



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: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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.

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HAS A CITY LICENSE EVER BEEN ISSUED 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 BEVEERAGES 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:** \_\_\_\_\_

## Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one:**

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 2.**

**The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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**I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_, \_\_\_\_, 201\_\_ in \_\_\_\_ (city), \_\_\_\_ (state).**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [name of government entity], 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:

**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 spiritous liquors \$\_\_\_\_\_

3% local sales tax collected \$\_\_\_\_\_

Less 3% collection fee in paid by the 20<sup>th</sup> \$\_\_\_\_\_

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 20<sup>th</sup> 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