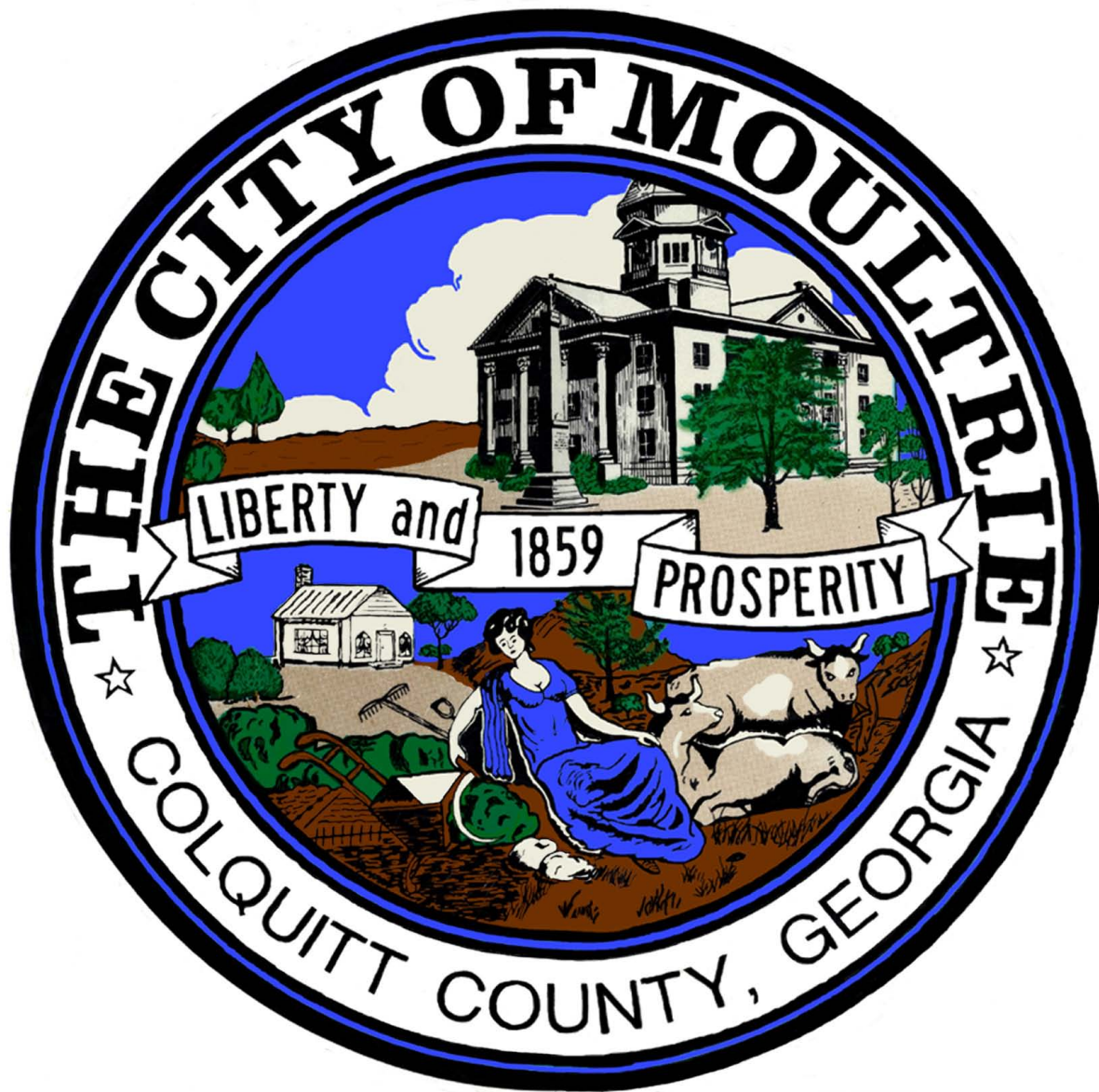


**CITY OF MOULTRIE  
ALCOHOLIC BEVERAGE APPLICATION**



PO Box 3368  
Moultrie, GA 31776  
229-668-0023

**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 \$200.00 is due with completed application and \$175.00 Processing 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 be fingerprinted by the Moultrie Police Department and agrees to the disclosure of relevant criminal information obtained from a search of records of any law enforcement agency. 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 property and submit application to the City Manager.

