

# **DETAILED INSTRUCTIONS TO COMPLETE YOUR NEW ALCOHOLIC BEVERAGE CONSUMPTION ON THE PREMISES LICENSE APPLICATION**

## **PAGES 1 – 4 OF APPLICATION**

**QUESTION # 1** – Trade name of business, and other pertinent business information. This name **MUST** be the same as on your Hall County Business License.

**QUESTION # 2** - The name of the person, and other pertinent information, who will be the designated licenseholder for the business. In most cases, this person is the owner or an officer of the business. ***Please be sure to include an email address as this is used frequently for code updates, various notifications, etc.***

**QUESTION # 3** – The name of the owner of the business. If a corporation owns the business, then list the name of the corporation exactly as it is registered with the Georgia Secretary of State’s office. This owner **MUST** be the same as on your Hall County Business License.

**QUESTION # 4** – The distance from this business to the nearest church, school or funeral chapel. You may estimate this amount, it does not have to be exact. (However you **WILL** need the surveyor’s statement included in the application)

**QUESTION # 5** – Indicate whether any person with **ANY** interest in this application (owners, partners, officers, property owners, Managing or Registered Agents, lien/mortgage holders) has ever made an application for an alcoholic beverage license. If yes, indicate where license was applied for and if that license was approved, or if not approved, give reasons why it was not approved.

**QUESTION # 6** – Indicate whether any person with **ANY** interest in this application (owners, partners, officers, property owners, Managing or Registered Agents, lien/mortgage holders) has ever been charged with **ANY** violation of **ANY** state or federal law or regulation, or **ANY** law, rule, or regulation of the city or county and give details.

**QUESTION # 7** - Indicate if any owner, officer, or employee of this business has been convicted of DUI or any other alcohol related offense, or **ANY** felony, within 5 years of the date of this application.

**QUESTION # 8** - Indicate if anyone listed in question # 5 ever had that license suspended or revoked and if so, indicate why.

**QUESTION # 9** – List all owners, partners, or officers of the Corporation and other pertinent information requested. This **MUST** be the same as on your Hall County Business License, and if a corporation, must include all persons registered as officers with the Georgia Secretary of State’s office. A consent form for a criminal background investigation must be completed on all persons indicated here as well. See page 6 for the form if you need to make more copies.

**QUESTION # 10** – List each day of the week that this business will be open for business.

**QUESTION # 11** – List each month of the year that this business will be open for business.

**QUESTION # 12** – Indicate the type meals served each day at this business (i.e. Breakfast, Lunch, Dinner).

**QUESTION # 13** – List any other businesses owned or operated by anyone listed in question # 5 and give locations.

**QUESTION # 14** – List the full name of the owner of the building and the owner of the real estate, including all sublessors.

**QUESTION # 15** - Indicate any loans on the business and amount of monthly/annual payments

**QUESTION # 16** – Information necessary to complete background investigation on licenseholder.

**QUESTION # 17** – Information on Registered Agent – this person **MUST** reside in Hall County and show proof of their home address. This person does **NOT** have to be an owner or employee of the business.

**PAGE 5** – Hall County Code requires confirmation that any and all ad valorem taxes owed to Hall County be paid before a license may be issued. This form need to be completed and signed by an authorized person at the Tax Commissioner’s office before the application can be accepted.

**PAGE 6** – This form authorizes Hall County to complete a criminal background investigation on the applicant/licenseholder. Violations that would disqualify the applicant include, but are not limited to alcohol violation convictions in the past 5 years and/or ANY felony conviction within the past 10 years.

**PAGE 7** – This form is a certification by the Registered Agent that they agree to serve in this capacity for the licenseholder. This certification states that the application does reside permanently in Hall County Georgia. Please include all requested information on home address, phone, email, and business contact information as well.

**PAGE 8** - This form authorizes Hall County to complete a criminal background investigation on the Registered agent. Violations that would disqualify the applicant include, but are not limited to alcohol violation convictions in the past 5 years and/or ANY felony conviction within the past 10 years.

**PAGE 9** – This form needs to be completed by a Registered Land Surveyor, verifying that the property is at least 600 feet from any school or church. A plat is not necessary, only this form.

