

APPLICATION FOR ALCOHOLIC BEVERAGES

INSTRUCTIONS: THIS APPLICATION MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE ANSWERED COMPLETELY. (If the space provided is not sufficient, answer on a separate sheet and indicate in the space if a separate sheet is attached).

Business Legal Name:_____ **Trade Name:**_____

TYPE OF LICENSE: (check one) ☐ New License ☐ New Ownership

ADMINISTRATIVE FEE: \$250.00 – ALL NEW APPLICANTS AND RENEWALS (if licensee has changed).

TYPE OF BUSINESS (check all that apply):

- | | |
|---|--|
| ☐ Restaurant | ☐ Convenience Store |
| ☐ Lodging | ☐ Retail Shop |
| ☐ Wholesale | ☐ Special Events Facility |
| ☐ Super Market/Grocery Store | ☐ Other |

Will your establishment provide “live” entertainment? ☐ Yes ☐ No

If yes, please explain: _____

TYPE OF LICENSE AND FEES (check all that apply):

Manufacturer \$500

Malt Beverage Consumption on Premise \$400

Distribution of Wine \$1,000

Wine Consumption on Premise \$400

Ancillary Wine Tasting \$150

Malt Beverage Package Sales \$500

Wine Package Sales \$500

Growler Shop for Off Premise Consumption \$150

Town of Tallulah Falls – Alcohol License Application

BUSINESS INFORMATION:

Business name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

TYPE OF OWNERSHIP

☐ Sole Ownership

☐ Privately Held Corporation

☐ Partnership

☐ Public Held Corporation

☐ Public Held Corporation
Subject to S.E.C. Regulations

☐ Other

OWNER (1) INFORMATION:

Owner Name: _____ Length of Residency _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

IF BUSINESS HAS MORE THAN ONE OWNER, PLEASE COMPLETE THE FOLLOWING:

OWNER (2) INFORMATION:

Owner Name: _____ Length of Residency: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

OWNER (3) INFORMATION:

Owner Name: _____ Length of Residency: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

PLEASE COMPLETE FOR EACH MANAGER FOR YOUR BUSINESS:

MANAGER (1) INFORMATION:

Manager Name: _____ Length of Residency: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

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MANAGER (2) INFORMATION:

Manager Name: _____ Length of Residency: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

MANAGER (3) INFORMATION:

Manager Name: _____ Length of Residency: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

REGISTERED AGENT (MUST BE A RESIDENT OF RABUN OR HABERSHAM COUNTY)

Full Name: _____ Length of Residency: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Partners or LLC members having any financial interest shall list the names, addresses and ownership interest of each:

- Full Legal Name_____ % Interest_____
Home Address_____ Home Phone_____
City_____ State_____ Zip Code_____
Age_____ Length of Residency_____
- Full Legal Name_____ % Interest_____
Home Address_____ Home Phone_____
City_____ State_____ Zip Code_____
Age_____ Length of Residency_____
- Full Legal Name_____ % Interest_____
Home Address_____ Home Phone_____
City_____ State_____ Zip Code_____
Age_____ Length of Residency_____

c) For Corporation:

Name of Corporation_____
(Name must be shown exactly as in Articles of Incorporation or Charter)

Date of Incorporation_____ Place of Incorporation_____

Address_____ Phone_____

City_____ State_____ Zip Code_____

Officers:

- Full Legal Name_____
% Stock Owned_____ Office Held_____
Home Address_____ Phone_____
City_____ State_____ Zip Code_____
Age_____ Length of Residency_____
- Full Legal Name_____

% Stock Owned_____Office Held_____

Home Address_____Phone_____

City_____State_____Zip Code_____

Age_____Length of Residency_____

➤ Full Legal Name_____

% Stock Owned_____Office Held_____

Home Address_____Phone_____

City_____State_____Zip Code_____

Age_____Length of Residency_____

Property:

(Evidence of ownership of the building or proposed building must be attached to application. If property is leased, you must attach copy of lease or if a franchise, attach copy of franchise agreement or contract.)

Owner of the property (land and building) where the business will be located:

Name_____

Address_____

City_____State_____Zip Code_____

Is the space where the business is to be located rented or leased? ☐ Yes ☐ No

If yes, please state name of landlord or lessor and address:

Name_____Address_____

City_____State_____Zip Code_____

If the space is rented or leased, is the rent for the premises to be paid to the landlord or lessor on a percentage of the business or contingent upon the amount of business done? ☐ Yes ☐ No

Names and addresses of all entities having any whole, partial, beneficial or other interest in and to the land and building on and in which the store is located:

Name_____Address_____

City_____State_____Zip Code_____

Name_____Address_____

City_____State_____Zip Code_____

(Attach additional pages if necessary)

Is the building within the city limits of Tallulah Falls, Georgia? ☐ Yes ☐ No

Silent, undisclosed partners or joint venturers:

Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venture; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firms, companies, corporations or others?

