Stephens County Check List
For Filing
Alcoholic Beverage License Application

New Applications and Transfers

	Pages	
☐	2-11	Application Completed
☐	2	Certifies check, cashier's check, or cash for the full amount of license.
☐	2	Certified check, cashier's check, or cash for the full amount: Application Fee: $ 50.00 Transfer Fee: $ 25.00
☐	3	Surveyor's Certificate (Not required for transfers if on file).
☐	5	Copy of Lease or deed.
☐	5	Copy of current Tax Exemption Certificate on non-profit clubs.
☐	6-8	Investigation and history forms completed. (Applicant is to be fingerprinted at the Stephens County Sheriff's Department (in the Courthouse) from 900am to 1200pm and from 100pm to 500pm Monday through Friday.
☐	10	Certification from Business License Office concerning issuance of Business License (Certificate of Occupancy).
☐		Bills, Taxes, or Reports owed Stephens County.
☐		Certificate for legal ad, and copy of legal ad. (Run four days within four weeks prior to hearing on application).
☐		Other _____

Stephens County
Alcoholic Beverage License Application

Current Year: _____ For License Year: _____

Current License Number: _____ Renewal License Number: _____

State License Number: _____

* * * *

2. **This License** *is for the use of:*

Name (Owner of Business) _____

Address: _____

County: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Age: _____ Race: _____ Sex: _____

Date of Birth: _____ SS#: _____

3. **Trade Name** *of Business:*

Business Location: _____

Business Phone: _____ GA Sales Tax Number: _____ F E I Number:_____

Mailing Address: _____
(if different from business location)

4. **What is the straight line distance** *from this business or portion of the business used for the sale of alcoholic beverages to the nearest:*

School: _____ Church: _____ Funeral Chapel: _____
(New applications only: Attach Surveyor's Statement)

5. **Has any person** *with an interest in this application ever made an application at any previous time?*

☐ Yes ☐ No (If Yes, give details on separate sheet.)

6. **Has this place of business** *or anyone connected therewith been cited or charged at any time with any violation of State or Federal law or regulation or any rule or regulation of the City or County?)*

☐ Yes ☐ No (If Yes, give details on separate sheet.)

A. Has anyone (including employees) been convicted of driving under the influence within the past five (5) years? ☐ Yes ☐ No (If yes, give details on separate sheet.)

B. Has any previous license issued to applicant or any person with any interest in the application been revoked by any State or subdivision of the Federal Government and reason:

_____

_____

_____

_____

7. **List all pertinent information** *for each person, firm, or corporation that have ANY interest in this application and the type and percent of that interest.*

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Percentage of interest: _____

****

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Percentage of interest: _____

****

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Percentage of interest: _____

****

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Percentage of interest: _____

****

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Percentage of interest: _____

****

8. **List all other businesses** *engaged in the sale of alcoholic beverages that any of the persons, firms, or corporations herein listed are interested in, employed by, or associated with in any way whatsoever.*

_____

_____

_____

_____

9. **List full name and address** *and other pertinent information of the owner of the building and the name and address of the owner of the land and the name and address of all lessors and sublessors. (Attach copy of lease or deed). Note if Owner, Lessor, or sublessor and Payments.*

_____

_____

_____

_____

10. **How much of the capital** *of this business is borrowed and from whom? (If a non-profit organization, attach proof of current non-profit status also.)*

_____

_____

_____

_____

_____

11. **Full name and other pertinent information** *of the manager of this business, and state how he/she compensated (Amount).*

Name: _____

Address: _____

County: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Age: _____ Race: _____ Sex: _____

Date of Birth: _____ SS#: _____

12. **Investigation** *for application for Alcoholic Beverage License*

Name _____

Aliases _____ Race _____

Nationality _____ Sex _____

SS# _____ County _____

Home Address _____ Phone Number _____

City: _____ State: _____ Zip: _____

Birthplace _____ Co _____ Birth Date _____

Occupation _____ Employer _____

Drivers License # _____ Height _____ Weight _____ Hair _____ Eyes _____

Physical Characteristics _____

_____

* * * *

14. **Previous Employment** *(Start with present or latest employer)*

(1) Employer _____ Address _____

Job Description _____

From _____ To _____

(2) Employer _____ Address _____

Job Description _____

From _____ To _____

(3) Employer _____ Address _____

Job Description _____

From _____ To _____

(4) Employer _____ Address _____

Job Description _____

From _____ To _____

15. **Previous Addresses** *(Other than present)*

(1) _____ Co. _____

(2) _____ Co. _____

(3) _____ Co. _____

Parents:

Father _____

Address: _____

City: _____ State: _____ Zip: _____

Mother _____

Address: _____

City: _____ State: _____ Zip: _____

16. **Previous Arrest** *or convictions (Including driving under the influence)*

(1) Offense _____ Where _____ Date _____

(2) Offense _____ Where _____ Date _____

(3) Offense _____ Where _____ Date _____

Have you ever been fingerprinted? ☐ Yes ☐ No

Where? _____

Oath:

I (We) do solemnly swear, Subject to criminal penalties for false swearing, the statement and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, 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 (We) have received a copy of the local alcoholic beverage regulations and understand that this copy is to be kept on the licensed premises at all times.

_____
Signature of Applicant Under Oath

_____
Signature of Owner if not Applicant

_____
Doing Business As

_____
Title

* * * *

Certification

Stephens County Tax Office

* * * *

Stephens County Sheriff's Department
Consent Form

I hereby authorize STEPHENS COUNTY SHERIFF'S DEPARTMENT to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

_____
Full Name – Printed

_____
Address

_____
City State Zip

Sex _____ Race _____

Date of Birth _____ Social Security Number _____

Signature _____

Date: _____

Notary: _____

I have completed an investigation of the above individual and recommend that a Stephens County Beer/Wine License

☐ Should ☐ Should not

be issued for:

_____

_____
Sheriff

_____
Date

Print Form Reset Form