

Application for an Alcoholic Beverage License for Hamilton, Georgia

Please return application to City Hall, 210 Walton Street 706-628-5321

To be completed by applicant:

Date of Application: _____

Type of License: Retail

Beer ON Premises Wine ON Premises Liquor/Package Store (Off premise only)
 Beer Off Premises Wine Off Premises Liquor On Premises Concessionaire

Type of Establishment:

Cafe Package Store Convenience Store Private Club Pub
 Lounge Grocery Store Restaurant Hotel/Motel Resort

If On-Premises:

Menu available: Yes No

Number of Seats: less than 25, 25-50, more than 50

Number of Meals Offered per Day: _____

Number of Days per Week Served: _____

On-Premises REQUIRES a scaled sketch/drawing showing building of premises and all attached/adjacent porches, verandas, courtyards, decks, and patios.

Estimated Number of Yards from Your Building to the **NEAREST** Building (Residence/School/etc.): _____

Type of Ownership: Proprietorship Partnership LLC Corporation
 Other (specify) _____

Reason for Application: New Business New Owner New Location

Name of Business: _____

Business Street Address: _____

City, State, Zip: _____

Business Mailing Address: _____

City, State, Zip: _____

Phone Number of Business: _____

Under whose/what name will business be operated: _____

Name of person who will be the active manager of the business: _____

Address of active manager: _____

If you are purchasing the business, from whom are you purchasing? _____

If you are purchasing the business, when will purchase be finalized? _____

If you are leasing the building/land, from whom do you lease? _____

Who owns the building/land where the business is operated/located? _____

Full name of Applicant: _____

Applicant's interest in this business: _____

Applicant's home mailing address: _____

City, State, Zip: _____

Years at present address: _____

If less than 5 years, indicate previous address: _____

Home phone number: _____

Social Security number: _____

Are you a resident of the State of Georgia? _____ Birth Date: _____ Birth Place: _____

List employer's **names and addresses** for the past five years and the positions you held:

Has applicant/owner, partner, corporate officer or stockholder, been convicted or entered a plea of nolo contendere within ten (10 years prior to filing this application, of any felony or misdemeanor of this or any other State or any municipal ordinance, except traffic violations? _____ (If YES, describe in detail and give dates on reverse side.)

If a corporation, indicate (on reverse side) the corporation name and address, when and where incorporated and the names and addresses of the officers and directors, their social security numbers, and the office held by each. If a corporation, indicate (on reverse side) the names and addresses of stockholders holding 25% or more of the corporation.

If a partnership or individual, indicate (on reverse side) the names or any other persons or firms owning any interest in or receiving any funds from the operation of business.

If for a retail license, has applicant any financial interest in manufacture or wholesale of alcoholic beverages? _____

If for a retail license, has applicant received financial aid/assistance from any alcoholic beverage manufacturer or wholesaler? _____

Indicate (on reverse side) all persons, corporations, partnerships or associations that will receive any financial gain or payment derived from any interest or income from the operation (Includes payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation).

If any corporation is listed as receiving an interest or income from this operation, indicate the names of the officers and directors of said corporation together with the names of the principal stockholders.

Does/has applicant/owner, partner, corporate officer, or stockholder:

Hold an interest in any alcoholic beverage license in this or any other jurisdiction?

If YES, describe in detail and give details on reverse side.

Had a license revoked? _____ If YES, describe in detail and give details on reverse side.

List **names and addresses** of three personal references (not relatives) that you have known for at least five years:

1. _____

2. _____

3. _____

OATH

I hereby certify that I am familiar with the "Ordinance to Control and Regulate the Sale and Distribution of Alcoholic Beverages in the City of Hamilton", and State Laws and Regulations, and Federal Laws and Regulations governing the operation of this type business. Further, I certify that I agree to abide by such Ordinances, Laws and Regulations.

I, being duly sworn according to law, do swear that the foregoing statements and facts are true, and no false or fraudulent statement is made herein, and such answers were made in order to procure the granting of such a license. I understand that any falsehoods are grounds for automatic dismissal of the application or subsequent revocation of the license.

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

Applicant's Signature/Date signed

Notary Public
My Commission expires _____
(Seal)

Application of _____

Dated _____

Name of Business _____

Approval/Disapproval Recommendations

City of Hamilton Chief of Police:
(Based on criminal background check)

Approved _____ Disapproved _____

Signature _____

Date _____

Comments _____

Harris County Health Department:
(On premises only)

Approved _____ Disapproved _____

Signature _____

Date _____

Comments _____

Application of _____

Dated _____

Name of Business _____

Decision of the Hamilton City Council

Approved ____ Disapproved ____

Conditions of City Council: _____

Mayor

Mayor Pro-tem

Councilor

Councilor

Councilor

Attest: City Clerk