



ALCOHOL LICENSE APPLICATION
CITY OF ENTERVILLE
300 EAST CHURCH STREET
CENTERVILLE, GEORGIA 31028
PHONE: (478) 953-4734 FAX: (478) 953-4797

NAME OF BUSINESS: _____

CENTERVILLE MAILING ADDRESS OF BUSINESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EXACT LOCATION OF BUSINESS: _____

CENTERVILLE PHONE #: _____ STATE TAX ID#: _____

NAME OF LICENSEE: _____ DOB: _____

HOME/BUSINESS ADDRESS OF LICENSEE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

IF A PARTNERSHIP, GIVE THE NAMES, HOME ADDRESSES, BIRTHDATES, AND SSN OF EACH PARTNER:

| NAME | ADDRESS | BIRTHDATE | SSN |
|------|---------|-----------|-----|
| | | | |
| | | | |
| | | | |

IF A CORPORATION (FOR CORRESPONDENCE AND COMPLIANCE WITH LOCAL ORDINANCE):

CORPORATION NAME: _____

CORPORATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CENTERVILLE PHONE #: _____ FEDERAL TAX ID#: _____

DATE INCORPORATED: _____

DESIGNATED COUNTY AGENT: _____

If the applicant is applying on behalf of a non-profit organization, as recognized by the Internal Revenue Service, state the following:

NAME OF BUSINESS: _____

WHEN AND WHERE CHARTED: _____

APPLICANTS OFFICE AND DUTIES IN SAID ORGANIZATION: _____

STATE EMPLOYER ID#: _____

HAS A FEDERAL TAX FORM 990 BEEN FILED FOR SAID ORGANIZATION FOR PREVIOUS YEARS?

_____ YES

_____ NO

LICENSE INFORMATION

TYPE OF LICENSE: _____ RETAIN _____ CONSUMPTION _____ LIQUOR

_____ OTHER (SPECIFY) _____

ALCOHOL SOLD (CHECK ONE):

_____ BEER

_____ WINE

_____ LIQUOR

TYPE OF BUSINESS (CHECK ONE):

_____ PACKAGE STORE

_____ CLUB

_____ SERVICE STATION

_____ DISTILLERY

_____ TAVERN

_____ GROCERY

_____ BREWERY

_____ WINERY

_____ RESTAURANT

_____ LIQUOR STORE

_____ OTHER (SPECIFY) _____

DISTANCE FROM THE NEAREST SCHOOL GROUNDS? _____

DISTANCE FROM THE NEAREST CHURCH GROUNDS? _____

| LICENSE TYPE | LICENSE NO | TRADE NAME | LICENSES |
|--------------|------------|------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

HAVE YOU, THE LICENSEE, OR ANY OTHER PERSON HAVING ANY INTEREST IN THE BUSINESS FOR WHICH THIS APPLICATION HAS BEEN MADE, EVER BEEN DETAINED, ARRESTED, INDICTED, OR CONVICTED FOR ANY OFFENSES BY ANY STATE, COUNTY, CITY, FEDERAL OR FOREIGN OFFICER, OR ANY OTHER GOVERNMENTAL AUTHORITY.

_____ YES _____ NO

IF YES, GIVE FULL DETAILS. FAILURE TO MAKE A FULL DISCLOSURE IN RESPONSE TO THIS QUESTIONS WILL RESULT IN A DENIAL OF THE APPLICATION OR A REVOCATION OF THE LICENSE IF INFORMATION SHOULD HAVE BEEN GIVEN BUT WAS NOT, FOR ANY REASON WHATSOEVER, IS FORTHCOMING TO THE GRANTING OF THE LICENSE.

HAS A CITY LICENSE EVER BEEN ISSUES AT THIS LOCATION?

_____ YES _____ NO _____ DO NOT KNOW

IF YES, COMPLETE THE FOLLOWING INFORMATION FOR THE PREVIOUS LICENSE:

NAME OF LICENSEE: _____

SOCIAL SECURITY NO: _____ STATE TAX ID NO: _____

LEGAL BUSINESS NAME: _____

MAILING ADDRESS OF BUSINESS: _____

ALCOHOL LICENSE #: _____ YEAR: _____ DATE DISCONTINUED: _____

DO YOU OWN THE PROPERTY IN WHICH THIS BUSINESS WILL BE OPERATED?

_____ YES _____ NO

IF NO, LIST BELOW THE INFORMATION REQUESTED OF THE PROPERTY OWNER AND/OR BUILDING OWNER, IF SEPARATE. ALSO, A COPY OF THE LEASE AGREEMENT MUST BE ATTACHED:

NAME: _____ **STREET ADDRESS:** _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP CODE:** _____

MONTHLY PAYMENT: _____

HAS ANY INDIVIDUAL, FIRM PARTNERSHIP, OR CORPORATION PREVIOUSLY APPLIED FOR A LICENSE IN ALCOHOLIC BEVERAGES AND LIQUORS AT THE ADDRESS WHERE THE BUSINESS IS TO BE CONDUCTED?

