

CITY OF CALHOUN

ALCOHOLIC BEVERAGE LICENSE APPLICATION

CHECKLIST

APPLICATIONS NOT ACCEPTED UNTIL COMPLETED IN FULL WITH ALL EXHIBITS ATTACHED

1st Reading _____ 2nd Reading _____ Public Hearing _____

- 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
- Copy of current lease, deed, or real estate purchase contract
- Employees Engaged In the Sale of Alcoholic Beverages (pouring only) (**Exhibit B**)
- Surveyor's certificate and surveyor's plat (**Exhibit C**)
- Notice of application for retail alcoholic beverage license (**Exhibit D**)- Applicant must cause the advertisement to appear in the Calhoun Times for two consecutive weeks and provide proof of advertisement and posted signage.
- Affidavit Verifying Status
- Manager must be a resident Gordon County or an adjacent County – must provide document to prove residential address
- Must be Approved by the Mayor and Council
- Once the application is submitted to City Hall the criminal history must be completed. An appointment must be made with 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*)

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Indicate Type of License Applied For and underline or circle type of alcohol requested:

_____ **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)

_____ **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 (\$500)

_____ **Class I-1** – Manufacturing/brewing of malt beverages and taproom – Microbrewery (\$500)

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ALCOHOLIC BEVERAGE LICENSE APPLICATION

I, _____, applicant 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: _____

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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

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ATT-17 (Rev. 1/13)

Georgia Department of Revenue Alcohol and Tobacco Division Telephone: (404) 417-4900

E-mail: ATDIV@dor.ga.gov

EXHIBIT A

GEORGIA ALCOHOL & TOBACCO PERSONNEL STATEMENT

Submit online at <https://gtc.dor.ga.gov>

(Please type or print)

This form must be completed by the following persons and submitted with all liquor license applications: (1) licensee, (2) anyone with an ownership interest in the business, whether direct, indirect or beneficial, and (3) in the case of a corporation or other legal entity, all officers. This form may be required of others in the discretion of the Commissioner as provided under Regulations 560-2-2-.02 and 560-2-17-.04. **EACH QUESTION MUST BE FULLY ANSWERED.** If additional space is required, attach an additional sheet of paper.

1.	LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO.
2.	DATE OF BIRTH	RACE	[] MALE	[] FEMALE
3.	HOME ADDRESS (Actual Physical Location of Residence; Do Not Use P.O. Box)			
	CITY	STATE	ZIP +4	HOME PHONE
4.	ADDRESS FOR DAY CONTACT - NUMBER AND STREET (Do Not Use P.O. Box)			
	CITY	STATE	ZIP +4	PHONE FOR DAY CONTACT
5.	ARE YOU MARRIED? [] YES [] NO IF "YES", PROVIDE THE FOLLOWING FOR YOUR SPOUSE:			
	LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO.
6.	ARE YOU A RESIDENT OF GEORGIA? [] YES [] NO IF "YES", HOW LONG ____ YEARS ____ MONTHS			
7.	HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY OFFENSE BY ANY LOCAL, STATE, FEDERAL, OR FOREIGN GOVERNMENTAL AUTHORITY? [] YES [] NO. IF "YES", GIVE FULL DETAILS. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. GIVE REASONS CHARGED OR HELD, DATE, PLACE WHERE CHARGED AND DISPOSITION. FAILURE TO MAKE FULL DISCLOSURE IN RESPONSE TO THIS QUESTION MAY RESULT IN DENIAL OR SUBSEQUENT REVOCATION OF THE LICENSE.			
	_____ _____ _____ _____			
8.	DO YOU CURRENTLY HAVE BENEFICIAL INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS OTHER THAN THE BUSINESS FOR WHICH THIS APPLICATION IS BEING FILED? [] YES [] NO			
	("Beneficial Interest" as used here means: when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives economic benefit from, or has control over a business.) IF "YES", COMPLETE THE FOLLOWING:			
	ALCOHOL LICENSE NO.	% AND TYPE INTEREST		
	LEGAL BUSINESS NAME			
	TRADE NAME /DBA NAME			

