

**CITY OF CALHOUN  
APPLICATION FOR LICENSE  
DISTILLED SPIRITS BY THE DRINK**

**CHECK LIST**

- Application**
- Personnel statements of licensee and manager (Exhibit A)**
- Affidavit of person having knowledge of applicant's residence (Exhibit B)**
- Employees engaged in sale of spirituous liquors form (Exhibit C)**
- Surveyor's certificate (Exhibit D)**
- Before the application is submitted to City Hall the criminal history must be completed. The record request form (Exhibit E), along with an original social security card and photo id, must be taken to the Calhoun Police Department: 200 North Wall Street. Appointment must be made in advance by calling 706-629-1234. Notaries are available at the Police Department. A \$28.00 fee is required for the background check and fingerprint cards. The fee will be \$30.00 if an ID is required. ID's are required for pouring licenses only. Must have form for each owner and manager. The police department accepts cash only.**
- Copy of lease, deed, surveyor's plat, real estate purchase contract, or some other form of document providing evidence of the proposed physical business location**
- Certified check for \$100.00 (non-refundable)**
- Affidavit Verifying Status**
- Manager must be a Gordon County Resident – must provide document to prove residential address**
- Must be Approved by the Mayor and Council**

**CITY OF CALHOUN**  
**DISTILLED SPIRITS BY THE DRINK LICENSE**  
**APPLICATION FOR THE YEAR: \_\_\_\_\_**

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I, \_\_\_\_\_, being a person of good moral  
(Individual or Manager if Partnership or Corporation)  
character, hereby makes application for a license to sell **Distilled Spirits by the Drink** at retail in the City  
of Calhoun, Georgia, in the following name and at the following address:

\_\_\_\_\_  
Name and Address of Business

Type of Business:      \_\_\_\_\_ Individual      \_\_\_\_\_ Partnership      \_\_\_\_\_ Corporation

\_\_\_\_\_  
Home Address of Individual or Manager if Partnership or Corporation

I am a citizen or legal resident of the United States and reside in Gordon County, or if a corporation, it has been organized under the laws of the State of Georgia or authorized to do business therein, or if a partnership, all of whose partners are at least twenty-one (21) years of age and residents of Gordon County.

I have never been convicted of a felony or of a crime opposed to decency and morality, or of a crime involving a violation of the Ordinances of the City of Calhoun, Georgia relating to the use, sale, taxability or possession of alcoholic beverages or a violation of the laws of the State of Georgia or of the United States pertaining to the manufacture, possession or transportation or sale of alcoholic beverages, or taxability thereof; or a person whose license governed by the Code of Ordinance of alcoholic Beverages for the City of Calhoun, Georgia has been revoked for cause.

I understand that I, as Licensee or Manager, if I cease to reside in Gordon County or otherwise becomes a "Prohibited Person," as defined in the Governing Distilled Spirits by the Drink Ordinance of the City of Calhoun, Georgia, within ten (10) days of such event, shall make said fact known to the Mayor and Council of the City of Calhoun, Georgia, and shall surrender such license upon demand by said Mayor and Council.

I am not an elected official of the City of Calhoun, Georgia, nor am I a Department Head, employee or member of the immediate family of such.

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

I hereby submit a list of partners, limited or general, or a list of all officers, if a partnership or corporation, as a part of this application. I hereby state the facts and information provided in this application, personnel statements, and questionnaire are true and correct as presented this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Notary Public

**CITY OF CALHOUN  
LIQUOR PACKAGE LICENSE APPLICATION  
“EXHIBIT A”**

**PERSONNEL STATEMENT**

INSTRUCTIONS: This personnel statement must be executed, under oath, by every person having any ownership or profit sharing interest in, managing, or employed by, any place of business applying for a license from the City of Calhoun, Georgia to sell or deal in alcoholic beverages or liquors. Use typewriter. Each question must be fully answered. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. A personnel statement, including a passport-size photograph and 2 fingerprint cards, as required by questions 40 and 41, for all the above persons must be submitted with every license application.

