulations: _____
- (4) Removing partially consumed bottles of wine from
premises: _____

3. PACKAGE STANDARDS:

(A) **APPLICANT KNOWLEDGEABLE OF:**

- (1) Prohibition Against Consumption on Premises: _____
- (2) Regulations Concerning Opened Containers: _____
- (3) Regulations Regarding Transporting _____
- (4) 75% Merchandise/Alcohol sales requirement &
Reporting Procedure _____

OATH OF MANAGING AGENT

Georgia, City of Clarkesville

OATH: I, _____ do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for an alcoholic beverage license are true and complete, and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

Should any change occur during the year for which a license is issued, pursuant to this application which would require a different answer to any question contained in this application, such change **must** be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be a cause for the suspension or revocation of any license issued.

I have received a copy of this alcoholic beverage ordinance and do understand that this copy is to be kept on the licensed premises at all times.

I have read and do understand state laws and city ordinances relating to alcoholic beverages, including the “key provisions” on pages 14 and 15 of this application.

Signature of Managing Agent

Doing Business As

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

Notary Public

My commission expires _____



CLARKESVILLE POLICE DEPARTMENT

Habersham County, Georgia

CRIMINAL HISTORY CONSENT/INQUIRY FORM

I hereby authorize **Clarkeville Police Department** to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

PLEASE PRINT LEGIBLY

Full Name:					
Prior Names:					
Address:					
Phone:	Sex:	Race:	Date of Birth:	Social Security Number:	

☐ This authorization is valid for _____ days from date of signature.

☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

Purpose: (check all that apply)

- | | |
|---|--|
| ☐ E – Employment (<i>Server's / Alcohol</i>) | ☐ P – Public Records |
| ☐ J – Civilian Criminal Justice Employment | ☐ U – Personal Copy |
| ☐ M – Working with Mentally Disabled | ☐ W – Working with Children |
| ☐ N – Working with Elderly | ☐ Z – Sworn Criminal Justice Employment |

(Purpose U Only)

_____ By initialing, I understand that receiving Personal Inspection Criminal History that I, alone, is responsible for its dissemination.

DO NOT WRITE BELOW THIS LINE

The inquiry resulted in the following: (check all that apply)

- | | |
|---|---|
| ☐ No Criminal Record Available | ☐ No NCIC/GCIC Warrant |
| ☐ Criminal Record Attached | ☐ Possible NCIC/GCIC Warrant |

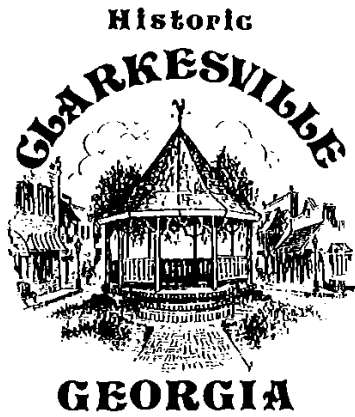
Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature

Date & Time

Telephone:
706-754-4216



P.O. Box 21
Clarkesville, GA 30523

Habersham County Sheriff's Department:

Please perform a finger print criminal background check for the bearer of this letter. The City of Clarkesville requires this for an Alcoholic Beverage License. Please use the City's ORI number (GA923366Z) for billing. The results should be forwarded to Police Chief Brad Barrett.

Thank you,

Glenda Smith,
City Clerk

A Gentle-Friendly Place

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

If your business employs less than ten (10) employees, please check this box ☐ sign and notarize below.

By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

If your business employs more than ten (10) employees, please complete the information below.

Effective July 1, 2012, if you are an employer (including any individual, firm or corporation) employing more than one hundred (100) employees, you must complete a "Private Employer Affidavit". If you are an employer (including any individual, firm or corporation) employing more than ten (10) employees, on or after July 1, 2013 you must complete a "Private Employer Affidavit."

By executing this affidavit, the undersigned private employer verifies it's 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. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

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

Executed on _____, _____, 20____ (City)_____ (State)

Federal Work Authorization User Identification Number : _____ **(E-Verify #)**

Date of Authorization _____ **Name of Private Employer** _____

Signature of Authorized Office or Agent

NOTARY PUBLIC

Printed Name and Title of
Authorized Officer or Agent

MY COMISSION EXPIRES:

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE ____ DAY OF _____, 20____

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from

[*name of government entity*], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

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

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

Sample Legal Ad

For Application to serve *Beer, Wine, Distilled Spirits* (insert proper words)

On behalf of *(name of Owner)*, *(Name of managing agent)* acting as Managing agent of *(name of Restaurant)* located at *(street address of restaurant)* in Clarkesville Georgia, has made application to the Clarkesville Mayor and Council for a license to *serve distilled spirits/wine/malt beverages by the drink*.*(insert proper wording for the license you are applying for)*

NOTICE

Notice is hereby given that

(Name of Business)

Located at

(Address of Business)

Of Habersham County has applied to the

(City of application)

For a license for the sale of

At the above stated location.