- NOTE:**
- 1) Certificate from registered surveyor regarding distance requirements**
  - 2) Application fee \$200.00 and Processing Fee \$175.00**
  - 3) Completed and signed Authorization for Release of Personal Information witnessed by Notary Public**



Mailing Address of Business: \_\_\_\_\_  
Number Street City State Zip

Phone Number of Business: \_\_\_\_\_

Federal Employment ID Number: \_\_\_\_\_ GA Alcohol License #: \_\_\_\_\_

**Nature of Business:**  Restaurant  Convenience Store  
 Package Store  Supermarket  Recreational Club  Other\*

\* Please explain: \_\_\_\_\_

Who does the City contact if there are questions regarding this application?

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

<b>APPLICANT INFORMATION</b>
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(a) For individual:

Name: \_\_\_\_\_  
Last First Middle Initial

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Number Street City State Zip

Previous Addresses (Last 10 years):

Address: \_\_\_\_\_  
Number Street City State Zip

Address: \_\_\_\_\_  
Number Street City State Zip

Address: \_\_\_\_\_  
Number Street City State Zip

b) For Partnership or Limited Liability Company:

Name of Partnership or Company: \_\_\_\_\_

Date of Formation: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Current Principal Business Address:

\_\_\_\_\_  
Number Street City State Zip

Previous Business Addresses (Last 10 Years):

Address: \_\_\_\_\_  
Number Street City State Zip

Address: \_\_\_\_\_  
Number Street City State Zip

Address: \_\_\_\_\_  
Number Street City State Zip

Partners (>20%) Information – Use additional paper if necessary •

Name: \_\_\_\_\_  
Last First Middle Initial

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Number Street City State Zip

Previous Addresses (Last 10 years):

Address: \_\_\_\_\_  
Number Street City State Zip

Address: \_\_\_\_\_  
Number Street City State Zip

Address: \_\_\_\_\_  
Number Street City State Zip

b) For Partnership or Limited Liability Company - CONTINUED: •

Name: \_\_\_\_\_  
          Last                    First                    Middle                    Initial

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
                                Number                    Street                    City                    State                    Zip

Previous Addresses (Last 10 years):

Address: \_\_\_\_\_  
          Number                    Street                    City                    State                    Zip

Address: \_\_\_\_\_  
          Number                    Street                    City                    State                    Zip

Address: \_\_\_\_\_  
          Number                    Street                    City                    State                    Zip

Name: \_\_\_\_\_  
          Last                    First                    Middle                    Initial

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
                                Number                    Street                    City                    State                    Zip

Previous Addresses (Last 10 years):

Address: \_\_\_\_\_  
          Number                    Street                    City                    State                    Zip

Address: \_\_\_\_\_  
          Number                    Street                    City                    State                    Zip

Address: \_\_\_\_\_  
          Number                    Street                    City                    State                    Zip

(c) For Corporation:

Name of Corporation: \_\_\_\_\_

Date of Formation: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Current Principal Business Address:

\_\_\_\_\_  
Number Street City State Zip

Previous Business Addresses (Last 10 Years):

Address: \_\_\_\_\_  
Number Street City State Zip

Address: \_\_\_\_\_  
Number Street City State Zip

Address: \_\_\_\_\_  
Number Street City State Zip

Officers and Stockholders (>20%) Information – Use additional paper if necessary •

Name: \_\_\_\_\_  
Last First Middle Initial

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Number Street City State Zip

Previous Addresses (Last 10 years):

Address: \_\_\_\_\_  
Number Street City State Zip

Address: \_\_\_\_\_  
Number Street City State Zip

Address: \_\_\_\_\_  
Number Street City State Zip

(c) For Corporation - CONTINUED: •

Name: \_\_\_\_\_  
          Last                      First                      Middle                      Initial

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
                                  Number                      Street                      City    State                      Zip

Previous Addresses (Last 10 years):

Address: \_\_\_\_\_  
          Number                      Street                      City                      State                      Zip

Address: \_\_\_\_\_  
          Number                      Street                      City                      State                      Zip

Address: \_\_\_\_\_  
          Number                      Street                      City                      State                      Zip

Name: \_\_\_\_\_  
          Last                      First                      Middle                      Initial