1. Full name of applicant: \_\_\_\_\_
  
2. Full name of dealer and trade name, if any, submitting application of which this personnel statement is a part:  
\_\_\_\_\_
  
3. Position of applicant in dealer’s business: \_\_\_\_\_  
State ownership, or profit-sharing interest, if any, in this business: \_\_\_\_\_ Salary \_\_\_\_\_  
Annual profit or compensation derived from this business \_\_\_\_\_
  
4. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the business premises? \_\_\_\_\_ If so, give details.  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Do you have any financial interest, or are you employed, in any wholesale or retail liquor business other than the business submitting the license application of which this personnel statement is a part? If so, give names and locations, and amount of interest in each. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Do you have any financial interest, or are you employed, in any business engaged in distilling, bottling, rectifying, or selling (wholesale or retail) alcoholic beverages in this State or outside this State which has not otherwise been disclosed in this statement? \_\_\_\_\_ If so, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Other names used by applicant: Maiden name, names by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Specify which, and show dates used. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Home address: \_\_\_\_\_
  
9. Business address: \_\_\_\_\_
  
10. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
U.S. Citizen? \_\_\_\_\_ If so, by Birth? \_\_\_\_\_ Naturalized? \_\_\_\_\_  
If Naturalized, Date, Place and Court \_\_\_\_\_

Certificate No: \_\_\_\_\_ Petition No: \_\_\_\_\_

Derived Parents Certificate No(s): \_\_\_\_\_ Alien Registration No: \_\_\_\_\_

Native Country: \_\_\_\_\_ Date and Port of Entry: \_\_\_\_\_

- 11. Are you a legal resident of Gordon County? \_\_\_\_\_
- 12. Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_
- 13. If married, give spouse's full name, date and place of birth, date and place of marriage, and name of spouse's employer (Include wife's maiden name. If widowed or divorced, give same information on former spouse.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

15. Give names and addresses of all children and stepchildren (Regardless of Age):

FULL NAME	ADDRESS	AGE	PLACE OF BIRTH	OCCUPATION

16. Give names and addresses of immediate living relatives:

FULL NAME	ADDRESS	AGE	PLACE OF BIRTH	OCCUPATION
A. Father				
B. Mother				
C. Brothers and Sisters				
D. Father-in-law				
E. Mother-in-law				
F. Other				

17. Are you a registered voter in the State of Georgia? \_\_\_\_\_ In what county? \_\_\_\_\_ How many years? \_\_\_\_\_
18. For the last calendar year, did you file a Georgia Income Tax Return? \_\_\_\_\_ How much tax did you pay? \_\_\_\_\_
19. For the last calendar year, did you file a Georgia intangible tax return? \_\_\_\_\_ How much tax did you pay? \_\_\_\_\_
20. For the last calendar year, did you file and pay any county property tax? \_\_\_\_\_ How much? \_\_\_\_\_  
Where? \_\_\_\_\_
21. For the last calendar year, did you file and pay any city property tax? \_\_\_\_\_ How much? \_\_\_\_\_ Where? \_\_\_\_\_
22. Do you owe the State of Georgia any taxes or other charges? \_\_\_\_\_ If so, give full details: \_\_\_\_\_  
\_\_\_\_\_
23. Have you ever had any financial interest in a liquor business which was denied a liquor license? \_\_\_\_\_ If so, give  
full details: \_\_\_\_\_  
\_\_\_\_\_
24. Has any liquor business in which you hold, or have held, any financial interest, or are employed, or have been  
employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating  
to the sale and distribution of distilled spirits? \_\_\_\_\_ If so, give full details: \_\_\_\_\_  
\_\_\_\_\_
25. Of the persons listed under questions 15 and 16, indicate which, if any, are engaged in any business handling  
alcoholic beverages as an owner, stockholder or employee and the name of such business: \_\_\_\_\_  
\_\_\_\_\_
26. Are you a member of, or affiliated in any way with any liquor trade association, organization or group? \_\_\_\_\_  
Give names and time of affiliation: \_\_\_\_\_  
\_\_\_\_\_
27. Do you pay dues, fees or commissions or make contributions to such organization? \_\_\_\_\_ State the amount  
paid to each during each of the last four calendar years. \_\_\_\_\_  
\_\_\_\_\_
28. Are you related by blood, marriage or adoption to any person engaged in any business handling alcoholic beverages,  
whiskies, or liquors in Georgia? \_\_\_\_\_ If so, to whom, and where? \_\_\_\_\_  
\_\_\_\_\_
29. If during the past ten years, you have bought and sold any local or state liquor licenses, give full details (date, license  
number, persons and considerations involved.) \_\_\_\_\_  
\_\_\_\_\_
30. If during the past ten years you have bought, sold or exchanged any real estate, automobiles or securities with any  
other person engaged in the liquor business, or with any regulatory official, give full details (date, property, persons  
and considerations involved.) \_\_\_\_\_  
\_\_\_\_\_

