

CITY OF CALHOUN

APPLICATION FOR RETAIL WINE LICENSE

I, _____ being a person of good moral character, hereby make application for a license to engage in the sale of wine at retail in the City of Calhoun, Georgia, at the following address:

I am a citizen of the United States, a resident of Gordon County, 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 municipality in the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

I shall be active in, and solely 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 of the City of Calhoun, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, shall subject my license to immediate revocation.

If the owner of the premises for which this application is made is a corporation, partnership, association, or non-resident of Gordon County, the following must be completed: The owner of the above described premises is _____, a _____.

The license for which this application is made is for the use of said owner. I, as applicant for said license, am (resident officer, partner, associate owning substantial interest in the business, principal resident managing officer) and shall be active in and responsible for the management and operation of the business for which the license is requested.

Signature of Applicant

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

Notary Public

CITY OF CALHOUN, GEORGIA
QUESTIONNAIRE FOR WINE LICENSE HOLDERS
“EXHIBIT A”

Business Name _____

Date of Application _____

Name of Manager _____

Manager's Date of Birth _____

Location of Business _____

Mailing Address _____

Business Phone _____

Home Phone _____

Manager's Home Address _____

County of Residence _____

(Must be resident of Gordon County at the time of this application and remain a resident of Gordon County at all times while holding a license for sale of malt beverages in the City of Calhoun.)

Indicate Type of License Applied For:

Class "A" - Wine Package _____

Class "B" - Wine Pouring _____

Class "C" - Wine Package, in conjunction with liquor package _____

Class "D" - Wine Pouring, in conjunction with liquor pouring _____

Class "E" - Wine Pouring, in conjunction with beer and liquor license ... _____

Class "F" - Wine pouring at a private club _____

Indicate names, addresses and phone numbers of persons with interest, and the nature of their interest in the business other than the license holder:

Do you own the business property? Yes _____ No _____

If no, name of owner _____

When does the lease expire? _____ (Attach a copy of the lease only if different from prior year.)

List all employees, their age, address and phone number:

Have you (license holder), any employees or anyone having interest in the operation of the business ever been convicted, taken plea of *nolo contendere* of any misdemeanor or felony within the past year other than minor traffic violations? If so, list name, charge and date of conviction below:

List any debts you might have on your premises, or the contents. List creditors, amount of debts and due dates. This will be held confidential and shall be reviewed only by the Mayor, Council, City Attorney and City Clerk. No information will be divulged to any person or organizations without your written permission or request, unless required by court order:

Oath:

“I solemnly swear that the above facts are true to the best of my knowledge and that I am actively participating in the management of the operation.”

Witness

Signature of License Holder

Notary Public

CONSENT FORM
“EXHIBIT B”

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

Business Name

Address

Sex

Race

DOB

SSN

Signature

Signed before me this _____ day

of _____, 20_____.

Notary Public (Must have notarial seal)

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

**SURVEYOR'S CERTIFICATE
"EXHIBIT C"**

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 school
building, education building, school grounds or college campus is within one
hundred (100) yards (from front door of the business to the nearest school property
line).

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

Registered Surveyor

(Seal)



**City of Calhoun
Affidavit Verifying Status
For City Public Benefit Application**

By executing this affidavit under oath, as an applicant for the City of Calhoun, Georgia Business License as referenced in O.C.G.A. § 50-36-1, from the undersigned applicant verifies **one** of the following with respect to my application for a public benefit:

- 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 under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

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

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document, as required by OC.G.A. § 50-36-1(e)(1), with this affidavit.

**A copy of one of the following cards must be attached:
Driver's license, Permanent Resident, Employment Authorization Document,
US Passport, US military ID, or a Certificate of Citizenship.**

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.

Signature of Applicant: _____ Printed Name: _____ Date: _____

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

Notary Public

My Commission Expires:

Drivers License Number _____

**CITY OF CALHOUN
APPLICATION FOR WINE LICENSE**

CHECK LIST

- Application**
- Questionnaire for Wine License Holders (Exhibit A)**
- Before the application is submitted to City Hall the criminal history must be completed. The record request form (Exhibit B), 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**
- Surveyor's certificate (Exhibit C)**
- 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**