

RACE:____SEX:____BIRTHDATE:_____SOCIAL SECURITY #____-____-_____

11. IF APPLICANT IS A PATNERSHIP:

FULL NAME:_____

HOME ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

MAILING ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

RACE:____SEX____BIRTHDATE:_____SOCIAL SECURITY #____-____-_____

FULL NAME:_____

HOME ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

MAILING ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

RACE:____SEX:____BIRTHDATE:_____SOCIAL SECURITY #____-____-_____

FULL NAME:_____

HOME ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

MAILING ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

RACE:____SEX:____BIRTHDATE:_____SOCIAL SECURITY #____-____-_____

CORPORATION STOCKHOLDERS: All corporate applicants who are corporations having ten (10) or less stockholders shall list the names and addresses of all stockholders and the percentage of stock owned by each. If a named stockholder therein is another corporation, the same information shall be given for the stockholding corporation. If, during the life of the license, the identity of the stockholders or their percentage of ownership should change, that information shall be sent to the Finance Department.

12. IF APPLICANT IS A CORPORATION:

(a) NAME OF CORPORATION:_____

HOME OFFICE:_____

MAILING ADDRESS IF DIFFERENT:_____

13. OFFICERS:

FULL NAME:_____

ADDRESS:_____

SOCIAL SECURITY # _____ - _____ - _____ BIRTHDAY _____ RACE _____ SEX _____

% STOCK OWNED _____ OFFICE HELD _____

FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____ BIRTHDAY _____ RACE _____ SEX _____

% STOCK OWNED _____ OFFICE HELD _____

FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____ BIRTHDAY _____ RACE _____ SEX _____

% STOCK OWNED _____ OFFICE HELD _____

FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____ BIRTHDAY _____ RACE _____ SEX _____

% STOCK OWNED _____ OFFICE HELD _____

(Attach additional pages if necessary)

14. STOCKHOLDERS (If different from officer names)

FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____ RACE _____ SEX _____

% STOCK OWNED _____ BIRTHDATE _____

FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____ RACE _____ SEX _____

% STOCK OWNED _____ BIRTHDATE _____

FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____ RACE _____ SEX _____

% STOCK OWNED _____ BIRTHDATE _____

(Attach additional pages if necessary)

15. TRUSTEES:

FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____ BIRTHDATE _____

% STOCK OWNED _____ RACE _____ SEX _____

FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____ BIRTHDATE _____

% STOCK OWNED _____ RACE _____ SEX _____

FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____ BIRTHDATE _____

% STOCK OWNED _____ RACE _____ SEX _____

(Attach additional pages if necessary)

16. If there is any individual or officer, who has resided at this current address less than five (5) years, complete the information below.

FULL NAME: _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

FULL NAME: _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

FULL NAME: _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

PREVIOUS ADDRESS: _____ FROM _____ TO _____

(Attach additional pages if necessary)

17. State name and address of owner of the property (land and Building) where the business will be located.

18. Is the property where the business is to be located rented or leased? If yes, state name of lessor or landlord and address.

Answer: Yes _____ No _____

19. Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venturer; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firm, company corporation, or other?

If yes, give name of person or firm and address and amount of percentage of profits and receipts to be split.

Answer: Yes _____ No _____

20. Is there anyone connected with the business that is not a legal resident of the United States and at least twenty-one (21) years of age?

Answer: Yes _____ No _____ If yes, give full details on separate sheet.

21. Have you ever been convicted of a felony or a crime involving moral turpitude, or convicted of three (3) violations of the ordinances of the City or County governing alcoholic beverages licensed hereunder within a five year period, or the violation of any state laws or federal laws pertaining to the manufacture, possession, transportation or sale of malt beverages, wine or intoxicating liquors, or the taxability thereof, all within the last five (5) years immediately prior to the filing of the licensee's application with the Director of Planning, or his designated representative?