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9.	HAVE YOU EVER HAD ANY BENEFICIAL INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS IN THIS OR ANY OTHER STATE IN WHICH THE ALCOHOL LICENSE WAS DENIED OR REVOKED OR ANY OTHER DISCIPLINARY ACTION WAS TAKEN? [] YES [] NO ("Beneficial Interest" as used here means: when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives economic benefit from, or has control over a business.) IF "YES", COMPLETE THE FOLLOWING:				
	ALCOHOL LICENSE NO.	% AND TYPE INTEREST			
	LEGAL BUSINESS NAME				
	TRADE NAME /DBA NAME				
	NUMBER AND STREET				
	CITY	COUNTY	STATE	ZIP+4	
	DESCRIBE WHAT ACTION WAS TAKEN:				
10.	LIST THE FULL LEGAL NAMES AND CURRENT ADDRESSES OF ALL LIVING FAMILY MEMBERS DESIGNATED BELOW:				
	FAMILY MEMBERS	STREET	CITY	STATE	ZIP
	<u>FATHER:</u>				
	<u>MOTHER:</u>				
	<u>FATHER-IN-LAW:</u>				
	<u>MOTHER-IN-LAW:</u>				
	<u>BROTHERS:</u>				
	<u>SISTERS:</u>				
11.	WORK HISTORY				
	(Complete for the last 10 years, starting with present or last employer and using additional sheets if necessary.)				
	EMPLOYER	EMPLOYER ADDRESS (City & State)	JOB TITLE	TYPE OF BUSINESS	DATES WORKED (Month & Year)
					From To

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SIGNATURE SECTION

BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY, COMPLETELY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS HEREWITH. STAMPED SIGNATURE IS NOT ACCEPTABLE.

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENT AND ANSWERS MADE BY ME IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT. I FURTHER HEREBY AUTHORIZE THE GEORGIA DEPARTMENT OF REVENUE, ALCOHOL & TOBACCO DIVISION TO OBTAIN ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

Signature

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FOREGOING STATEMENT AFTER STATING TO ME UNDER OATH ADMINISTERED BY ME, THAT ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS _____ DAY OF _____, _____.

Notary Public

AFFIX SEAL

CITY OF CALHOUN

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

STATE OF GEORGIA COUNTY
OF GORDON CITY OF
CALHOUN

SURVEYOR'S PLAT MUST BE ATTACHED

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)

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NOTICE OF APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

“EXHIBIT D”

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 prior to the public hearing.

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 and this is the document you will take with you to run your newspaper advertisement and have your sign(s) printed.

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 public benefit:

1. _____ I am a United State citizen
2. _____ I am a legal permanent resident of the United States
3. _____ I am a qualified alien or non-immigrant under Federal Immigration and Nationally Act with an alien number issued by the Department of Homeland Security or other federal immigration.

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 O.C.G.A. § 50-36-1(e)(1), with this affidavit.

A copy of your driver's license must be attached is number 1 is checked:

A copy of one of the following cards must be attached if numbers 2 or 3 are checked:

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: _____ **Date:** _____

Printed Name: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____ NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

City of Calhoun

Private Employer E-verify affidavit

**** THIS FORM IS REQUIRED BY STATE LAW ****

By executing this affidavit under oath, as an applicant for a Business Occupation License as referenced in O.C.G.A. § 36-60-6(d), from the City of Calhoun, Georgia, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application for the above mentioned document.

Printed name of Private Employer:

___ **Employs more than ten (10) employees Please complete section 2 below and sign/notarize at the bottom**

___ **Employs ten (10) or fewer employees Do not complete section 2. Please sign/notarize at the bottom.**

Section 2: The employer has registered with and utilizes the federal work authorization program in accordance with the applicable previsions and deadlines established in O.C.G.A § 36-60-6(a). the undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

E-verify # _____
(Federal Work Authorization User ID number)

_____ Date of Authorization

Signature of Authorized Officer or Agent

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

Printed Name of and Title of Authorized Officer or Agent

NOTARY PUBLIC My Commission Expires: _____