



**APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF NEWNAN, GEORGIA**

INSTRUCTIONS: Please read through entire application before answering any questions. Every question must be answered fully and correctly. If the space provided is not sufficient, answer the questions on another sheet of paper and indicate that a separate sheet is attached. If a particular question does not apply, then answer "N/A" and if necessary explain why the question is not applicable to you. Do not leave any questions blank. When the form is completed, it must be dated, signed and verified under oath by the applicant applicant and submitted to the Georgia Tax Center (GTC) with all supporting documents, and submit the one-hundred dollars (\$100.00), which is nonrefundable by check, cash or online with a credit card.

New Application **Date:** _____

Amended Application (**Transfer** - Change to Owner, Change to Business Name, Change to Licensee, Change to License Representative, Change to Type of License, or Change to Location). ***Please circle the change(s) being requested.***

Name of Business: _____

Business Address: _____

Current Alcohol License # (printed on certificate): ***B-*** _____ *(required if filing Amended Application or Adding Brewpub or Growler's license).*

1. Type of establishment: (Check one)

| | | |
|------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail Package Sales | <input type="checkbox"/> Microbrewery (Distillery; Beer; |
| <input type="checkbox"/> Special Permit Location Only (No Sales) | | Wine) |

2. Type of License or change applied for: (Check all that apply)

| | |
|------------------------------------------------------------------------------------------------|---------|
| <input type="checkbox"/> Retail consumption dealer on distilled spirits, malt beverages & wine | \$2,500 |
| <input type="checkbox"/> Microbrewery (Beer) | \$1,000 |
| <input type="checkbox"/> Manufacture (Wine) | \$1,000 |
| <input type="checkbox"/> Distillery (Distilled Spirits) | \$1,000 |
| <input type="checkbox"/> Manufacture (Distilled Spirits, Beer and Wine) | \$1,500 |
| <input type="checkbox"/> Retail consumption dealer (malt beverages only) | \$ 250 |
| <input type="checkbox"/> Retail consumption dealer (wine only) | \$ 250 |
| <input type="checkbox"/> Retail consumption dealer (malt beverage & wine) | \$ 500 |
| <input type="checkbox"/> Add Brewpub License (On-Premise only) | \$1,500 |
| <input type="checkbox"/> Retail package dealer (malt beverage only) | \$ 250 |
| <input type="checkbox"/> Retail package dealer (wine only) | \$ 250 |
| <input type="checkbox"/> Retail package dealer (malt beverage & wine) | \$ 500 |
| <input type="checkbox"/> Add Growler's License (Off-Premise only) | \$1,500 |
| <input type="checkbox"/> Wholesale dealer (distilled spirits) | \$ 100 |
| <input type="checkbox"/> Wholesale dealer (malt beverages) | \$ 100 |
| <input type="checkbox"/> Wholesale dealer (wine) | \$ 100 |
| <input type="checkbox"/> Special Permit Location (No Sales of Alcohol) | \$ 150 |
| <input type="checkbox"/> Amended Application (transfers, changes) | \$ 100 |

3. As required by Section 3-33 of the Alcoholic Beverage License Ordinance of the City of Newnan, please check off and include the following items with this application. ***If not applicable, please indicate. Incomplete applications cannot be processed.***

- a. A completed State of Georgia Department of Alcohol Unit form ATT-17 (*new business applications or owner changes only*).
- b. A certificate from a registered land surveyor, licensed to do business in the State of Georgia, showing a scale drawing of proposed location and the shortest straight line distance from the proposed licensed premises to the property line of any residence, church building, alcoholic treatment center, school building, educational building, school, college building or college campus located within a radius of 100 feet, 200 feet, and 300 feet (*new business applications or location changes only*).
- c. An affidavit of each person whose name appears on an application for a license swearing that said person has not within 5 years prior to the date of application been convicted or nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or a misdemeanor or a crime opposed to decency and morality. (Does not include the registered agent for service of a corporation, or LLC unless such person is a covered stockholder, member, partner, limited partner, licensee or license representative).
- d. A copy of a deed showing the applicant to be the owner of the premises for which the license is sought or a copy of a lease showing any interest the owner of the premises has in the business for which the license is sought (*new business applications, owner change or change to location only*).
- e. Application processing fee of one-hundred dollars (\$100.00), which is Non-Refundable.
- f. Consent form releasing driver history and criminal background history of each person listed herein and proof of U.S. Citizenship or alien status. Blank copy of forms included in application – pages 10 and 11 – **Make copies as needed prior to completing.**
- g. 5-Year driver history which can be obtained from the Georgia

State Patrol Office.

