

MERIWETHER COUNTY COMMUNITY DEVELOPMENT
124 N. Court Square, Greenville GA 30222
706-672-1283

Alcohol License Renewal Application

Do not complete this renewal application if there has been a change of Licensee or ownership. Please contact the Permits/License Office. Renewal must be completed and notarized by the licensee on file.

Business

Business Name:		Business License #	Alcohol License #
Business Address			
City	State	Zip	

Licensee

Licensee Full Name:			Licensee Home Address
City	State	Zip	Home#
Mobile#			Email:

License Fee (A nonrefundable \$150.00 investigation fee per application.)

<input type="checkbox"/> Retail Consumption dealer of distilled spirits, malt beverages & wine	\$ 2,000.00	Late Penalty: (remitted after December 31 st) License Fee: \$ _____ 10% Penalty: \$ _____ 1.5% Interest: \$ _____ Amount Due: \$ _____
<input type="checkbox"/> Retail Consumption dealer of malt beverages and/or wine (\$750 ea)	\$ _____	
<input type="checkbox"/> Retail Package dealer of malt beverage and/or wine (\$750 ea)	\$ _____	
<input type="checkbox"/> Domestic Winery or Farm Winery	\$ 750.00	
<input type="checkbox"/> Farm Brewery	\$ 750.00	
<input type="checkbox"/> Farm Brewery Tasting Room or Winery Tasting Room (\$500 ea location)	\$ _____	
<input type="checkbox"/> Partner's License	\$ 50.00	
<input type="checkbox"/> Server of distilled spirits (\$25 ea)	\$ _____	

Total Fees (Must be in Cash, Money Order, VISA, Master Card or Cashier's Check)

Ownership

Check Applicable Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
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Corporation (If applicable) (Only list owners/officers who own 5% or more interest.)

Corporate Name:	Owner/Officer:		
Home Address	City	State	Zip
% of Ownership:	Social Security#:		

License Eligibility (Meriwether County Code Chapter section 4-7)

<p>Retail Consumption: List your current seating capacity (not including any seating located in a lounge, bar, or other area designated primarily for serving alcoholic beverages.)</p> <p># of Seats: _____</p>	<p>Retail Dealer: List total amount of inventory including food, tobacco products, drinks, alcohol and periodicals.</p> <p>Amount of Inventory: _____</p>
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I _____, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that I have read and understand the alcohol beverage ordinance of Meriwether County, Georgia and that the statements, answers, and information given by me as the Licensee are true and correct.

Signature

Date

Notary Signature & Seal

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O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit

By executing this affidavit under oath, as an applicant for a(n) Business License [_____], as referenced in O.C.G.A. § 50-36-1, from Meriwether County, Ga., 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 of age 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.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

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.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires:

Meriwether County Community Development Department
124 N. Court Square Greenville, GA 30222

CONSENT FORM FOR CRIMINAL BACKGROUND CHECK

Must fill out one for each employee that will be selling or serving

This form must be completely filled out in order to be accepted for processing.

BACKGROUND CHECK FOR: Owner (Type): _____
 Alcohol License Solicitor Employee Other: _____

NAME OF BUSINESS: _____
LOCATION ADDRESS: _____
CITY, STATE, ZIP: _____ BUSINESS #: _____

NAME: _____
(Last) (First) (Middle) (Maiden)
HOME ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE #: HOME: _____ CELL: _____
EMAIL ADDRESS: _____

RACE: _____ SEX: _____ DATE OF BIRTH: _____
EYE COLOR: _____ HAIR COLOR: _____ PLACE OF BIRTH: _____
HEIGHT: _____ WEIGHT: _____ SOCIAL SECURITY #: _____

ATTACH A COPY OF THE GOVERNMENT ISSUED IDENTIFICATION REFERENCED BELOW

DRIVERS LICENSE #: _____ EXPIRES: _____ STATE ISSUED: _____

Within the past ten (10) years in regard to any violation of the law, have you entered a plea of guilty, been found guilty by a court, had accepted a plea of *nolo contendere* or been given first offender treatment by a court? YES _____ NO _____

If yes, list below the offense(s) and date(s):

NOTE: A "YES" above may not necessarily be a bar to a license. However, failure to disclose such information may be grounds for disqualification. Licensee should carefully disclose ALL information concerning violations in the space above. I do hereby swear that the above information is true and correct under the penalty of Georgia State Law, 16-10-71 for false swearing and 16-10-20 for false statements. I hereby authorize the Meriwether County Sheriff Department and the Meriwether County Community Development Department to receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Signature

Date

Sworn to and subscribed before me this _____ Day of _____, Year _____

Notary