_____ **YES** _____ **NO** _____ **DO NOT KNOW**

IF YES, COMPLETE THE FOLLOWING INFORMATION:

NAME: _____

DATE OF APPLICATION: _____ **DISPOSITION:** _____

LICENSE #: _____

NAME OF PERSON OR PERSONS TO BE MANAGER(S) OF OR WITH ANY CONTROL OVER DAILY AFFAIRS OF BUSINESS FOR WHICH THE APPLICATION IS FILED: STATE HOW COMPENSATED AND HOURS ON PREMISES:

NAME: _____

STREET ADDRESS: _____

SOCIAL SECURITY #: _____ **TELEPHONE #:** _____

FULLY DESCRIBE POSITION AND CONTROL: _____

PERCENT OF INTERST: _____

INFORMATION TO MEET REQUIREMENTS

- EACH BUSINESS MUST HAVE 6 INCH STREET NUMBERS ON THE BUILDING BEFORE APPROVAL
- ALL ALCOHOLIC BEVERAGES PACKAGED TO GO ESTABLISHMENTS MUST HAVE SECURITY CAMERA OR THREE OR MORE EMPLOYEES ON DUTY AT ALL TIMES .
- PRIOR TO OPENINGS, SECURITY CAMERA AND LENS OF A TYPE, NUMBER AND LOCATION MUST BE APPROVED BY THE POLICE CHIEF, OR HIS/HER DESIGNEEE.
- COPY OF STATE APPLICATION AND LEASE OR DEED OF PROPERTY MUST BE ATTACHED

I DECLARE UNDER PENALTY OF PERJURY THAT THIS STATEMENT HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT, AND COMPLETE. I FURTHER ACKNOWLEDGE THAT ANY FALSE INFORMATION CONTAINED HEREIN SHALL BE IN GROUNDS FOR REJECTION OF THE APPLICATION.

THE APPLICATION CONSENTS THAT ALL NECESSARY INVESTIGATION REPORTS ON THE APPLICATION AND ANY EMPLOYEES IN THE APPLICANT’S ESTABLISHMENT, INCLUDING BUT NOT LIMITED TO CREDIT REPORTS AND REPORTS FROM LAW ENFORCEMENT AGENCIES, MAY BE OBTAINED BY THE CITY AND THE APPLICANT WILL BE RESPONSIBLE FOR THE COSTS THEREOF. UPON REQUEST, THE APPLICANT SHALL ALSO OBTAIN THESE CONSENT FORMS FROM EACH EMPLOYEE WHO WILL BE EMPLOYED IN THE APPLICATIONS ESTBLAISHMENT. THE CITY MAY ALSO REQUIRE FINGERPRINTS AND/OR PHOGRAPHS OF THE APPLICANTS EMPLOYEES FOR THE PURPOSE OF CONDUCTING ITS INVESTIGATION.

SIGNATURE OF APPLICANT

DATE

NOTARY PUBLIC

DATE

COMMISSION ENDS: _____

**CENTERVILLE POLICE DEPARTMENT
BUSINESS EMERGENCY CALL SHEET
(478) 953-4222**

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

OWNER OF BUILDING: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

FIRST PERSON TO CALL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

SECOND PERSON TO CALL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

**PLEASE CONTACT THE OFFICE AS SOON AS POSSIBLE IF THERE ARE ANY CHANGES IN THIS INFORMATION.
THANK YOU.**

ZONING OFFICE

_____ APPROVED _____ DISAPPROVED

SIGNATURE: _____

DATE: _____

PROPERTY ZONED: _____

COMMENTS: _____

HEALTH DEPARTMENT

_____ APPROVED _____ DISAPPROVED

SIGNATURE: _____

DATE: _____

COMMENTS: _____

POLICE DEPARTMENT

_____ APPROVED _____ DISAPPROVED

SIGNATURE: _____

DATE: _____

COMMENTS: _____

FIRE DEPARTMENT

_____ APPROVED _____ DISAPPROVED

SIGNATURE: _____

DATE: _____

COMMENTS: _____

CITY CLERKS OFFICE

_____ APPROVED _____ DISAPPROVED

SIGNATURE: _____

DATE: _____

COMMENTS: _____

CITY OF CENTERVILLE ALCOHOL LICENSE

(YOUR COMPANY LETTERHEAD)

(DATE)

City Clerk's Office
City of Centerville
300 East Church Street
Centerville, GA 31028

This is a report to the City Clerk of The City of Centerville of gross sales of spirituous liquors by the drink in the City of Centerville for the month of _____, year of _____.

| | |
|--|----------|
| Gross receipts from spirituous liquors | \$ _____ |
| 3% local sales tax collected | \$ _____ |
| Less 3% collection fee in paid by the 20 th | \$ _____ |
| Total Tax Remitted | \$ _____ |

We certify, under penalty of perjury that this is true and correct report of all spirituous liquors by the drinks sold in the City of Centerville during the month shown on the report .

The above report must be received no later than the 20th day of the month following the month for which this report is made or the discount for the collections will be disallowed.

(COMPANY NAME)
(COMPANY ADDRESS)
(COMPANY PHONE NUMBER)

SIGNATURE/TITLE