

APPLICATION FOR ALCOHOLIC BEVERAGES

INSTRUCTIONS: THIS APPLICATION MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE ANSWERED COMPLETELY. (If the space provided is not sufficient, answer on a separate sheet and indicate in the space if a separate sheet is attached).

Business Name: _____

TYPE OF LICENSE: (check one) () New License () New Ownership

ADMINISTRATIVE FEE: \$250.00 – ALL NEW APPLICANTS AND RENEWALS (if licensee has changed).

TYPE OF BUSINESS (check all that apply):

- | | |
|--------------------------------|-----------------------------|
| () Restaurant | () Convenience Store |
| () Hotel/Motel | () Brew Pub |
| () Wholesale | () Special Events Facility |
| () Super Market/Grocery Store | () Other |

Will your establishment provide “live” entertainment? () Yes () No

If yes, please explain: _____

TYPE OF LICENSE AND FEES (check all that apply):

RETAIL PACKAGE (off premises consumption)

() Beer and Wine - \$2600

() Beer only - \$1300

() Wine Only - \$1300

OTHER (supplemental license)

() Licensed Caterer (Beer/Wine) - \$150

() Outdoor Golf Course (Beer/Wine) - \$150

() Wine Tasting Room - \$100
(off premises retail pkg.)

() Brew Pub - \$250

RETAIL CONSUMPTION (on premises)

() Beer and Wine - \$2600

() Beer only - \$1300

() Wine only - \$1300

() Distilled spirits - \$2600

OTHER (stand-alone licenses)

() Performing Arts Facility - \$200

() Special event by a civic non-profit - \$50

() Gift Shop (Beer/Wine) - \$200
(distilled spirits prohibited)

() Special Events Vendor
(Beer/Wine) - \$150

BUSINESS INFORMATION:

Business name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

TYPE OF OWNERSHIP

- | | |
|---|---|
| <input type="checkbox"/> Sole Ownership | <input type="checkbox"/> Privately Held Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Public Held Corporation |
| <input type="checkbox"/> Public Held Corporation
Subject to S.E.C. Regulations | <input type="checkbox"/> Other |

OWNER (1) INFORMATION:

Owner Name: _____ SSN#: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

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IF BUSINESS HAS MORE THAN ONE OWNER, PLEASE COMPLETE THE FOLLOWING:

OWNER (2) INFORMATION:

Owner Name: _____ SSN#: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

OWNER (3) INFORMATION:

Owner Name: _____ SSN#: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

PLEASE COMPLETE FOR EACH MANAGER FOR YOUR BUSINESS:

MANAGER (1) INFORMATION:

Manager Name: _____ SSN#: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

MANAGER (2) INFORMATION:

Manager Name: _____ SSN#: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

MANAGER (3) INFORMATION:

Manager Name: _____ SSN#: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

REGISTERED AGENT (MUST BE A RESIDENT OF WHITE COUNTY)

Full Name: _____ SSN#: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

BUSINESS AND PERSONAL TAX ADVICE ACCOUNTING AND FINANCING ADVISORY

Business Name: _____ FEIN# _____

Primary Contact: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

FOR PARTNERSHIP ONLY (if applicable):

Date partnership formed: _____ (attach partnership agreement to this application)

FOR CORPORATION ONLY (if applicable):

Corporation Name: _____ FIN#: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Date of incorporation: _____ Place of incorporation: _____

- a. Number of shares of authorized capital stock: _____
- b. Number of shares of outstanding stock: _____
- c. Is the corporation owned by a parent corp. or held by a holding company? _____
- d. Please explain part c: _____

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List officers, directors and/or principal shareholders with 20% or more of the stock

Name	SSN#	Position	Interest %

Financing:

- a. Bank and branch location to be used by business: _____
- b. Total amount of funds invested by owner: _____
- c. Total amount of funds invested by parties other than owner: _____
- d. Total amount of capital that is or will be invested in the business by any party or parties:

If any capital borrowed:

Name of Lender	Date	Amount	Interest Rate

General Information:

- a. Does owner and/or individual partner, shareholder, director or officer have any financial interest in any manufacturer or wholesaler of alcoholic beverages? Yes (explain below) No

- b. Does owner and/or individual partner, shareholder, director or officer have any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages?
 Yes (explain below) No

- c. If answer is “Yes” to either of the above, please explain: _____

- d. Show hereunder any and all persons, corporations, partnerships, or associations (other than persons stated herein as owners, directors, or officers) who have received or will receive, as a result of your operation under the requested license, any financial gain or payment derived from any interest or income from the operation. Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under the license. In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with names of the principal stockholders.

