

CHEROKEE COUNTY ALCOHOLIC BEVERAGE LICENSE

Date Received: _____

License Number: _____

DEVELOPMENT SERVICE CENTER

1130 Bluffs Parkway
Canton, GA 30114

Phone: 770-721-7810

Email:

dsc@cherokeecountyga.gov

Visit our website

www.cherokeecountyga.gov

for more information

Fees

- | | |
|-------------------------------|---|
| ♦ Application fee - \$500.00 | ♦ Sunday Sales Permit (on premise) - \$500.00 |
| ♦ Beer License - \$1,000.00 | ♦ Sunday Sales Permit (off premise) - \$250 |
| ♦ Wine License - \$1,000.00 | ♦ Ancillary Wine Tasting License - \$100.00 |
| ♦ Liquor License - \$5,000.00 | ♦ Manager's Permit - \$100.00 |
| | ♦ Fingerprinting/background check - \$50.00 |

INSTRUCTIONS:

Every question must be fully and correctly answered. When completed, the application must be dated, signed and verified under oath by the applicant. Applications must be filed on the online state alcohol licensing portal, together with all supporting documentation. The online portal can be accessed at <https://gtc.dor.ga.gov>

Type of Application

- | | |
|--|--|
| ☐ New beer license | ☐ Ancillary wine tasting permit |
| ☐ New wine license | ☐ Wholesaler |
| ☐ New liquor license (on premise consumption) | ☐ Additional information: _____ |
| ☐ Sunday sales permit | _____ |

Type of License

- | | |
|---|---------------------------------|
| ☐ Consumption <u>on</u> premises | ☐ Retail |
|---|---------------------------------|

Business Information

- Business License Number: _____
- Trade name of business for which license is applied: _____
- Business Name and Store Number: _____
- Street Address: _____
City: _____ State: _____ Zip Code _____
- Mailing Address: _____
City: _____ State: _____ Zip Code _____
- Phone Number: _____
- Fax Number: _____
- E-mail Address: _____
- Web Address: _____

10. Name and address of each person, firm or corporation having any ownership interest in business and the amount of such interest:

Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest

11. How much of the capital of this business is borrowed and from: *(Attach exhibits if necessary)*

Amount	Lender	Interest
Amount	Lender	Interest
Amount	Lender	Interest

12. (A) Will this business be owned by the applicant as a sole proprietorship? *(Circle one)* Yes No

(B) If this business will be owned in whole or in part by a partnership, or corporation, list the members of such organization and give their address, state and county of their legal residence, and the amount of their interest.

Name	Address	Residence	Interest
Name	Address	Residence	Interest

13. Does any person or organization listed in questions 1, 3, 4 or 5 have any financial interest whatsoever in any other business selling distilled spirits, wine or beer either in this state or any other state? If so, list the name of such person or organization and such other business together with the location of the business and the amount and type of interest.

14. What has been your occupation for the past five (5) years? *(Give detailed list)*

15. What is the name of the person who, if the license is granted, will be the active manager of the business and on the job at the store?

16. If the license is a partnership, state when and where the partnership was organized, or if the licensee is a corporation, state name and address of corporation, when and where incorporated, and the names and addresses of the officers and directors.

17. (A) Is the applicant and/or license holder the owner of the building where business is to be conducted?

- ☐ Yes
☐ No

(B) Are you also the owner of the land?

- ☐ Yes
☐ No

(C) If your answer is "NO", to either question, state whether you lease, sub-lease, and/or rent the building and whether you lease, or sub-lease the land or both.

18. State the full name and address of the owner of the building and the name and address of the owner of the land and the name and address of all leasers and sub-lesers and attach copies of all lease agreement.

19. Has the applicant and/or license holder entered into an agreement or contract with either the owner or owners, leasers and sub-lesers for either the building or land or both, which provides for the payment of rent on a percentage or profit sharing basis? *(Circle) Yes No*

20. Do you or does your spouse or does any member of your family own any interest in any retail store selling spirituous liquors? (Circle) Yes No

Relationship _____
If so, list information as to the interest involved, location, relationship, etc.

21. Has the applicant or individual having an interest either as owner, partner or stockholder been convicted or entered a plea of nolo contendere within 10 years immediately prior to the filing of this application for any felony or misdemeanor of any state or federal law or for any county or municipal ordinance except traffic violations?

- ☐ Yes
☐ No

If the answer is yes, describe in detail and give dates. _____

22. Have you within 10 years immediately prior to the filing of this application, been convicted or entered a plea of nolo contendere on any charge of tax evasion?

- ☐ Yes
☐ No

If the answer is yes, state the offense and the disposition of the case. _____

23. Has the spouse of the applicant or the spouse of any individual having an interest either as owner, partner or stockholder been convicted or entered a plea of nolo contendere within 10 years immediately prior to the filing of this application for any felony or misdemeanor of any state or federal law or for any county or municipal ordinance except traffic violations? If the answer is yes, describe in detail and give dates.

24. Has the applicant or any individual having an interest either as owner, partner or stockholder, or a spouse of such individual, been found guilty of violating the regulations of any county, city, state or federal regulatory agency.

25. Have you or your spouse any financial interest in an wholesale liquor business? If so, give details.

26. What is the straight line distance in lineal feet from the front door of your store to the nearest:

- A. School/college campus _____
- B. Church _____
- C. Government owned alcohol treatment center _____
- D. Residential Property _____

See Sec. 6-24 Measurement of distances (Code of Ordinances Cherokee County).

27. Name the manager of the business for which this application is filed and state how he is compensated.

Name	Address
Compensation	

28. List all other liquor, beer or wine business that your general manager is interested in, employed by, or associated with, in any way whatsoever.

Name	Address
Type, interest and amount	

29. Is any non-resident of the state of Georgia interested in the operation of this business in any way whatsoever?

Name	Address	Interest
Name	Address	Interest
Name	Address	Interest

30. Has any place of business engaged in the sale of distilled spirits, wine or beer with which you have been associated ever been cited or charged at any time with any violation of state or federal law or county or municipal ordinance concerning the sale of such products?

Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result

31. List all owners of property zoned residential within 300 feet (if applying for consumption off the premises); 600 feet (if applying for consumption on the premises – restaurant) 1000 feet (if applying for consumption on the premises – lounge) of proposed location. Use additional pages if necessary.

Name	Address
Name	Address
Name	Address
Name	Address

32. How long has business for which license is applied been in operation? _____

As applicant and/or license holder, I have read the Ordinance of Cherokee County relating to Alcoholic Beverage Licenses issuance and all amendments pertaining to the Ordinance governing the sale of Alcoholic Beverage in Cherokee County, Georgia.

Signature

V e r i f i c a t i o n

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the earlier questions in this application for a County of Cherokee license as a dealer in alcoholic beverages, are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

Applicant's Signature
(full name signed in ink)

I certify that _____ has provided me with proper documentation as verification of his/her identity; documentation being: _____. I also certify that he/she signed his/her name to the earlier application after 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 _____, _____.

(Affix Seal)

Notary Public