

## CHECKLIST

- Application
- Department of Revenue Form ATT-17 (**Exhibit A**) A fillable version of the form can be accessed at: [https://dor.georgia.gov/sites/dor.georgia.gov/files/related\\_files/document/ATD/Form/ATD\\_Georgia\\_Alcohol\\_and\\_Tobacco\\_Personel\\_Statement\\_ATT-17.pdf](https://dor.georgia.gov/sites/dor.georgia.gov/files/related_files/document/ATD/Form/ATD_Georgia_Alcohol_and_Tobacco_Personel_Statement_ATT-17.pdf)
- Once 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. The following fees are required, payable to City of Calhoun:
  - Fingerprints:           \$ 28.00 (*Must have form for each owner and manager*).
  - ID Card:                 \$ 30.00 (*ID's are required for pouring licenses only*).
  - GCIC fee:                \$ 43.25
  - Processing fee:         \$100.00 per alcohol type (*non-refundable*)
- Copy of lease, deed, or real estate purchase contract
- Employees Engaged In the Sale of Alcoholic Beverages (**Exhibit C**)
- Surveyor's certificate and surveyor's plat (**Exhibit D**)
- Notice of application for retail alcoholic beverage license (**Exhibit E**)- Applicant must cause the advertisement to appear in the Calhoun Times for two consecutive weeks and provide proof of posted signage.
- Privacy Rights Statement
- Affidavit Verifying Status
- Manager must be a Gordon County or an adjacent County Resident – must provide document to prove residential address
- Must be Approved by the Mayor and Council

# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

1<sup>st</sup> Reading \_\_\_\_\_ 2<sup>nd</sup> Reading \_\_\_\_\_ Public Hearing \_\_\_\_\_

I, \_\_\_\_\_ being a person of good moral character, hereby make application for a license to engage in the sale of alcoholic beverages 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, or an adjacent county, or have assigned a store manager who is a resident of Gordon County or an adjacent 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.

I own no more than two retail alcoholic beverage licenses, including this license; nor do I have beneficial interest in more than two retail alcoholic beverage licenses under Chapter Six (6) of the Calhoun Code of Ordinances.

The license for which this application is made is for the use of said owner. I, as applicant for said license, am (Circle one: 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 \_\_\_\_\_, \_\_\_\_\_.

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

My commission expires: \_\_\_\_\_

# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

INSTRUCTIONS: Every question must be fully and correctly 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. When completed, it must be dated, signed and verified under oath by the applicant and filed with the City Clerk, City Hall, in Calhoun, Georgia 30701, together with all supporting papers and cash or certified check for the amount specified in the checklist on page one (1).

This application is filed by:    \_\_\_ Single Proprietor    \_\_\_ Partnership    \_\_\_ Corporation    \_\_\_ LLC

NOTE: Applicants other than individuals must make applications jointly in both the names of the partnership or corporation and the names of all partners, officers and stockholders having a substantial interest in the business. 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 be required to designate a resident of Gordon county, or an adjacent county, as a store manager, or an individual member of the management team, for the purpose of the initial application and all annual renewals.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Location of Business

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Applicant's Home Address

\_\_\_\_\_  
County of Residence

Indicate Type of License Applied For:

**Class A** – Beer and/or Wine Package (\$750 each)

**Class B** – Beer and/or Wine Pouring (\$750 each)

**Class C** – Distilled Spirits, Wine and Fortified Wine Package (\$5,000 liquor, \$750 Wine)

**Class D** – Distilled Spirits, Wine and Fortified Wine Pouring (\$1,500 liquor, \$750 Wine)

**Class E** – Beer, Distilled Spirits, Wine, and Fortified Wine Pouring (\$1,500 liquor, \$750 each Beer/Wine)

**Class F** – Alcohol Pouring only on premises where sold – Private Club.(\$1,500 liquor, \$750 each Beer/Wine)

# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

**Class G** – Beer pouring and beer package at private club (\$1,000)

**Class G1** – Alcohol Pouring only on premises where sold and Beer Package by any non-profit veterans association (proof of non-profit required) (\$1,500 liquor, \$750 each Beer/Wine, \$750 Beer Package)

**Class H** – Alcoholic Beverages at Wholesale (No Fee Required)

### Limited to locations within the Downtown Calhoun Historic District

**Class I** – Manufacturing/brewing of malt beverages – Microbrewery

**Class I-1** – Manufacturing/brewing of malt beverages and taproom - Microbrewery

1. Indicate names, addresses and phone numbers of persons with interest, and the nature of their interest in the business other than the license holder (If Microbrewery list brew master here):

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Do you own the business property?      Yes                      No

If no, name of owner \_\_\_\_\_

When does the lease expire? \_\_\_\_\_ (Attach a copy of the lease)

2. List any debts you 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:

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# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

3. List the full name, Social Security Number and other pertinent information for each person, firm or corporation having any interest in this application and the percentage of interest. (Attach exhibits, if necessary.)

