



NEW, RENEWAL, AND TRANSFER ALCOHOLIC BEVERAGE APPLICATION

Banks County Planning Office
150 Hudson Ridge, Suite 4
Homer, Georgia 30547
Office: 706.677.4272
www.bankscountyga.org

INSTRUCTIONS: Every question must be fully answered (*typewritten or printed in ink*). If the space is not sufficient, answer on a separate page and indicate that such page is attached. Application must be signed, dated and properly notarized. All alcohol applications, along with ALL supporting documents, must be uploaded to the GTC portal to be considered for review. DO NOT SUBMIT APPLICATIONS TO THE PLANNING DEPARTMENT.

1. I HEREBY CERTIFY BY FILING THIS APPLICATION, AS APPLICANT, THAT I HAVE RECEIVED, READ AND DO UNDERSTAND THE BANKS COUNTY REGULATIONS CONTROLLING ALCOHOLIC BEVERAGES, AND HEREIN MAKE APPLICATION FOR:

- | | |
|--|---|
| <input type="checkbox"/> Beer Package
Fee \$600.00 | <input type="checkbox"/> Beer Consumption
Fee \$750.00 |
| <input type="checkbox"/> Wine Package
Fee \$400.00 | <input type="checkbox"/> Wine Consumption
Fee \$750.00 |
| <input type="checkbox"/> Distilled Spirits Consumption
Fee \$3,000.00 | <input type="checkbox"/> Farm Winery
Fee \$400.00 |

2. **APPLICANT:** Manager / License Holder (*NO initials, spell out all names, print legibly*)

Name _____ E-Mail _____

Home Address _____

Age _____ Race _____ Sex _____ Date of Birth _____ SS# _____

Length of Residency _____ Phone: _____ Cell: _____

3. **Owner of Business:** If different than license holder.

Name _____ E-Mail _____

Address _____

Age _____ Race _____ Sex _____ Date of Birth _____ SS# _____

4. **Name of Business:** _____

Location Address: _____

Mailing Address (if different from business address) _____

Business Phone: _____ GA Sales Tax # _____ FEI # _____

If New Application (*Attach a copy of the plans for the building where the business is located*)

5. DISTANCE: *(Attach a scale drawing or affidavit from a registered surveyor that the premises comply with the Distance required by the Banks County Code)*

What is the straight-line distance from this business to the nearest?

School_____ Church_____

- a. **SURVEY:** Attach a rough draft of the premises where the alcohol will be located (stored and or refrigerated)

6. PRIOR APPLICATIONS:

Has any person with an interest in this application ever made an application at any previous time and been **denied**?

☐ Yes ☐ No *(If yes, give disposition of that application)* _____

7. PRIOR CITATIONS OR VIOLATIONS:

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)*

8. PARTIES HAVING AN INTEREST IN THE APPLICATION:

Attach a list of each person, firm, or corporation having any interest in this application and include the type and percent of that interest.

Name	Birthdate	Interest %
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Address	SS#
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Name	Birthdate	Interest %
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Address	SS#
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9. INTEREST IN OTHER ALCOHOLIC BEVERAGE OPERATIONS:

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

_1_____

_2_____

_3_____

10. BUILDING OWNER, LESSOR, SUBLESSOR:

List full name, and address, and other pertinent information of the owner of the building, and the name and Address or the owner of the land, and name and address of all lessors and sub lessors. *(Attach a copy of the Lease or deed)*

Land Owner	Address	Payments
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Lessor, Sub-lessor	Address	Payments
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11. MANAGER / LICENSE HOLDER: *(fill out attached affidavit for background check.)*

FOR NEW APPLICANTS, A FULL BACKGROUND CHECK WITH FINGERPRINTING WILL BE REQUIRED (\$50 FEE.) FOR RENEWING APPLICANTS, ONLY THE STANDARD BACKGROUND CHECK IS NECESSARY. THERE IS NO CHARGE FOR THE STANDARD CHECK.

APPLICANT NOTIFICATION AND RECORD CHALLENGE: YOUR FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI. YOU HAVE THE OPPORTUNITY TO COMPLETE OR CHALLENGE THE ACCURACY OF THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. THE PROCEDURE FOR OBTAINING A CHANGE, CORRECTION, OR UPDATING AN FBI IDENTIFICATION RECORD ARE SET FORTH IN TITLE 28, CFR, 16.34.

13. OATH:

1. I (We) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete, and that 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.
2. 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.
3. 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



Sworn to and subscribed

Before me this _____

Day of _____, 20_____.

Notary

Commission Expires

 Do not write on next page. 

COUNTY USE ONLY:

NAICS CODE: _____

S.A.V.E AFFIDAVIT COMPLETE? ☐

E-VERIFY AFFIDAVIT COMPLETE? ☐

#_____ *Date of Authorization*_____

HOME OCCUPATION RULES APPLY? ☐ YES ☐ NO ZONING CLASSIFICATION: _____

BANKS COUNTY CODE COMPLIANCE CERTIFICATION:

BANKS COUNTY PLANNING OFFICIAL SIGNATURE DATE

FEE PAID \$ _____

☐ CASH ☐ CHECK # _____



E VERIFY AFFIDAVIT

Private Employer Affidavit Pursuant to
O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If the employer selected Section 1(A), please fill out Section 2 below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

(Also called e-Verify #, usually 4-6 digits)

Business License Account No.

Date of Authorization

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

Executed on the _____ day of _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires: _____



S.A.V.E. AFFIDAVIT

Systematic Alien Verification for Entitlement

Alcohol License

☐

Business License

☐

Business Name _____

Business Owner _____

Address _____ Phone # _____

By executing this affidavit under oath, pursuant to O.C.G.A. § 50-36-1, I am stating the following:

- ☐ I am a United States citizen, or
(Must include a copy of either current State Driver's License, Passport, Military ID, or another approved document*.)
- ☐ I am a legal permanent resident of the United States**, or
(Must include a copy of your Permanent Resident Card or other approved document*.)
- ☐ 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**
(Must include a copy your Employment Authorization Card or other approved document*.)

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

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. § 50-36-2, with this affidavit.

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 on the _____ day of _____, 20____
in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

(SEAL)

