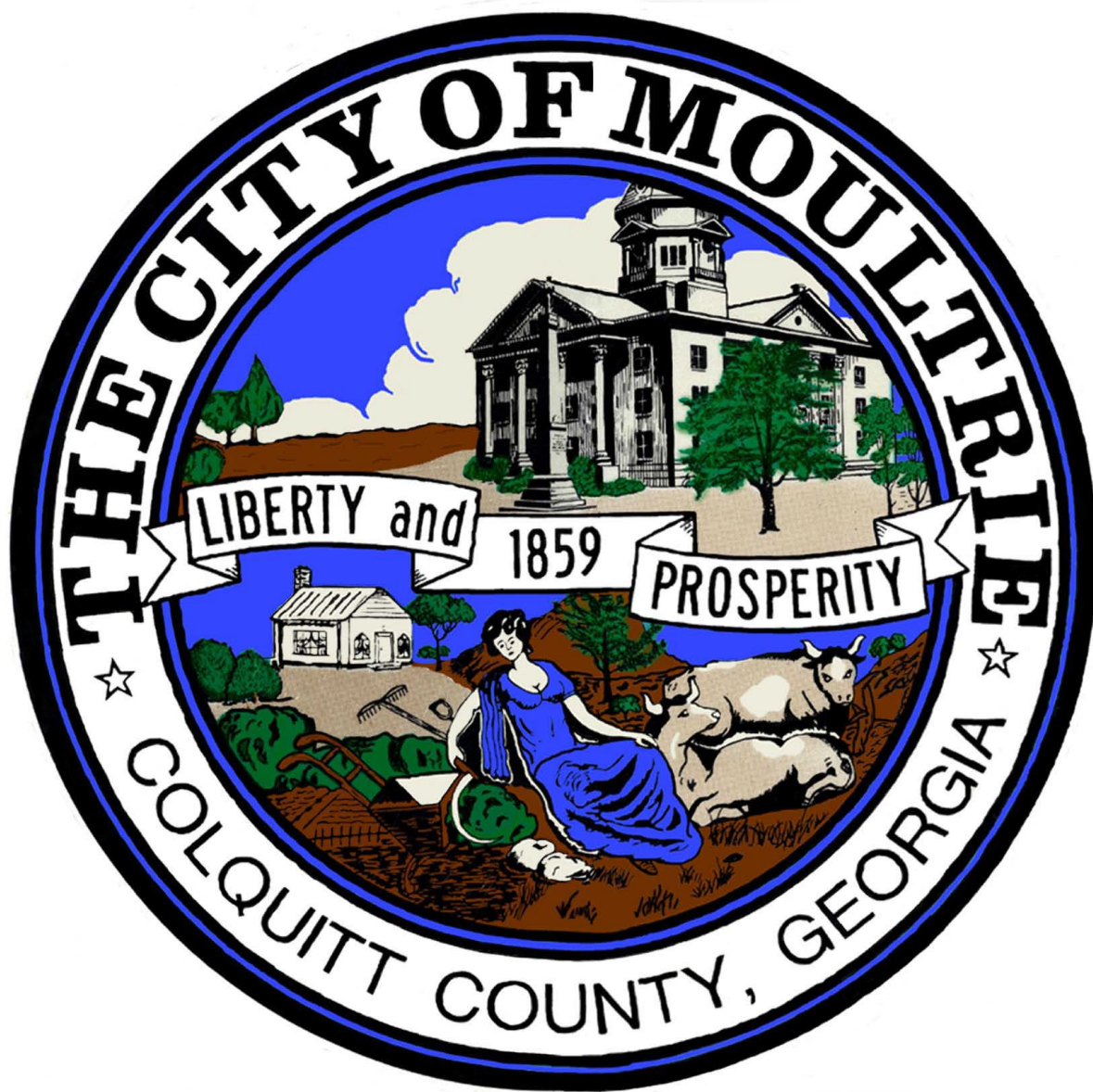


CITY OF MOULTRIE

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: **Application Exhibits (must be returned with completed, signed application)**

- 1) **Certificate from registered surveyor regarding distance requirements**
- 2) **Application fee \$200.00 and Processing Fee \$250.00**
- 3) **Completed and signed Authorization for Release of Personal Information witnessed by Notary Public**

City of Moultrie
Application for Alcohol Beverage License

BUSINESS INFORMATION APPLICATION MUST BE COMPLETED IN ITS ENTIRTY

Application Type: ☐ New ☐ Amendment ☐ Renewal

Type of License(s) applied for (Check all that apply):

- _____ Brewery
_____ On Premises Consumption of Brewed Beer
_____ On Premises Consumption of Other Beer
_____ Off Premises Consumption
- _____ Brew Pub
_____ On Premises Consumption of Brewed Beer
_____ On Premises Consumption of Other Beer
_____ Off Premises Consumption
- _____ Winery
_____ On Premises Consumption of Winer Wines
_____ On Premises Consumption of Other Wines
_____ Off Premises Consumption
- _____ Distillery
_____ On Premises Consumption of Distilled Beverages
_____ On Premises Consumption of Other Beverages
_____ Off Premise Consumption
- _____ Other Businesses
_____ Beer, Off Premises Consumption
_____ Beer, On Premises Consumption
_____ Wine, Off Premises Consumption
_____ Wine, One Premises Consumption
_____ *Liquor by the drink
_____ *Residency requirements
- _____ Packaged Liquor Sales
- _____ Wholesaler

*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.**

Type of Ownership (please mark appropriate box and fill out section a, b or c as indicated):

☐ Individual (a) ☐ Partnership (b) ☐ Limited Liability Company (b) ☐ Corporation (c)

BUSINESS INFORMATION

Name of Business: _____

Location of Business: _____
 Number Street City State Zip

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: _____

APPLICANT INFORMATION

(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)
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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:

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:

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:

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 City of Moultrie 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.

Print Name (Clearly)

Social Security Number

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.

APPLICANT SIGNATURE

DATE

NOTARY SIGNATURE

DATE

Date Submitted _____

SECTION VII—MANAGER ACTION

Approved _____

Disapproved _____

Other Action _____

City Manager

Date