## **City of Fairmount**

## New Application for Alcoholic Beverage Retail/Packaging License

Type of Licen	se requested:		
(2) wine	t beverage (beer) only license e only license t beverage (beer) and wine license	\$800 \$1,000 \$1,750	
1. Business/P	remises where Alcohol is to be sold		
Name of Busir	ness:		
Trade Name of	f Business if different (i.e., d/b/a):		
Premises Addr	ress:		
Telephone:	Cell	Phone:	
2. Business O	wner		
Name of Busin	ness Owner:		
Business Own	er is Individual:; Partnership:; C	Corporation:; Other:	
If individual, (	Owner's Residence Address:		
If individual, i	s Owner a U.S. Citizen? (If natural	ized, provide cert. of naturalization)	
shareholders h	<b>n</b> , provide address of corporate offices and olding more than 10 percent ownership. If a status of all partners on separate sheet. If	Partnership, provide names and resider	nce addresses
years of age, w whose partners	for License persons or entities can apply for a license: who is a United States Citizen, and who is a s meet the aforesaid qualifications for an in e State of Georgia.	resident of the State of Georgia; (2) a pa	artnership all of
Name of Appli	icant:; Partnership:; Cor	noration	
Applicant is in	idividual:; Partnership:; Cor	poradon:	

If Corporation, provide address of corporate offices and provide names and addresses of all officers and all shareholders holding more than 10 percent ownership. If Partnership, provide names and residence addresses and citizenship status of all partners on separate sheet.

## If Individual, provide the following information:

Address (must reside in Gordon Co):	
Telephone:	Cell Phone:
Applicant's Position at Business:	
Social Sec. Number:	Driver's Lic. No./State:
Date of Birth:	_
Is this address your legal residence?	How long have you lived there?
Are you a citizen of the United States?	(If naturalized, provide cert. of naturalization)
Do you hold or have you held any other alco	ohol licenses from this jurisdiction or any others?
· ·	cense was held:
	ed? If so, describe the jurisdiction and circumstances:
•	set forth below, please explain:
4. Resident Manager	
Gordon County, or by a partnership or corporesident manager who shall be responsible f alcoholic beverages. Said manager must me prescribed by this ordinance, including age a license.	beverage is applied for by an individual who is not a resident of pration or other entity, said applicant shall also name an individual for managing and overseeing the proposed business of selling seet and maintain all requirements of an individual licensee as and residence, as if said manager were individually applying for the
Address (must reside in Gordon Co):	
Telephone: Cell P	hone:
Applicant's Position at Business:	

Social Sec. Number:	Driver's License#/State:
Date of Birth:	<u> </u>
	How long have you lived there? (If naturalized, provide cert. of naturalization)
Do you hold or have you held any other alc	cohol licenses from this jurisdiction or any others?
If yes, state from where, and the years the l	icense was held:
Have you ever had an alcohol license revok	ted? If so, describe the jurisdiction and circumstances:
If you cannot swear to all the Certifications	set forth below, please explain:

#### **CERTIFICATIONS**

I, the undersigned, being a person of good moral character, hereby make application for an alcoholic beverage license as specified above and swear under oath as follows:

I am a citizen of the United States, a resident of the State of Georgia, and am 21 years of age or older.

I have never been convicted under any Federal, State or Local law of a felony involving moral turpitude and have not been convicted under any Federal, State or Local law of any felony within ten (10) years preceding the filing of this application.

I have not had revoked, for cause, within three (3) years preceding the filing of this application, any license issued to me by any city, county or State, to sell alcoholic beverages of any kind.

I shall be active in, and responsible for, the management and operation of the business for which the license is requested.

I understand that a violation of any of the regulations and ordinances of the City of Fairmount, or a violation of any law or regulation of the State of Georgia, pertaining to alcohol, shall subject the license to suspension or revocation. I understand I am bound by the terms of the Fairmount Alcoholic Beverage Ordinance as amended and that my license must be renewed annually.

I hereby authorize the Gordon County Sheriff's Department to obtain my fingerprints and share the results with the City of Fairmount and also let the City of Fairmount conduct a criminal background check on me. The City shall also be authorized to review civil public records related to me.

I swear and affirm that all information on this application is true and correct. I understand that any material omission from, or untrue or misleading information which is contained in, an original, renewal or transfer application for a license hereunder shall be cause for the denial or refusal of a license, and if any license has been previously granted under such circumstance, the same shall constitute due grounds for immediate revocation.

If individual seeking license, that person must sign. If a partnership, all partners must sign. If a corporation, an officer of the corporation must sign. For partnerships and corporations, the resident manager must sign. Attach additional sheets if necessary.

Signed:	Signed:
Print Name:	Print Name
Title: Owner	Title: Owner
g: 1	
Signed	
Print Name	
Title: Manager	
All the foregoing signatures were sworn to this, 20	and subscribed before me
Notary Public	

#### **Note:**

Attach such other documents as are required by the City Clerk to satisfy the ordinance.

- (a) No license shall be granted to any person unless the location meets all state law distance setback requirements as to schools, churches, school grounds, alcoholic treatment centers and other uses as regulated by state law. Furthermore, no package outlet or pouring outlet shall be located within 200 yards of any church building, school building, school grounds or college campus.
- (b) Each applicant for a pouring license shall include a scale drawing of the proposed premises showing the distance to the nearest type of building and/or property lines of types of property referred to in subsection (a), or a certificate of a registered surveyor that such

location complies with subsection (a). Distances are to be measured in a straight line from the front door of the structure from which beverage alcohol is to be sold to the front door of the building of a church, government-owned treatment center or retail package store or to the nearest property line of the real property being used for school or education purposes.