- h. For those applicants, who, within the last five-year period, have resided or do reside in a state other than Georgia, the applicant must furnish a certified copy of a driver history and criminal background history from the state or state in which he/she has resided or resides to the Chief of Police of Newnan.
- i. If the same person is serving as the licensee and the license representative, he/she shall submit an affidavit certifying that he/she is at least twenty-one (21) years of age, a manager of the business. Form included in application. Form included in this application – Page 12.
- j. If the licensee is not also serving as the license representative, an affidavit from the license representative certifying that he/she is at least twenty-one (21) years of age, a manager of the business. Form included in this application – Page 12.
- k. A copy of the applicable Coweta County Health Department Food Service Permit and/or any other state or federal permits, etc. required for a food service establishment.

4. Type of ownership: *(Select only one and complete only that section indicated on the following two pages).*

- Individual
- Partnership
- Close Corporation
- Corporation
- Limited Liability (LLC)
- Limited Partnership

Individual: Full name and legal residence of owner:

NAME _____

SOCIAL SECURITY # _____

STREET ADDRESS _____

MAILING ADDRESS (If different) _____

CITY, STATE, ZIP CODE _____

CITY, STATE, ZIP CODE _____

Is this individual a U.S. Citizen? _____

If not give permanent alien registration No. _____ and attach copy of green card.

Partnership: Partnership name _____
Name, address & social security number of general partner(s):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name, social security number, percent interest and legal address of all partners:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Are all of the partners U.S. Citizens? _____

If not, give permanent alien registration No. _____ and attach copy of green card.

Phone: _____

Fax: _____

For Close Corporation, Corporation, Limited Liability Company or Limited Partnership, please complete the following section. ***Please circle the applicable company type.***

Business Name/EIN # _____

STREET ADDRESS MAILING ADDRESS (IF DIFFERENT)

CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

TELEPHONE NUMBER EMAIL ADDRESS

Name of registered agent of service of process for the business:

NAME TELEPHONE NUMBER

STREET ADDRESS MAILING ADDRESS (IF DIFFERENT)

CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

Name, social security number, percent interest and legal address of all stockholders or members owning 5% or more of the company and EIN# _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Are all of these stockholders U.S. Citizens? _____

If not, give permanent alien registration No. _____ and attach copy of green card.

5. **Licensee:**

| | |
|--------------------------------|-----------------------------------------|
| _____ NAME | _____ TELEPHONE/EMAIL ADDRESS |
| _____ STREET ADDRESS | _____ MAILING ADDRESS (IF DIFFERENT) |
| _____ CITY, STATE, ZIP CODE | _____ CITY, STATE, ZIP CODE |

Is the licensee a U.S. Citizen? _____

If not, give licensee permanent alien registration no. _____ and attach copy of green card.

6. **License Representative:** (If required)

| | |
|--------------------------------|-----------------------------------------|
| _____ NAME | _____ TELEPHONE/EMAIL ADDRESS |
| _____ STREET ADDRESS | _____ MAILING ADDRESS (IF DIFFERENT) |
| _____ CITY, STATE, ZIP CODE | _____ CITY, STATE, ZIP CODE |

Is the license representative a U.S. Citizen? _____

If not, give license representative permanent alien registration no. _____ and attach copy of green card.

7. a. Is the above address the licensee's legal and bona fide place of domicile?

Yes No

b. Is the above address the license representative's legal and bona fide place of domicile? Yes No

8. Name and Location of business for which application is made:

NAME OF BUSINESS (As it should appear on License)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE/EMAIL ADDRESS



VERIFICATION OF LICENSEE

State of Georgia, _____ County.

I, _____, Licensee, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

APPLICANTS/LICENSEE SIGNATURE (FULL NAME IN INK)

I hereby certify that _____ signed his/her name to the foregoing application after
(Full name of Applicant/Licensee)
stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20 _____.