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
                                  Number                      Street                      City                      State                      Zip

Previous Addresses (Last 10 years):

Address: \_\_\_\_\_  
          Number                      Street                      City                      State                      Zip

Address: \_\_\_\_\_  
          Number                      Street                      City                      State                      Zip

Address: \_\_\_\_\_  
          Number                      Street                      City                      State                      Zip



**MANAGER INFORMATION**  
**(if different than Applicant)**

Name: \_\_\_\_\_  
          Last                  First                  Middle                  Initial

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
                                  Number                  Street                  City                  State                  Zip

Previous Addresses (Last 10 years):

Address: \_\_\_\_\_  
                  Number                  Street                  City                  State                  Zip

Address: \_\_\_\_\_  
                  Number                  Street                  City                  State                  Zip

Address: \_\_\_\_\_  
                  Number                  Street                  City                  State                  Zip

Has applicant ever applied for, held, had revoked or suspended an alcoholic beverage license from any governmental entity?  Yes  No

If yes, please list current status or circumstances related to the above:

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Has applicant ever been convicted of, entered a plea or nolo contendere to, or forfeited a bond on any crime other than traffic violations?  Yes  No

If yes, please list the nature or circumstances related to the above:

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Is there any person or entity other than the applicant or those persons with respect to whom information is required in this application who are or will be directly or indirectly interested in the profits and losses of the business?  Yes  No

If yes, please list the nature or circumstances related to the above:

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The undersigned applicant solemnly swears, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application (including all statements, attachments and applications attached hereto or made part hereof) for a Tift County Alcoholic Beverage License are true and complete and that no false or fraudulent statement or answer is made herein. It is further understood that any false answer or statement or failure to amend this application when necessary shall be grounds for suspension or revocation of any license issued pursuant to this application.

\_\_\_\_\_  
Signature of Applicant (Full Legal Name)

\_\_\_\_\_  
Date

**AUTHORIZATION AND RELEASE TO OBTAIN  
PERSONAL CREDIT INFORMATION**

By signing below, the undersigned hereby authorizes to obtain “consumer reports” and/or “investigative consumer reports” about me from any consumer reporting agency and/or bureaus, including commercial credit agencies or bureaus, that creditor may chose to use and to consider such reports when making any credit decisions regarding my credit application, extension of credit, or with respect to any extension or modification of existing credit.

I acknowledge that as an individual there are various Federal and/or State laws such as the “Fair Credit Reporting Act” that control the issuance or use of “consumer reports” and/or investigative consumer reports” by creditor. I understand that I am not obligated to provide creditor this authorization to review such “consumer reports” and/or “investigative consumer reports”. However, I have voluntarily agreed that such reports can be released to creditor so that it will consider my credit application with respect to any extension or modification of existing credit.

I hereby release Equifax including its employees, agents or representatives from any and all liability for furnishing such information. I also release Equifax from any and all liability for conducting such an investigation. A photocopy, scan or facsimile copy of this Authorization and Release be treated as though it were the original.

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**Print Name (Clearly)**

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**Social Security Number**

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**Date of Birth**

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Georgia Security and Immigration Compliance Act  
CITY OF MOULTRIE PUBLIC BENEFIT AFFIDAVIT**

By executing this affidavit under oath, as an applicant or to renew an existing account, for an Occupation Tax Certificate, Alcohol License, Taxicab License, Insurance License, or other public benefit as referenced in O.C.G.A. Section 50-36-1 (e)(2), I am stating the following for:

\_\_\_\_\_ that  
(Name of Applicant! Business! Corporation! Partnership or Private Entity)

- 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 Nationally Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.\*

\*If you are a legal permanent resident, qualified alien, or non-immigrant, submit a legible copy of your documentation and an approved photo identification such as: your drivers' license.

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.

The secure and verifiable document(s) 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).

\_\_\_\_\_  
Printed Name Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Alien Registration Number for Non-Citizens\*

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires  
\_\_\_\_\_

## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency 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 agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI 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 agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency 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 state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or 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 GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

## PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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APPLICANT SIGNATURE

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DATE

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NOTARY SIGNATURE

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DATE

Date Submitted \_\_\_\_\_

SECTION VII—MANAGER ACTION

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Other Action \_\_\_\_\_

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Date