

**CITY OF CALHOUN
APPLICATION FOR
PACKAGE LIQUOR LICENSE**

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**
- Application 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**

4. List all other businesses engaged in the sale of distilled spirits that any of the persons, firms, or corporations listed in question 4 are interested in, employed by, or associated with in any way whatsoever.

BUSINESS NAME	SOCIAL SECURITY #	RESIDENCE ADDRESS	BUSINESS ADDRESS	% OF INTEREST

5. List the full name of the father, mother, brother, sister, son, daughter, or spouse of each person listed in question 4, if they have any interest whatsoever in any business selling distilled spirits other than the business for which this application is made. (Attach exhibits, if necessary.)

NAME	RESIDENCE ADDRESS	BUSINESS ADDRESS	% INTEREST	RELATION-SHIP

6. List the full name and address 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 exhibits, if necessary.)

BUILDING OWNER	ADDRESS	RELATIONSHIP TO APPLICANT OR OTHER OWNER

7. How much of the capital of this business is borrowed and from whom? (Attach exhibits, if necessary.)

AMOUNT	LENDER	ADDRESS

8. Name the manager of the business for which this application is filed and state how he is compensated.

NAME	ADDRESS	TYPE OF INTEREST & AMOUNT

9. Provided, however any domestic corporation or legal entity lawfully registered and doing business under the laws of the State of Georgia, or any foreign corporation or legal entity lawfully registered under the laws of another state and authorized by the Secretary of State to do business in the State of Georgia, which seeks to obtain any class of license under this chapter shall not be required to designate a resident of the county as a store manager provided said corporation or legal entity provides the City the name of its authorized agent, who must be a natural person and resident of the State of Georgia, authorized to receive notice of any violation of its license privileges or receive service of citation or service of process under the laws of the State of Georgia.

List Name of Authorized Agent

_____ Name

_____ Address

_____ Telephone No.

_____ Cell Phone No.

_____ Email Address

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application. An amendment must be filed at City Hall within 30 days, 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 or any personnel statement which is made a part of this application.

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City license as a dealer in alcoholic beverages and liquors, are true and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicant's Signature (full name, in ink)

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

(SEAL)

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:

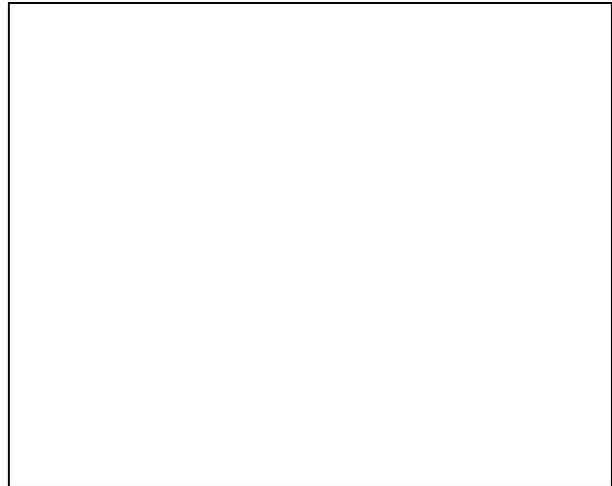
DATES		Street	City	State
From	To			
	Present			

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.)

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)