Answer: Yes _____ No _____ If yes, give full details on separate sheet, including dates, charges, and disposition.

22. Is there anyone connected with this business that has applied for a beer, wine and/or liquor license from Barrow County or other City or County in the state of Georgia, or other state or political subdivision and been denied such?

Answer: Yes _____ No _____ If yes, give full details on separate sheet.

23. Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category?

Answer: Yes _____ No _____ If yes, give full details on separate sheet.

24. Is there anyone connected with this business that has been convicted of a felony or a crime involving moral turpitude or Convicted of violation(s) of the Barrow County ordinances governing alcoholic beverages licensed hereunder within the last five (5) year period, or been convicted for a violation of any state or federal laws pertaining to the manufacture, possession, transportation or sale of malt beverage, wine or intoxicating liquors or the taxability thereof within the last five (5) years immediately prior to the filing of said application?

Answer: Yes _____ No _____ If yes, give full details on a separate sheet.

25. Is there anyone connected with this business that has been convicted for selling alcohol to an under-age person within the last three (3) year period?

Answer: Yes _____ No _____ If yes, give full details on separate sheet.

26. Is there anyone connected with this business that is an official or public employee of Barrow County, any State or Federal Agency and whose duties include the regulation or policing of alcoholic beverages of licenses, or any tax collecting activity?

Answer: Yes_____ No_____ If yes, give full details on separate sheet.

27. Have you or the applicant had any vehicles, trailers, or property belonging to you or the company in which you or any of such persons have or had an interest in ever been seized, condemned or forfeited as contraband by the State of Georgia or United States for the reason the same was being used or intended for use in criminal activities?

Answer: Yes_____ No_____ If yes, give full details on separate sheet.

28. Will adult entertainment be a part of the business operations?

Answer: Yes_____ No_____ If yes, Barrow Adult Entertainment Ordinance prohibits the sale of alcoholic beverages in Adult Entertainment Establishments.

CALCULATION OF BASIC LICENSE FEE

FOR CALENDAR YEAR _____

<u>CLASSIFICATION</u>	(Check All That Apply)	<u>LICENSE FEE</u>
Class A Retail Liquor Package Store	()	2000.00
Class B Retail Package Beer	()	500.00
Class B Retail Package Wine	()	450.00
Class C Retail Beer by the Drink	()	500.00
Class C Retail Wine by the Drink	()	500.00
Class D Retail Liquor by the Drink	()	3000.00
Class E Wholesale Liquor	()	4000.00
Class F Wholesale Beer	()	500.00
Class G Alcoholic Beverage Caterer (must also have Class A,B,C or D license)	()	500.00
Class H Brewer – Malt Beverages Only	()	500.00
Class I Brew Pub Operator	()	500.00
Class J Vintner, Manufacturer of Wine	()	1000.00
Class K Manufacturer, Distiller, Rectifier or Blender of Distilled Spirits	()	3000.00
_____ Sunday Sales 500.00 (must also have C or D License)		

Georgia Law (O.C.G.A. Section 3-3-7) states:

“The sale of alcoholic beverages is lawful for consumption on the premises on Sundays from 12:30 p.m. until 12:00 midnight in any licensed establishment derives at least 50 percent of its total annual gross sales from the sale of prepared meals or food in all the combined retail outlets of the individual establishment where food is served and in any licensed establishment which derives at least 50 percent of its total annual gross income from rental of rooms for overnight lodging.”

By submitting this application for a Sunday Sales Permit, the applicant certifies that their business establishment will operate in compliance with the “The Gross Sales” provisions of Georgia Law and Barrow County Ordinance as cited above for the calendar year licensed. Sunday sales permit holders are subject to audit for compliance with State Law. Each establishment is encouraged to maintain financial records on food sales and alcohol sales by separate business location to demonstrate compliance with State Law.

TOTAL ANNUAL LICENSE FEE: \$ _____

PARTIAL YEAR CALCULATION IF APPLICABLE: \$ _____