- e. List all businesses engaged in the sale of alcoholic beverages that the owner, or any individual, partner, shareholder, officer, or director is interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with the past:

Name	Name of Business	Interest %

BUSINESS PREMISE STRUCTURE

- 1) Is this location within a commercial zoning district? () Yes () No
(choose one of the following)
- a) Inside square district – see map
 - b) B-I - Inside Central Business District
 - c) B-I - Outside Central Business District (same guidelines as B-II)
 - d) B-II – Highway Commercial District
- 2) Does this location face a commercial grade street or state route? () Yes () No
- 3) Lighting – Does the building in which the business is to be located contain sufficient lighting so that the building itself and the premises on all sides of the building are readily visible at all times from the front of the street on which the building is located as to reveal all of the outside premises of such building? () Yes () No

Is the building illuminated so that all the hallways, passageways and open areas may be clearly seen by the customer therein? () Yes () No

If the answer is “No” to either, please explain proposed methods to rectify insufficient lighting:

- 4) Attach copies of the following information as it applies to this application:
- a) A certificate by a registered land surveyor or professional engineer showing that the location complies with the distance requirements.
 - b) Evidence of ownership of the building or proposed building or a copy of the lease.
 - c) A copy of a franchise agreement or contract, if applicable.
 - d) A copy of the menu(s) if applicant is a licensed eating establishment.
 - e) Plans:
 - I. If building is COMPLETE, copies of as-built plans of said building and outside premises as well as a copy of the floor plan.
 - II. If building is PROPOSED, copies of proposed plans and specifications as well as the building permit application.
- 5) (For Restaurants only) – Do you have patio sales? () Yes () No

PERSONAL HISTORY

INSTRUCTIONS: PLEASE MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OWNER/MANAGER OF YOUR BUSINESS. THIS APPLICATION MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED IF A SEPARATE SHEET IS ATTACHED.

Applicant information:

Business name: _____

Name: _____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Sex: _____ Race: _____ Hair Color: _____ Color Eyes: _____

Date of Birth: _____ Place of Birth: _____

Your relationship with this business:

- Sole Owner
- Director
- Registered Agent
- Manager
- Principal stockholder
- Partner: General Limited Silent
- Officer: _____
- Employee: _____

Percentage of ownership or interest, if any: _____

Method and amount of compensation, if any directly or indirectly: _____

Check all that apply:

- US Citizen
- Single
- Legal Alien
- Married
- Other (please explain) _____
- Widowed
- Divorced

Personal History – continued

If married or separated, complete the following:

Full name of spouse: _____ SSN#: _____

Maiden name: _____ Date of Birth: _____

Other names used by the applicant: Maiden name, names by former marriages, former names (changed legally or otherwise), aliases, nicknames, etc. Specify which and show dates used: _____

State name and addresses of all children and stepchildren (regardless of age)

Full Name	Address	Age	Place of birth

Employment record for the last four (4) years. List the most recent experience first.

From (mo/yr)	To (mo/yr)	Employer (name)	Title (position)	Salary (received)	Reason for leaving

List all places of residence for the past four (4) years. List the most recent first.

From	To	Address	City/State/Zip

Do you have any financial interest, or are you employed in any other wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages? () Yes () No

Have you ever had a financial interest in an alcoholic beverage business that was denied a license? () Yes () No (if yes, please explain)

Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) ever been cited for violation of the rules and regulations of the state revenue commissioner relating to the sale and distribution of alcoholic beverages? () Yes () No

If yes, please explain:

Personal History – continued

Have you bought and sold alcoholic beverages in the last ten months? () Yes () No
If yes, describe date, license number, persons and considerations involved:

Has a commercial security company ever denied you bond? () Yes () No
If yes, please explain: _____

Are you a registered voter? () Yes () No

Have you ever been arrested, or held by federal, state or other law-enforcement authorities for violation of any federal law, state law, county or municipal law, regulations or ordinances within the past ten (10) years? Do not include traffic violations. All other charges must be included even if they were dismissed. () Yes () No

If yes, give reason charged or held date, place where you were charged and final disposition. If no arrest, please write no arrest. After last arrest, please write no other arrest.

1. _____
2. _____
3. _____

List four references (personal and business). Give complete address and phone number, with area code, and state the person's name to be contacted. Do not include relatives or fellow employees.

1. _____
2. _____
3. _____
4. _____

Have you ever had a license under the regulatory powers of the City of Cleveland and/or White County denied, suspended or revoked within two (2) years prior to filing of this application?

() Yes () No

Personal History – continued

Attach photograph (front view of face) taken within the past year. Date of picture _____



City of Cleveland
85 South Main Street
Cleveland, GA 30528

City of Cleveland – Alcohol License Application
Authorization for release of Personal
Information and Criminal History Record
Information

I, _____ do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Cleveland, whether the said records are of a public, private or confidential record.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part upon this release authorization, will be considered in assessing my suitability for a City of Cleveland license, permit or appointment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the Cleveland Police Department to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

Applicant's signature: _____

Race: _____ Sex; _____ Date of Birth: _____ SSN# _____

Driver's License Number: _____

Address: _____
Street City/State/Zip Code

Sworn and subscribed in my presence, this _____ day of _____, 20__.

