

ALCOHOLIC BEVERAGE APPLICATION

CITY OF MOULTRIE

SECTION I APPLICATION INSTRUCTIONS / REQUIREMENTS

- 1) Applicant shall return the application to City Clerk submit a certificate of a registered surveyor that such location complies with the distance requirements from churches, residences, schools, and recreational facilities set forth in Sections 6-37 of the Alcoholic Beverage Ordinance.
- 2) Nonrefundable application fee in the amount of \$150.00 is due with completed application and \$250.00 Advertising Fee.
- 3) A statement of ownership interest in the existing building or proposed building OR a copy of the lease if applicant is leasing the building.
- 4) The applicant shall agree to the disclosure of relevant criminal information obtained from a search of records of any law enforcement agency to be performed by the Moultrie Police Department. Police Chief shall be notified of proposed new business.
- 5) Building and Fire Code Investigation Report to be completed by the Planning and Community Development and Fire Departments. Applicant to be available to City officials for arranging inspections of the premises. When inspections have been completed, applicant will be advised of any compliance requirements that must be met in order to submit application for Council approval.
- 6) When all building, zoning and fire requirements have been met, applicant will pay license and advertising fees to City Clerk.
- 7) City Clerk will advertise Public Hearing Notice and place on Regular Session of City Council agenda. *Applicant is required to be present at Public Hearing.*
- 8) Mayor and City Council will consider application after Public Hearing is held and take appropriate action.

NOTE:

- Application Exhibits (must be returned with completed, signed application)**
- 1) **Certificate from registered surveyor regarding distance requirements**
 - 2) **Application fee \$150.00 and Advertising Fee \$250.00**
 - 3) **Individual Consent Request for Dissemination of Records and Information- to be completed, signed and witnessed by Notary at the Moultrie Police Department**
 - 4) **City of Moultrie Public Benefit Affidavit**

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Date: _____

On Premises

Off Premises

- _____ Beer
- _____ Wine
- _____ *Fortified Wine
more than 21 percent alcohol
- _____ *Liquor by the drink
(*Residency requirements)
- _____ *Brewpub

- _____ Beer
- _____ Wine
- _____ Retail Liquor

*Applicant must meet Food Sales Requirements as stipulated in Alcoholic Beverage Ordinance (copy attached).

**Owner must reside within Colquitt County or manager must reside within Moultrie City limits.

The undersigned hereby applies for Alcoholic Beverage License to sell alcoholic beverages within the corporate limits of the City of Moultrie.

SECTION II—OWNER PERSONAL INFORMATION (PLEASE PRINT RESPONSES)

1. License Holder's (Owner) Full name _____
2. Address _____
Length of residency in Moultrie _____ or Colquitt County _____
Former address _____
3. Date of Birth _____ Social Security No. _____
4. Phone Number(s) Home _____ Business _____ Cell _____
5. Location of Business _____
6. Is this a transfer of an existing license or a change of existing location? Yes / No ____
If yes, please specify _____
7. Have you ever been engaged in the sale of alcoholic beverages? Yes / No ____
If yes, specify _____
8. Have you ever been found guilty of violating any prohibition laws? Yes / No ____
If yes, specify _____
9. Have you been convicted of any crimes in the last seven (7) years? Yes / No ____
If yes, specify _____

10. List the full name, Social Security Number, and other pertinent information for each person, firm, or corporation having any direct or indirect interest in this application and the percentage of interest.

<u>Name</u>	<u>Address/How long</u>	<u>Social Security Number</u>	<u>% of Interest</u>
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11. Does applicant in this application owe any delinquent bills (taxes, past due fees, utilities) to the City of Moultrie? Yes / No _____ If yes, give full details _____

SECTION III—OWNER REFERENCES (PLEASE PRINT ALL RESPONSES)

LIST TWO (2) FINANCIAL REFERENCES. It is preferred that local references are given. Do not use relatives or members of the same firm as references. References are subject to public inquiry.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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<u>Name</u>	<u>Address</u>	<u>Phone</u>
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LIST FOUR (4) CHARACTER REFERENCES. It is preferred that local references are given. Do not use relatives or members of the same firm as references. References are subject to public inquiry.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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<u>Name</u>	<u>Address</u>	<u>Phone</u>
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<u>Name</u>	<u>Address</u>	<u>Phone</u>
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<u>Name</u>	<u>Address</u>	<u>Phone</u>
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SECTION IV-MANAGER PERSONAL INFORMATION (PLEASE PRINT RESPONSES)

- 12. Manager's Full name, if other than Owner/Operator _____
- 13. Address _____
Length of residency in Moultrie (manager must reside in City limits) _____
Former address _____
- 14. Date of Birth _____ Social Security No. _____
- 15. Phone Number(s) Home _____ Business _____ Cell _____
- 16. Have you ever been engaged in the sale of alcoholic beverages? Yes / No _____
If yes, specify _____
- 17. Have you ever been found guilty of violating any prohibition laws? Yes / No _____
If yes, specify _____
- 18. Have you been convicted of any crimes in the last seven (7) years? Yes / No _____
If yes, specify _____

SECTION V—MANAGER REFERENCES (PLEASE PRINT ALL RESPONSES)

LIST TWO (2) FINANCIAL REFERENCES. It is preferred that local references are given. Do not use relatives or members of the same firm as references. References are subject to public inquiry.

