



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.

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

_____ 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: _____

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 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

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

(B) _____ On January 1st 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

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: _____

¹ 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:



Houston County Sheriff's Office Communications Division

200 Carl Vinson Pkwy
Warner Robins, Ga 31088
(478)542-9911
Fax: 478-542-9917



Business Emergency Contact Information

Providing this information to the Houston County E-911 Center allows us to better assist you in the event of an after-hours emergency (burglary, fire, open door, etc.) If you have any questions, please contact 478-542-9911.

Business Name: _____ Business Phone Number: _____

Business Address: _____ City: _____ Zip: _____

Hours of operation: _____ Owner/Manager email: _____

In case of an after-hours emergency, Houston County 911 can contact the following:
(Please include first and last name of the contact person)

Name: _____ Home#: _____ Mobile #: _____

Name: _____ Home#: _____ Mobile #: _____

Name: _____ Home#: _____ Mobile #: _____

Additional Information:

(Any information or special instructions to better assist the Police Department, Fire Department or Emergency Medical Services in the event that there is an emergency at your business.)

AED Information:

Do you have an Automated External Defibrillator (AED) on the premises? If so, please provide the location of the AED within your business and if its available after hours.

If at any time during the year you need to make changes to this information, please contact Sheena Cannon at 478-542-9911 or email scannon@houstoncountyga.org. You may also access this form on our website www.houstoncounty911.com under the "Contact Us" tab.

Print Name

Signature

Date

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 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