NAME	SOCIAL SECURITY #	ADDRESS	% OF INTEREST

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

NAME	ADDRESS	TYPE OF INTEREST & AMOUNT

4. Form ATT-17, issued by the Georgia Department of Revenue Alcohol and Tobacco Division must be completed in its entirety and provided as an attachment ( Exhibit A) to this application.

# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

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. Applicant also understands that issue of an alcoholic beverage license of any kind is a mere privilege and is subject to being revoked and annulled by the Mayor and Council of the City of Calhoun and is subject to laws, ordinances and regulations hereafter adopted. 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 **an amendment must be filed** at City Hall within 30 days.

I, \_\_\_\_\_, the 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 pertaining to 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 the above applicant is personally known by me and 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 the notary below, has sworn that said statements and answers are true.

\_\_\_\_\_  
Witness Printed Name(full name, in ink)

\_\_\_\_\_  
Witness Signature (full name, in ink)

I hereby certify that above applicant 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

## ALCOHOLIC BEVERAGE LICENSE APPLICATION CONSENT TO SERVE AS STORE MANAGER

I acknowledge, accept, and consent to my designation as Store Manager in Calhoun, Gordon County for:

\_\_\_\_\_  
Name of Business

I am a resident of Gordon County, or an adjacent county, and I meet all requirements (and must maintain) of an individual licensee as prescribed by Chapter 6 of the City of Calhoun Code of Ordinances. I understand that it will be my responsibility as store manager to actually manage or operate the package store or restaurant on a day-to-day basis, and that I shall be responsible for any matter relating to the alcohol license.

If no Registered Agent is appointed, it will be my responsibility to receive any process, notice, or demand that is served on me, as the store manager of the represented business entity named above, and to forward such to the represented business entity.

I also understand that should I resign as store manager it is my responsibility to immediately notify the represented business entity and submit a statement of resignation to the City of Calhoun.

I, \_\_\_\_\_, store manager applicant, do solemnly swear, subject to criminal penalties for false swearing, that I am a resident of Gordon County, or an adjacent county, and as store manager for the above named business entity, I meet all of the requirements of an individual licensee as prescribed by Chapter 6 of the Calhoun Code of Ordinances.

\_\_\_\_\_  
Store Manager's Signature (full name, in ink)

I \_\_\_\_\_, hereby certify that the above named store manager is personally known by me and signed his name to the foregoing application after stating to me that he knew and understood all requirements of a store manager for the above named business entity.

\_\_\_\_\_  
Witness Signature (full name, in ink)

I hereby certify that \_\_\_\_\_ 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\_\_\_\_.

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

**CITY OF CALHOUN**

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**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**“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.

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Full Name Printed

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Mailing Address

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Sex

Race

DOB

SSN

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Signature

Signed before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_.

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Notary Public (Must have notarial seal attached)

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



**CITY OF CALHOUN**

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**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**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 it meets the distance requirements as follows: Any distilled spirits in or within *100 yards* of any church building or within 200 yards of any school building, educational building, school grounds, or college campus; Any wine or malt beverages within *100 yards* of any school building, school grounds, or college campus; or

Any distilled spirits, wine, or malt beverages within *100 yards* of an alcoholic treatment center owned and operated by this state or any county or municipal government therein.

In witness whereof, I have hereunto set my hand and affixed my seal this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

(Seal)

**CITY OF CALHOUN**

**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**NOTICE OF APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE**

**“EXHIBIT E”**

*It is the applicant’s responsibility to ensure the following advertisement is placed in the Calhoun Times at least once weekly for two consecutive weeks.*

The undersigned, \_\_\_\_\_, has made application to the Mayor and Council of the City of Calhoun for a Class \_\_\_\_\_ license to sell alcoholic beverages at \_\_\_\_\_. This application will be heard by the Mayor and Council at its regular meeting to be held at 7:00 p.m. on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed: \_\_\_\_\_  
Applicant

(c) ***The applicant shall cause to be placed upon the location of the proposed business one or more signs stating the following:***

RETAIL ALCOHOLIC BEVERAGE LICENSE APPLIED FOR. HEARING BEFORE THE MAYOR AND COUNCIL OF THE CITY OF CALHOUN, GEORGIA, ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

(d) The signs required by subsection (c) of this section shall each be not less than 24 inches by 36 inches and shall face toward all public streets, alleys, sidewalks, or other public property adjoining the proposed location. Such signs shall be placed where they can easily be seen from all public properties adjoining the proposed location.

(e) Such applicant for retail sales, at the public hearing for such application, shall submit satisfactory proof to the mayor and council that the signs required by section (c) of this section were properly and adequately posted and were adequate to inform the public of the pending application and the public hearing thereon.

**Please Note: Dates will be given to the applicant when the application is submitted to City Hall.**

**CITY OF CALHOUN**

**ALCOHOLIC BEVERAGE LICENSE APPLICATION**



**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: \_\_\_\_\_

# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

### NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose, you have certain rights which are discussed below:

You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

The officials must be advised you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

The above information has been fully explained to me and I fully understand my rights.

\_\_\_\_\_  
Applicants Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date