**PAGE 10** – This memo is to be taken to the Hall County Jail when you go to obtain fingerprints. Please give this to the deputy in charge at the jail.

# NEW ALCOHOLIC BEVERAGE CONSUMPTION LICENSE

## REQUIREMENTS / CHECK LIST

- (1) **ORIGINAL APPLICATION COMPLETED, SIGNED, AND NOTARIZED.**(Pages 1 thru 4). Answer **ALL** questions. **ALL QUESTIONS ARE APPLICABLE.** (If the answer to the question is no or none, then write in “no” or “none”.)
- (2) PAYMENT MADE WITH APPLICATION (Certified Check, Cashier's Check, or Cash)  
New Beer Consumption Fee: \$700.00                      New Wine Consumption Fee: \$700.00  
New Distilled Spirits Fee: \$2,500.00 (pro-rated quarterly for initial new applications the 1<sup>st</sup> year)
- (3) CERTIFICATION THAT NO TAXES ARE OWED BY TAX COMMISSIONER'S OFFICE.  
Fill out completely and have signed by Tax Commissioner. (page 5)
- (4) ADDITIONAL FORMS COMPLETED AND NOTARIZED AS REQUIRED.  
**ALL PERSONS** listed in item # 9 on page 2 of the application must complete a form for a background investigation (additional forms may be copied from original on page 6 if necessary)
- (5) SURVEYOR'S CERTIFICATE – does not have to be a drawing/plat.
- (6) FINGERPRINT CARDS - Applicant can be fingerprinted ONLY at the HALL COUNTY JAIL. The hours are 8:30 to 5:00 p.m. from Monday thru Thursday. You will need to have cash or a money order payable to the HALL COUNTY JAIL in the amount of \$45.00 for the fingerprints and processing. Return one fingerprint card to the business license office with your application after being fingerprinted. See page 10 for letter to take to the jail.
- (7) A copy of the Lease or Deed to the store building/property.
- (8) A Drawing of the Premises to be licensed, interior layout (counters, shelving, cash register, tables, bar, coolers, office, bathrooms, etc.) Does NOT have to be to scale.
- (9) Verification of **HOME ADDRESS** for Managing Agent *and* Registered Agent. (Minimum 2 items required) Acceptable items include: driver's license *or* ID card issued by Driver's License Dept., other government or military ID showing name and address, voter registration card, or utility bill showing name and current address.
- (10) **ALL ABOVE ITEMS MUST ACCOMPANY APPLICATION before it may be considered for approval.** ALL documents MUST be originals unless copies are approved. Upon completion of the application and possession of ALL required forms and/or documents, please contact this office (770-531-6815) to schedule an appointment to review and submit your application.
- (11) Run a Legal Ad in **THE TIMES**. This ad must be run for four days within two weeks prior to the first hearing on application. You will be given the specific “copy” for the ad AND we will give you the specific dates to run the ad. After ad has been run you will need to obtain an “Affidavit of Publication” from **THE TIMES** and submit before the application will be presented to the Hall County Commission for approval.

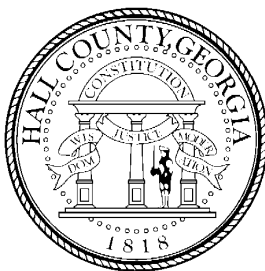
YOU MUST HAVE A VALID HALL COUNTY BUSINESS LICENSE BEFORE APPLYING FOR AN ALCOHOL LICENSE. MANAGING AGENT AND REGISTERED AGENT MUST BE PRESENT WHEN APPLICATION IS SUBMITTED. AFTER OBTAINING YOUR HALL COUNTY ALCOHOL LICENSE YOU WILL NEED TO OBTAIN STATE & FEDERAL LICENSES AS WELL BEFORE YOU MAY BEGIN SELLING ALCOHOL. CONTACT THE NUMBERS BELOW FOR INFORMATION.