NOTARY PUBLIC

(AFFIX SEAL)



VERIFICATION OF LICENSE REPRESENTATIVE (Only complete if Lic. Rep. is required)

State of Georgia, _____ County.

I, _____, License Representative, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

LICENSE REPRESENTATIVE (FULL NAME IN INK)

I hereby certify that _____ signed his/her name to the foregoing application after
(Full name of License Representative)
stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20 _____.

NOTARY PUBLIC

(AFFIX SEAL)



AFFIDAVIT FOR AUTHORIZATION OF TRANSFER ⁽¹⁾

State of Georgia, _____ County

I, _____, current Licensee, do hereby agree to surrender all rights to the Alcohol License for the location named on page seven (7) in this application and agree to a complete transfer of said license.

Current Licensee

I hereby certify that _____ (full name of Licensee) signed his/her name to this affidavit after stating to me that he/she knew and understood the statement made herein, and, under oath actually administered by me, has sworn that said statement is true and he/she is in full agreement.

This _____ day of _____, 20 _____.

NOTARY PUBLIC

(AFFIX SEAL)

****IMPORTANT****

⁽¹⁾ The original Alcohol License must be submitted with this application packet. This form is only completed if an Amended Application is being submitted for a transfer of Licensee for the business.



NEWNAN POLICE DEPARTMENT

CRIMINAL HISTORY REQUEST FORM

NEWNAN
GEORGIA

___ (E) Alcohol Permit/License

I hereby authorize **Newnan Police Department** to conduct an inquiry for the purpose listed above.

Chief Brent Blankenship is authorized to receive any Georgia criminal history information as authorized by state or federal law.

This authorization is valid once within the 365 days from the date signed below for this purpose only.

ALL FIELDS MUST BE COMPLETED

Print Full Name: _____ **DOB:** _____

Any Aliases, maiden, or other names you may have used: _____

Address: _____

Sex: Male Female **Race:** _____ **Social Security Number:** _____

Signature **Date**

AGENCY USE ONLY

The inquiry resulted in the following: (check all that apply)

| | |
|--------------------------|--------------------------------------------------------|
| <input type="checkbox"/> | No Criminal Record Available |
| <input type="checkbox"/> | Criminal Record (Attached/Released) |
| <input type="checkbox"/> | No NCIC/GCIC Warrant |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant (List wanting agency below) |

Wanting Agency Name: _____

Wanting Agency Phone number: _____

Agency Designee Signature and Title **Date/Time**



**CITY OF NEWNAN, GEORGIA
AFFIDAVIT**

5 YEAR BACKGROUND HISTORY

(Please make copies of blank form – one required for each person named in the application, including the Licensee and License Rep)

I, _____, do hereby swear that I have not, within 5 years prior to the date of this application, been convicted of nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs, including the offense of driving a motor vehicle under the influence of alcohol or drugs, have not entered a guilty plea, or been convicted of a felony or a misdemeanor of a crime opposed to decency and morality.

Applicants Signature

VERIFICATION

State of Georgia, _____ County

I, _____, do hereby swear, subject to criminal penalties for false swearing, that the statements made by me in this affidavit are true.

Applicants Signature (Full Name in Ink)

I hereby certify that _____ signed his/her name to the foregoing affidavit after stating to me that he/she knew and understood all statements made therein, and under oath actually administered by me, has sworn that said statements are true.

This _____ day of _____, 20_____.

(Notary Public)

(Affix Seal)



CITY OF NEWNAN
AFFIDAVIT OF LICENSEE/LICENSE REPRESENTATIVE
(Required for On-Premise Consumption Only)

COWETA COUNTY
STATE OF GEORGIA

The undersigned Licensee hereby certifies that he/she (is not) (is) serving as Licensee and License Representative of _____; that he/she is at least twenty-one (21) years of age, (is not) (is) a manager of the business. (Select "is" or "is not" for each of the above concerning the Licensee)

Licensee

Sworn to and subscribed before me,
this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires on_____.
(Affix Seal)

(Only complete the section below only if the Licensee cannot answer "is" to all the questions above):

The undersigned License Representative hereby certifies that he/she is serving as the License Representative of _____; that he/she is a least twenty-one (21) years of age, is a manager of the business.

License Representative

Sworn to and subscribed before me,
this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires on_____.
(Affix Seal)