☐ Yes ☐ No If yes, please state name of person or other entity with address and amount of percentage of profits and receipts to be split:

Name _____ Address _____

% _____ City _____ State _____ Zip Code _____

Residency/Age Requirement:

Is the Applicant and Managing Agent at least 21 years of age or older?

☐ Yes ☐ No

Is the Applicant:
(check one):

- ☐ A United States citizen
☐ A legal permanent resident
☐ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

Is the Managing Agent:
(check one)

- ☐ A United States citizen
☐ A legal permanent resident
☐ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

Disclosure of previous denials:

Is there any person, managing agent, registered agent, or anyone holding any financial interest in this business who has at any previous time applied for a beer, wine, and/or liquor license from the Town of Tallulah Falls or any other City or County in the State of Georgia or other state or political subdivision?

☐ Yes ☐ No If yes, please give full details of disposition on separate sheet.

Is there any person, managing agent, registered agent, or anyone holding any financial interest in this business who has had an alcoholic beverage license revoked or suspended by or to any federal, state or local authority?

☐ Yes ☐ No If yes, please give full details of disposition on separate sheet.

Disclosure of licenses held:

Is there any person, managing agent, registered agent, or anyone with a financial interest in this business who holds another alcohol license in any retail category or any license under any wholesale category? ☐ Yes ☐ No If yes, please give full details on separate sheet.

14. Disclosure of felony/other convictions or offenses:

Is there any person, managing agent, registered agent, or anyone with a financial interest in this business who:

- Has ever been convicted under any federal, state or local law of a crime, other than for traffic violations? Yes ☐ No ☐

If yes, please give full details (include separate sheet of paper if needed) including dates, charges and disposition.

- Who has remaining any delinquent ad valorem taxes due the Town of Tallulah Falls or has any outstanding utility bills, fines, assessments, liens, fi fas, penalties, or judgments due to the Town of Tallulah Falls or is currently in any violation of any Town of Tallulah Falls ordinance or resolution?

☐ Yes ☐ No If yes, please give full details on separate sheet.

All of the foregoing information is hereby given and all of the foregoing statements are hereby made under oath, willfully, knowingly and absolutely, and the same is and are hereby sworn to be true under penalty for false swearing as provide by law.

Sworn to and subscribed before me,

This __day of _____, 20__.

Notary Public

My Commission Expires

Applicant Signature

Printed Name of Applicant

Title of Applicant

NOTE:

- **This application will not be accepted until it is completed with all required attachments.**
- **This written application for the license shall be a permanent record which the licensee must maintain current as required by the Town of Tallulah Falls Alcohol Ordinance. Failure to maintain a current application shall be grounds for revocation of the license.**
- **If the applicant is denied a City or a state license, the deposit representing the initial license fee shall be refunded, but the cost paid for the application, investigation and administrative cost shall be retained.**

- There shall be an annual license fee for each license payable in advance for the entire year, beginning January 1 and ending December 31, of each year.
- In the event a license is revoked, surrendered or suspended, there shall be no refund whatsoever.

FOR OFFICIAL USE ONLY:

CLERK REVIEW:

Date

APPLICANT HAS OBTAINED ALL NECESSARY
PERMITS

City Clerk

FOR OFFICIAL USE ONLY:

CRIMINAL BACKGROUND REVIEW:

Date

APPLICANT HAS COMPLETED ALL
REQUIREMENTS FOR FEDERAL AND
STATE BACKGROUND CHECK AND RESULTS
COMPLY WITH THE ORDINANCE
REQUIREMENTS

Town of Tallulah Falls – Alcohol License Application

CLASSIFIED ADVERTISEMENTS

Attn: The Clayton Tribune

Email: admin@theclaytontribune.com

Attn: The Northeast Georgian

Email: legals@thenortheastgeorgian.com

An application for alcoholic beverage permit to serve beer and wine has been filed with the Town of Tallulah Falls by the following party at the following location, to wit:

Applicant/Owner: _____
Managing Agent: _____
Business Name: _____
Location: _____
Date app submitted to Town of Tallulah Falls: _____

Said notice shall contain a complete description of the location of the proposed business and shall give the name of the applicant and if a partnership, the names of the partners, whether limited or general, and if a corporation, the names of the officers and all stockholders having more than ten (10) percent interest. The advertisement shall contain the following additional statement:

☐ **Please check if ad is for consumption on premises**

"AN APPLICATION HAS BEEN FILED ON _____ WITH THE CLERK OF THE TOWN OF TALLULAH FALLS FOR A LICENSE TO SELL ALCOHOLIC BEVERAGES FOR CONSUMPTION ON THE PREMISES AT THE ABOVE LOCATION. A DECISION ON WHETHER OR NOT TO GRANT OR DENY SUCH LICENSE WILL BE MADE BY THE TOWN COUNCIL AT THE REGULAR MEETING OF THE TOWN COUNCIL ON _____. MEMBERS OF THE PUBLIC ARE INVITED TO NOTE ANY OBJECTIONS, IN WRITING, THAT THEY MAY HAVE TO THE GRANTING OF SUCH A LICENSE BY FILING SAID WRITTEN OBJECTIONS WITH THE CLERK OF THE TOWN OF TALLULAH FALLS."

☐ **Please check if ad is for manufacturing or distribution**

"AN APPLICATION HAS BEEN FILED ON _____ WITH THE CLERK OF THE TOWN OF TALLULAH FALLS FOR A LICENSE TO MANUFACTURE ALCOHOLIC BEVERAGES ON THE PREMISES AT THE ABOVE LOCATION. A DECISION ON WHETHER OR NOT TO GRANT OR DENY SUCH LICENSE WILL BE MADE BY THE TOWN COUNCIL AT THEIR REGULAR MEETING ON _____. MEMBERS OF THE PUBLIC ARE INVITED TO NOTE ANY OBJECTIONS, IN WRITING, THAT THEY MAY HAVE TO THE GRANTING OF SUCH A LICENSE BY FILING SAID WRITTEN OBJECTIONS WITH THE CLERK OF THE TOWN OF TALLULAH FALLS."

"AN APPLICATION HAS BEEN FILED ON _____ WITH THE CLERK OF THE TOWN OF TALLULAH FALLS FOR A LICENSE TO DISTRIBUTE WINE TO OTHER IMPORTERS OR WHOLESALE DEALERS AT THE ABOVE LOCATION. A DECISION ON WHETHER OR NOT TO GRANT OR DENY SUCH LICENSE WILL BE MADE BY THE TOWN COUNCIL AT THEIR REGULAR MEETING ON _____. MEMBERS OF THE PUBLIC ARE INVITED TO NOTE ANY OBJECTIONS, IN WRITING, THAT THEY MAY HAVE TO THE GRANTING OF SUCH A LICENSE BY FILING SAID WRITTEN OBJECTIONS WITH THE CLERK OF THE TOWN OF TALLULAH FALLS."

AD TO RUN IN THE CLAYTON TRIBUNE AND THE NORTHEAST GEORGIAN EACH FOR FOUR DIFFERENT DAYS PRIOR TO THE MEETING OF THE COUNCIL WHEN THE APPLICATION WILL BE CONSIDERED.

Public Benefits Affidavit

Note: Georgia Law requires that the cities and counties in the State of Georgia obtain an affidavit regarding the subjects indicated herein from any person who wishes to apply for a "Public Benefit" as that term is defined by Georgia Law.

1. I am over the age of 18, of sound mind, and am competent to make this Affidavit.
2. I am executing this affidavit under oath, as an applicant for a City of Cumming, Georgia, Public Benefit. Public Benefits include Retirement Benefits, Health Benefits, Disability Benefits, Business Licenses, Occupation Tax Certificates, Alcohol Licenses, Vehicle for Hire Permits, Contracts, or other Public Benefits as referenced and defined O.C.G.A. Section 50-36-1.
3. I make this affidavit as part of my application for a Town of Tallulah Falls, Public Benefit for (circle one) MYSELF or _____ (name of the entity for which the benefit is sought).
4. With respect to my presence in the United States, I state as follows:
 - a. _____ I am a United States citizenOR
 - b. _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act lawfully present in the United States. I have provided my Alien Registration Number or, in the event I do not have an Alien Registration Number, I have provided another identifying number below.*
5. 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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant
Printed Name:

Date

Printed Name of Applicant

Alien Registration or Other
Identifying Number for Non-Citizens

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20__.

Notary Public
My Commission Expires:

*Note O.C.G.A. 50-36- 1(c)(2) requires that aliens under the federal Immigration and Nationality Act, Title S U.S.C. as amended, provides their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number.

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 \(http://gbi.georgia.gov/obtaining-criminal-history-record-information\)](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, palm prints, photos or future biometrics as associated with the fingerprint collection 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/biometric repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints, palm prints, photos or future biometrics as associated with the fingerprint collection 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, palm prints, photos or future biometrics as associated with the fingerprint collection 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 Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date