Please run for two week.

Note: Notices of Beer and Wine License Applications are published for either two or four weeks depending on the requirement of the city/town the application is placed in. **The number of times must be verified with the respective city/town to be valid when the application is placed.*

Under most circumstances (as long as the number of words is less than 100), these ads are \$10 per week.

If you require an affidavit or tearsheet, there is an additional \$15 fee for that service, most don't ask for this anymore, just bring them a copy of each paper the ad was published in.

**CITY OF CLARKESVILLE
ALCOHOLIC BEVERAGE CONSUMPTION ON PREMISES LICENSE
BUSINESS VOLUME REPORT**

*** DUE BY 20TH DAY OF EACH MONTH***

This report is filed pursuant to Chapter 6 of the Clarkesville Code-Articles VII, VIII

BUSINESS NAME: _____

LOCATION: _____

NAME OF LICENSE HOLDER: _____

LICENSE NUMBER: _____

FOR CALENDAR MONTH OF _____, _____.

INCOME RECEIVED FROM:

1. SALE OF BEER AND WINE: \$ _____

2. SALE OF MIXED DRINKS \$ _____

3. SALES OF PREPARED FOODS: \$ _____

4. TOTAL: \$ _____

I, _____, _____, DECLARE UNDER
PRINT NAME TITLE

**PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE
AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE

DATE

✓ **RETURN ORIGINAL TO:** CITY OF CLARKESVILLE
OFFICE OF CITY CLERK
P.O. BOX 21
CLARKESVILLE, GA 30523

✓ **ATTACH A COPY OF GA. SALES & USE TAX RETURN FOR REPORTING PERIOD.**

CITY OF CLARKESVILLE

MIXED DRINK TAX REPORT

EVERY ALCOHOLIC BEVERAGE LICENSE HOLDER IN THE CITY OF CLARKESVILLE SELLING DISTILLED SPIRITS FOR CONSUMPTION ON THE PREMISES MUST COLLECT A TAX OF THREE PERCENT (3%) ON ALL DISTILLED SPIRITS PURCHASED ON THE LICENSED PREMISES. **THIS TAX IS DUE AND PAYABLE TO THE CITY MONTHLY, ON OR BEFORE THE 20TH DAY OF THE MONTH** NEXT SUCCEEDING THE MONTHLY PERIOD IN WHICH THE TAX WAS COLLECTED. FOR EXAMPLE, THE TAX COLLECTED THROUGHOUT THE MONTH OF JANUARY IS DUE AND PAYABLE ON OR BEFORE FEBRUARY 20TH. WHEN PAID TIMELY, THE LICENSEE MAY DEDUCT THREE PERCENT (3%) OF THE AMOUNT OF TAX AS A VENDOR'S CREDIT. FOR FAILURE TO PAY BY THE DUE DATE, THE LICENSEE NOT ONLY LOSES THIS VENDOR'S CREDIT, BUT ALSO IS SUBJECT TO PAYING A PENALTY AND INTEREST ON THE TAX DUE. THE PENALTY IS TWENTY-FIVE PERCENT (25%) OF THE AMOUNT DUE. THE INTEREST RATE IS THREE-FOURTH PERCENT (.75%) PER MONTH OR FRACTION THEREOF.

BUSINESS NAME: _____

LOCATION: _____

NAME OF LICENSE HOLDER: _____ **LICENSE NUMBER:** _____

FOR CALENDAR MONTH OF _____, _____.

1. SALES (Gross Sales of MIXED DRINKS): \$ _____

2. TAX DUE (3% OF TAX, LINE 1): \$ _____

3. VENDOR'S COMPENSATION (Deductible only on
timely returns.) (3% of TAX, LINE 2): \$ _____

4. SPECIFIC PENALTY (10% of TAX DUE, LINE 2): \$ _____

5. INTEREST (add .75% of tax due in LINE 2 for each month
or fraction thereof the tax is delinquent): \$ _____

TOTAL AMOUNT DUE: \$ _____

I, _____, _____, DECLARE UNDER PENALTIES
PRINT NAME TITLE

THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND

CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

RETURN ORIGINAL WITH REMITTANCE TO:

**CITY OF CLARKESVILLE
P.O. BOX 21
CLARKESVILLE, GA 30523**