31. Have you ever visited or resided in any foreign country except while in the Armed Forces of the United States? \_\_\_\_\_  
 If so, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
32. Have you ever been denied a bond by a commercial surety company? \_\_\_\_\_ If so, give details \_\_\_\_\_  
 \_\_\_\_\_
33. List any close relatives (including in-laws) now residing outside the United States, except those actively serving in the Armed Forces of the United States. (Give name, relation, age, place of residence, citizenship.) \_\_\_\_\_  
 \_\_\_\_\_
34. Education: (List all schools above elementary. Give name of school, address, dates attended and degrees or certificates received.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
35. Employment Record: (Give most recent experience first. If self-employed, give details.)

FROM		TO		Occupation & Description of Duties Performed	Salary Received	Employer	Reason for Leaving
Month	Year	Month	Year				

36. List in reverse chronological order, all of your residences for the past ten years:

DATES		Street	City	State
From	To			
	Present			

37. Give three personal references, not relatives, former employers, fellow employees or school teachers, who are responsible, reputable adults, business or professional men or women, who have known you well during the past five years. (Name, residence, business address and number of years known.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
38. Military service: (Serial numbers, branch of service, period of service, type of discharge.)  
 \_\_\_\_\_  
 \_\_\_\_\_

39. Have you ever been arrested or held by Federal, State or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances? (Do not include traffic violations. All other charges must be included, even if they were dismissed. Give reason charged or held, date, place where charged and disposition.)

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40. Attach a passport-size photograph (front view) taken within the past two years. Write name on back of photograph and also the name of the dealer submitting license application.



41. There must be submitted with this personnel statement the fingerprints of applicant on 2 fingerprint cards. This statement is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith.

**VERIFICATION**

**STATE OF GEORGIA  
COUNTY OF GORDON**

I, \_\_\_\_\_, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true.

\_\_\_\_\_  
Applicant's signature (Full name and in ink)

I hereby certify that \_\_\_\_\_ is personally known to me, that he signed his name to the foregoing application stating to me that he 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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

**AFFIDAVIT OF PERSON HAVING  
KNOWLEDGE OF APPLICANT’S RESIDENCE  
“EXHIBIT B”**

STATE OF GEORGIA  
COUNTY OF GORDON  
CITY OF CALHOUN

Personally appeared before the undersigned Notary Public \_\_\_\_\_  
\_\_\_\_\_ who says, under oath, that he is personally  
acquainted with \_\_\_\_\_, and that he knows of his own  
knowledge that said applicant has resided in the City of Calhoun, State of Georgia  
since 200\_\_\_\_, and is now a resident of said city, and that, prior to that time, he  
was a resident of the State of \_\_\_\_\_ for \_\_\_\_\_ years.

\_\_\_\_\_  
Affiant’s Signature

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(seal)



**SURVEYOR'S CERTIFICATE  
"EXHIBIT D"**

STATE OF GEORGIA  
COUNTY OF GORDON  
CITY OF CALHOUN

I hereby certify that I have examined the property located at \_\_\_\_\_  
\_\_\_\_\_ in the City of Calhoun and find that no church  
building is within one hundred (100) yards, or any school building, education  
building, school grounds or college campus is within two hundred (200) yards  
(from front door of the business to the nearest school property line or front door of  
the business to the front door of a church).

In witness whereof, I have hereunto set my hand and affixed my seal this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Registered Surveyor

(Seal)

**CONSENT FORM**  
**“EXHIBIT E”**

I hereby authorize the City of Calhoun Police Department to receive any criminal history record information pertaining to me that may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex                  Race                  DOB                                  SSN

\_\_\_\_\_  
Signature

Signed before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Must have notarial seal attached)

Please email results to Judy Craig at City Hall (jcraig@calnet-ga.net)