Notary Public signature

My commission ends: _____

Seal

**SURVEYOR’S AFFIDAVIT
ALCOHOL BEVERAGE LICENSE**

I, _____, a Georgia registered land surveyor, # _____,
do hereby certify that I am familiar with the premises:

(Business name and location)

and that it is in compliance with the City of Cleveland Code Section(s) 4-82; 4-122; and/or 4-156 as it applies to the type of license the applicant is applying for.

Definition

Distance shall mean the measurement along a straight line which describes the shortest distance between property line to property line or building wall to building wall of the tract on which is located the business regulated; to the tract on which is located the School property, College Campus property, Housing Authority Property, Church building, Library building, any Residential building, or Alcohol Treatment Center building.

Signature and seal of surveyor

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

Notary Public

Date

Commission expires

Registration number

(Seal)

Date of expiration

LIST OF EMPLOYEES FOR ALCOHOL LICENSED BUSINESS

Business Name: _____
Business Address: _____
Business Telephone number: _____

Name: _____ Sex: _____ Race: _____
Residence Address: _____
City/State/Zip: _____
Home telephone number: _____ Cell number: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____ Alien Registration Number: _____
Driver's license number: _____ State : _____
Job Position: Server _____ or Cashier _____

Name: _____ Sex: _____ Race: _____
Residence Address: _____
City/State/Zip: _____
Home telephone number: _____ Cell number: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____ Alien Registration Number: _____
Driver's license number: _____ State : _____
Job Position: Server _____ or Cashier _____

Name: _____ Sex: _____ Race: _____
Residence Address: _____
City/State/Zip: _____
Home telephone number: _____ Cell number: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____ Alien Registration Number: _____
Driver's license number: _____ State : _____
Job Position: Server _____ or Cashier _____

Name: _____ Sex: _____ Race: _____
Residence Address: _____
City/State/Zip: _____
Home telephone number: _____ Cell number: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____ Alien Registration Number: _____
Driver's license number: _____ State : _____
Job Position: Server _____ or Cashier _____

Name: _____ Sex: _____ Race: _____
Residence Address: _____
City/State/Zip: _____
Home telephone number: _____ Cell number: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____ Alien Registration Number: _____
Driver's license number: _____ State: _____
Job Position: Server _____ or Cashier _____

CLASSIFIED ADVERTISEMENT

Attn: White County News Telegraph
Fax: 706-865-3048
Phone: 706-865-4718
Email: legals@,whitecountvnews.net

An application for alcoholic beverage permit to serve beer and wine has been filed with the City of Cleveland, Georgia by the following party at the following location, to wit:

Applicant/Owner: _____
Registered Agent: _____
Business Name: _____
Location: _____
Date application submitted to City of Cleveland: _____

Said 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 names of the partners, whether limited or general, and if a corporation, the names of the officers and all stockholders having more than ten (10) percent of an class of corporate stock therein, and the date the application was filed with the city clerk. The advertisement shall contain the following additional statement:

<input type="checkbox"/> Please check if ad is for consumption on premises

"AN APPLICATION HAS BEEN FILED ON (date) WITH THE CLERK OF THE CITY OF CLEVELAND FOR A LICENSE TO SELL ALCOHOLIC BEVERAGES FOR CONSUMPTION ON THE PREMISES AT THE ABOVE LOCATION. A DECISION ON WHETHER OR NOT TO GRANT OR DENY SUCH LICENSE WILL BE MADE BY THE CLERK OF THE CITY OF CLEVELAND NO LATER THAN SIXTY (60) DAYS FROM THE DATE FILED APPLICATION IS DETERMINED TO BE COMPLETE. MEMBERS OF THE PUBLIC ARE INVITED TO NOTE ANY OBJECTIONS, IN WRITING, THAT THEY MAY HAVE TO THE GRANTING OF SUCH A LICENSE BY FILING SAID WRITTEN OBJECTIONS WITH THE CLERK OF THE CITY OF CLEVELAND."

<input type="checkbox"/> Please check if ad is for retail sales
--

"AN APPLICATION HAS BEEN FILED ON (date) WITH THE CLERK OF THE CITY OF CLEVELAND FOR A LICENSE TO OPERATE AND SELL ALCOHOLIC BEVERAGES AT THE ABOVE LOCATION. A DECISION ON WHETHER OR NOT TO GRANT OR DENY SUCH A LICENSE WILL BE MADE BY THE CLERK OF THE CITY OF CLEVELAND NO LATER THAN SIXTY (60) DAYS FROM THE DATE THE FILED APPLICATION IS DETERMINED TO BE COMPLETE. MEMBERS OF THE PUBLIC ARE INVITED TO NOTE ANY OBJECTIONS, IN WRITING, THAT THEY MAY HAVE TO THE GRANTING OF SUCH A LICENSE BY FILING SAID WRITTEN OBJECTIONS WITH THE CLERK OF THE CITY OF CLEVELAND."

AD TO RUN THE FOLLOWING DAYS _____ AND _____