Name Address Phone

Name Address Phone

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Name Address Phone

Name Address Phone

Name Address Phone

Name Address Phone

SECTION VI—AGREEMENT

As acknowledgment of application for the issuance of an alcoholic beverage license to sell alcoholic beverages within the corporate limits of Moultrie, Georgia, I agree as follows:

I agree not to make sales to, or permit the serving of alcoholic beverages to any persons who appear to be intoxicated.

I agree not to make sales to minors.

I agree to make no sale of alcoholic beverages on Christmas or between the hours of 12:00 midnight and 6:00 AM.

I agree not to violate any of the criminal statutes of the State of Georgia, nor ordinances of the City of Moultrie. I agree that should any of my obligations herein assumed be breached by me, that my license to sell alcoholic beverages shall be automatically revoked.

I understand that my application and the results of my background investigation will be read in its entirety in a public hearing considering my application.

I agree to be present at the public hearing held on my license application and to answer any questions brought out at the hearing.

My signature indicates that I have read and understand the foregoing statements and that my written responses in this application are true.

Signature of Applicant

Signature of Manager, if applicable

SECTION VII—COUNCIL ACTION

Approved _____

Disapproved _____

Other Action _____

Mayor Pro Tem

Date

INDIVIDUAL CONSENT REQUEST FOR DISSEMINATION OF RECORDS AND INFORMATION

I, the undersigned, hereby authorize _____ to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT

Person of Inquiry/Full Name

Street Address

City

State

Zip Code

Phone Number

Race

Sex

Date of Birth

Social Security Number

Signature/Person of Inquiry

Notary

Date

(Seal)

Commission Expires

PURPOSE OF INQUIRY (Circle One)

Housing

School

Non-Law Enforcement Employment

Law Enforcement Employment

Employment with Elderly

Employment with Children

Employment with Mental Health

Contractor Registration

Occupational Tax

REQUESTOR'S ACKNOWLEDGEMENT

DISCLOSURE PROVISION: In the event that an employment or licensing decision is made adverse to the person above, the person must be informed by the individual or group making the decision, of all pertinent information which resulted in the adverse action. This disclosure shall include information that a record was obtained, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information shall be a misdemeanor.

REQUESTING:

() MPD Record Only

Requestor's Signature

() GCIC Record NO RECORD SEE ATTACHED
(FEES: Record Search/Dissemination—\$_____)

Representing—Company, Firm, etc...

Dissemination Officer _____

Date _____

Card Number _____

CITY OF MOULTRIE, GEORGIA

APPLICATION FOR ALCOHOL BEVERAGE IDENTIFICATION CARD

NOTE: Individuals will be required to have a permit to sell alcoholic beverages which permit shall be obtained from the Police Department of the City of Moultrie. Permits will be valid for a period of **two (2) years**, at which time they must be renewed at the Police Department. Permits are **not** transferable to other employment within the City. Applications not meeting guidelines approved by the City Manager will not be permitted. Grounds for denial shall be as established by City Ordinance Sec.6-203. Applicants will pay a **non-refundable fee of \$30** at the time of application/renewal. Cases made against individuals for alcohol related charges will be heard by the judge of the Municipal Court. Expired cards should be returned when applying for a Renewal Card.

NAME: _____ DATE: _____
(Last) (First) (Middle)

ADDRESS: _____
(Number and Street—do not use PO Box) (City) (State) (Zip Code)

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY: _____

PLACE OF BIRTH: _____
(City) (County) (State)

SEX: _____ HGT: _____ WGT: _____ RACE: _____ HAIR: _____ EYES: _____

PLACE OF EMPLOYMENT: _____

ADDRESS OF BUSINESS: _____ PHONE: _____

EMPLOYER'S NAME: _____ LENGTH OF EMPLOYMENT: _____

Have you ever been arrested or charged with violating any City, State or Federal Laws? DO NOT include traffic violations for which fines are below \$100. YES ____ NO ____ If the answer is yes, list all such cases, giving nature of offense and disposition of each, name and location of each Court, and approximate dates.

I UNDERSTAND THAT I CANNOT SELL ANY ALCOHOLIC BEVERAGE UNTIL SUCH TIME THAT THIS APPLICATION IS APPROVED AND I HAVE A PERMIT CARD ISSUED TO ME. *I also understand that I am to read and acknowledge my receiving and understanding of the City of Moultrie Ordinance Section accompanying this application. I am aware that if I violate these or any other alcohol related ordinance, my permit, if granted, can be suspended or revoked in addition to any other penalties. I am also aware that any intentional false statement or information contained herein is grounds for prosecution and/or denial of this application.*

SIGNATURE OF APPLICANT: _____

DO NOT WRITE BELOW THIS LINE-----

Date Received by MPD: _____ Received by: _____

Date: _____ () Approved () Disapproved By: _____

Circle One: Original Issue Renewal Replacement Card