



LAMAR COUNTY ALCOHOL LICENSE APPLICATION

INSTRUCTIONS: Every question must be answered fully and correctly. If the space provided is not sufficient answer the question on a separate sheet and indicate in that space that a separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed in person by the applicant with the Office of the County Administrator, Lamar County Administration Building, 408 Thomaston St., Barnesville, GA 30204, together with all supporting documentation and a check for the required non-refundable application fee.

A license issued to an individual shall be issued in the name of the individual. A license issued to a partnership shall be issued in the name of the partnership and in the name of one of the partners who shall be the named licensee. A license issued to a corporation having as its principle business an activity other than the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the officer or employee of the corporation primarily responsible for the operation of the licensed premises; and such officer or employee shall be the named licensee.

NON-REFUNDABLE ANNUAL APPLICATION FEE:

- Original Application - \$150.00
- Renewal Application - \$150.00

TYPE OF LICENSE

There are 12 classifications of licenses available for the sale of wine and malt beverages:

Please CHECK all that apply

<input type="checkbox"/>	Malt Beverage Package	\$500.00
<input type="checkbox"/>	Malt Beverage Pouring	\$750.00
<input type="checkbox"/>	Wine Package	\$500.00
<input type="checkbox"/>	Wine Pouring	\$750.00
<input type="checkbox"/>	Farm Winery/Tasting Room	\$500.00
<input type="checkbox"/>	Brewpub	\$250.00
<input type="checkbox"/>	Brewery	\$500.00
<input type="checkbox"/>	Special Event (nonprofit)	\$0
<input type="checkbox"/>	Authorized Catered Function	\$50.00
<input type="checkbox"/>	Manufacturer	\$1000.00
<input type="checkbox"/>	Wholesale dealer/distributor	\$1000.00

PART 1

TYPE OF OWNERSHIP:

Individual: Partnership: Corporation:

If Individual, give full legal name, legal address, and social security number below.

If Corporation or Partnership, give Corporation/Partnership name and Federal Tax ID

Name, percent interest, and legal address of principle stockholders and corporate officers or partners:

Full Name	Address	% Interest
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Full Name	Address	% Interest
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Full Name	Address	% Interest
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Full Name	Address	% Interest
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Describe the Principle Business of the Corporation or Partnership:

Full name, legal residence and social security number of the named licensee – a) Individual b) Principle Officer/Employee c) Partner; each partner must be a named licensee:

Full Name	Address	Social Security #
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Full Name	Address	Social Security #
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Is the above address your legal and bona-fide place of domicile? Yes or No: _____

Applicant's address, phone number and employer for past 5 years:

List any other Alcohol License you currently hold:

Trade name of business for which application is made: _____

Phone Numbers: _____
Business Home/Cell

Mailing Address

If additional space is required please use the back of this sheet and label information appropriately.

PART II

If Statement or Question does not apply to your establishment please mark N/A.

1. Name & address of establishment where alcohol is intended to be sold:

Name Address

2. Will the proposed outlet have live entertainment? Yes or No _____ If Yes, describe how often and what type in detail.

3. Have you received a copy of the Lamar County Alcoholic Beverage Ordinance? Initial Here: _____
No application will be processed until receipt of a copy of this Ordinance is acknowledged

4. Have you included with this application a check for the NON-Refundable application fee in the amount of \$150.00 as required by Section 2.3.25 of the Alcoholic Beverage Ordinance of Lamar County? Yes or No: _____

5. The following documents are required and to be submitted with this application:

- a) A copy of the Deed to the premises to be licensed, if owned by Applicant – Initial here: _____
- b) A copy of the lease agreement covering the premises to be licensed, if leased by the applicant. Initial here: _____

- c) In the case of a partnership; a copy of the partnership agreement.
Initial here: _____
- d) In the case of a corporation, a copy of the articles of Incorporation.
Initial here: _____
- e) A current stamped certificate from a registered surveyor which shows a scale drawing the premises and the location at which the applicant desires to operate an alcoholic beverage outlet and which shows, with linear foot measurements where appropriate, such location's compliance or non-compliance with the provisions of Section 2.3.35 of the Alcoholic Beverage Ordinance of Lamar County.
Initial here: _____

6. Have you confirmed with the *Lamar County Planning & Zoning Administrator* that the location of the proposed outlet is in the Zoning District approved for the sale of Alcoholic Beverages subject to the specific limitations of the respective district as provided for in Section 2.3.33 of the Alcoholic Beverage Ordinance of Lamar County.
Initial here: _____

7. If applicable, have you received approval from the Lamar County Building Official for any new construction, renovations, remodeling, etc. at the premises to be licensed. Yes or No: _____

8. If applicable, have you received an approved site plan from Lamar County for the Location of the premises to be licensed? Yes or No: _____

9. If applicable, have you received a Lamar County Health Department Food Service Permit and any other applicable local, state, or Federal permits, etc. required for a Food Service Establishment? Yes or No: _____

10. Has the applicant(s) paid all Property Taxes and Personal Property Taxes due the County of Lamar and is applicant current with all fees required to conduct business in Lamar County? Yes or No: _____

No application will receive final approval until necessary permits are secured

11. Has the named licensees and all other persons otherwise required, submitted themselves to the Lamar County Sheriff's Office for fingerprinting (initial application only) and background check(s) (if applicable this year) as provided for in Section 2.3.22 of the Alcoholic Beverage Ordinance of Lamar County? Yes or No: _____

12. Has the named Licensee, any partner(s), the corporation, or any corporate officer been:

- a) Convicted within the last **ten (10)** years of any felony or any misdemeanor involving moral turpitude? Yes or No: _____
- b) Any other misdemeanor within the past **five (5)** years? Yes or No: _____
- c) Denied or had revoked, within the past **five (5)** years any license to sell alcoholic beverages issued by any government entity? Yes or No: _____
- d) Been convicted of selling alcohol to a minor within the past **three (3)** years? Yes or No: _____

If the answer to any portion of question 11 is Yes, describe in detail and give dates of occurrences:

13. Has any alcoholic beverage business in which the named licensee, partner(s), the corporation, or corporate officers holds or has held any financial interest in, or are employed by, or have been employed by, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinance/legislation relating to the sale or distribution or alcoholic beverage? Yes or No: _____

If the answer to question 11 is Yes, describe in detail and give dates:

14. On behalf of the name of licensee, provide three (3) personal references (No Relatives, Former employers, Fellow Employees or School Teachers) who are responsible, reputable adults, business or professional men or women, who have known the named licensee during the past five (5) years.

Include Name, residence, business address, and number of years known.

15. Is the Named Licensee a citizen of the United States? Yes or No: _____

Place of Birth; City & State

Date of Birth

PART III
VERIFICATION

State of Georgia, _____ County

I, _____, Licensee, do solemnly swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicants Signature (FULL NAME IN INK)

I hereby certify that _____ signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made

therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____ 20 ____.

Notary Public

My Commission Expires: _____

(Seal)