- (c) When a license for the sale of any alcoholic beverage is applied for by an individual who is not a resident of Gordon County, or by a partnership or corporation or other entity, said applicant shall also name an individual resident manager who shall be responsible for managing and overseeing the proposed business of selling alcoholic beverages. Said manager must meet and maintain all requirements of an individual licensee as prescribed by this ordinance, including age and residence, as if said manager were individually applying for the license.
- (d) All applicants for licenses hereunder shall give notice of the making of an application by advertisement at least once a week for two (2) consecutive weeks prior to the date of public hearing on such application as provided herein in the newspaper in which the legal advertisements of Gordon County are published, which notice shall contain a complete description of the location of the proposed business and shall give the name of the applicant, and, if a partnership, the name of the partners whether limited or general, and if a corporation, the names of the officers and all stockholders of record therein who own at least ten (10) percent of the stock of said corporation, and the date and time the Mayor and Council will hear such application. The advertisement referred to herein shall be of type not smaller than 10. Capital and lower case and shall be at least two (2) inches by two (2) column advertisement.
- (e) The applicant shall cause to be placed on the location of the proposed business for at least two (2) weeks prior to the date set for hearing on the application for retail alcoholic beverage license, a sign or signs stating the following "ALCOHOLIC BEVERAGE LICENSE APPLIED FOR. HEARING BEFORE MAYOR AND COUNCIL OF THE TOWN OF FAIRMOUNT, GEORGIA, ON THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_." The sign or signs required by subsection shall not be less than twenty-four (24) inches by twenty-six (26) inches and shall face toward all public streets, alleys, sidewalks, or other public property adjoining the proposed location. Such sign shall be placed where it can easily be seen from all public properties adjoining the proposed location.
- (f) In addition to the license fee required herein, each licensee for the sale of alcoholic beverages shall post a Five Hundred and No/100 (\$500.00) Dollar cash bond or surety bond in favor of the City of Fairmount to insure compliance with the requirements and prohibitions of this ordinance by said licensee. Said surety bond shall be with an insurance company authorized to do business in the State of Georgia. Said bond must provide that the insurance company issuing said bond will notify the City of Fairmount through the City Clerk if said bond is cancelled for any reason, including cancellation for failure to pay premiums.
- (g) There shall be attached to and made a part of the above application a financial statement detailing the amount of investment by applicant; the amount and source of loans, if any; and collateral used to secure loans, if any. This statement and the information therein shall be treated confidentially and shall be examined by the Mayor, Council, City Clerk and City Attorney of the City of Fairmount only.

Checkli	ist:
1.	Read Fairmount Alcoholic Beverage Ordinance
2.	Provide certification or drawing showing surrounding uses (school, churches, etc) and distances.
3.	Provide copy of deed or lease to the premises.
4.	Provide financial statements.
5.	Provide application fee plus \$100 processing fee.
6.	Tender \$500 surety bond.
7.	Copy of Advertisement and tear sheet must be provided before Council hearing.
8.	Sign must be posted prior to hearing.
For Sta	Pr Ugo.
	II USE: APPI ICATION SURMITTED:

COUNCIL HEARING DATE: \_\_\_\_\_\_(within 45 days of complete application)



#### City of Fairmount

P.O. Box 705 Fairmount, GA 30139 Phone: 706-337-5306 Fax: 706-337-4676

www.fairmountga.gov

### **Affidavit Verifying Status for City Public Benefit**

<u>Instructions:</u> As required by Official Code of Georgia § 50-36-1(d)(1), any natural person who applies for a state or local public benefit must execute an affidavit concerning the applicant's legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a qualified alien or nonimmigrant lawfully present in the United States is required to execute this Affidavit under oath before a notary public.

By executing this affidavit under oath, as an application for with respect to my application for the City of Fairmount, Cl	
Business License/Occupational Tax Certificate	Alcohol Beverage License
Insurance Company License	Employee Health Benefits
Contract with the City of Fairmount	Flea Markets Licenses
Or other public benefit as referenced in O.C.G.A. § 50-36-1:  Name of natural person applying on behalf of individual, but the many of Business Name of Business	
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 unde Alien number issued by the Department of Homela	
My alien number issued by the Department of Hon Agency is:	•
The undersigned applicant also hereby verifies that he or s secure and verifiable document, as required by O.C.G.A. § 5	
The secure & verifiable document provided with this affida	vit can best be classified as:
In making the above representation under oath, I understated false, fictitious, or fraudulent statement or representation in 10-20, and face criminal penalties as allowed by such criminal	in an affidavit shall be guilty of a violation of O.C.G.A. § 16-
Signature of Applicant:	Date:
Printed Name:	
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE	
DAY OF, 20 Signa	ature of Notary Public:
My Commission Expires:	
provide their alien registration number. Because legal permanen permanent residents must also provide their alien registration n	

# **CONSENT FORM**

I hereby authorize, City of Fairmount, Georgia 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 F	Printed	
			Address		
			City	State	Zip Code
Sex	— Race	DOB		SSN	
			 Signa	ture	
 Notary				Date	
SEAL					

## STATE OF GEORGIA COUNTY OF GORDON CITY OF FAIRMOUNT

I hereby certify that I have examined the property located at		
·	at no church building, school building, education	
building, school grounds, or college	campus is within three hundred (300) feet.	
In witness whereof, I have he	ereunto set my hand and affixed my seal this	
day of	, 20	
	Registered Surveyor	
	register ou survey or	
(seal)		