State Alcohol & Tobacco License: 404-417-4490      Federal ATF - Technical Services: 404-679-5130

8-7-06

**KEEP THIS PAGE - IMPORTANT INFORMATION**

**USE BLUE INK ONLY**



**NEW ALCOHOLIC BEVERAGE CONSUMPTION ON THE PREMISES LICENSE APPLICATION**

- MALT BEVERAGE CONSUMPTION: \$700.00
- WINE CONSUMPTION: \$700.00
- DISTILLED SPIRITS CONSUMPTION: \$2,500.00 (or pro-rated amount \$625.00 per quarter year – indicate the effective date distilled spirits will begin being sold \_\_\_\_\_)

**INSTRUCTIONS:** Every question shall be **fully answered** (typewritten or printed in BLUE ink). If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, original application must be dated, signed and verified under oath by the applicant(s) and Notary Public, submitted to the Business License Department, together with all supporting papers and certified check, cashier's check, or cash for the exact fee. **Copies NOT accepted.** Incomplete applications will NOT be accepted.

**(1) BUSINESS NAME:** \_\_\_\_\_  
Location \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Sales Tax # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ FEI # \_\_\_\_\_  
(If different from business location)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(2) LICENSEHOLDER/ MANAGING AGENT** \_\_\_\_\_  
(Full name - No initials) Title \_\_\_\_\_  
Current Home Address \_\_\_\_\_ Co \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? \_\_\_\_\_  
Race \_\_\_ Sex \_\_\_ Age \_\_\_ DOB \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SS # \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
COUNTRY of Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
E-mail address \_\_\_\_\_

**(3) BUSINESS OWNER:** \_\_\_\_\_  
Owner Name **FULL NAME** No initials. Title \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Race \_\_\_ Sex \_\_\_ DOB \_\_\_ SS # \_\_\_\_\_ Driver's Lic # \_\_\_\_\_  
COUNTRY of Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp \_\_\_\_\_  
E-mail address \_\_\_\_\_

Is this business a corporation? If so, list name and address of corporation \_\_\_\_\_  
\_\_\_\_\_

**(4)** What is the current straight-line distance from this business or portion of this business used for the sale of alcoholic beverages to the nearest:  
School \_\_\_\_\_ Church \_\_\_\_\_ Funeral Chapel \_\_\_\_\_

**(5)** Has any person with an interest in this application ever made an application at any previous time?  
Yes \_\_\_ No \_\_\_ (If Yes, give disposition of that application \_\_\_\_\_)

**(6)** Has this place of business or anyone connected therewith been cited or charged at any time with any violation of state or federal law or regulation, or any rule or regulation of the city or county?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, give details on separate sheet)

(7) Has anyone (*including ALL employees*) been convicted of driving under the influence, or any felony within the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, give details on separate sheet)

(8) Has any previous license issued to applicant or any person with any interest in the application been revoked by any state or subdivision or the federal government and reason? \_\_\_\_\_  
\_\_\_\_\_

(9) List all pertinent information for each person, firm or corporation having any interest in this application and the type and percent of that interest. (Use an additional sheet if necessary)

Name	Name	Name
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip
DOB	DOB	DOB
SS NO	SS NO	SS NO
Country of Citizenship	Country of Citizenship	Country of Citizenship
Alien registration # and exp. date	Alien registration # and exp. date	Alien registration # and exp. date
% Interest _____	% Interest _____	% Interest _____

(10) Indicate days of the week this business will be open: \_\_\_\_\_  
\_\_\_\_\_

(11) Indicate all months business will be open for operation: \_\_\_\_\_  
\_\_\_\_\_

(12) Circle meals to be served each day:                      Breakfast                      Lunch                      Dinner

(13) List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms, or corporations herein listed are interested in, employed by, or associated with in any way whatsoever.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(14) List the full name, address, and other pertinent information of the owner of the building; the name and address of the owner of the land; and the name and address of all lessors and sublessors. (Attach a copy of lease or deed)

Owner/Lessor/Sublessor	Owner/Lessor/Sublessor	Owner/Lessor/Sublessor
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip
Phone #	Phone #	Phone #
Payments	Payments	Payments

(15) How much of the capital of this business is borrowed and from whom?

(If a non-profit organization, also attach proof of current non-profit status)

Name	Name
Address	Address
City/State/Zip	City/State/Zip
Amount & Terms	Amount & Terms

(16) Investigation of **Licenseholder/Managing Agent** for alcoholic beverage license:

Any previous arrests or convictions (Including Driving Under the Influence): \_\_\_\_\_

If answer is YES, please indicate charges below:

- (1) Offense \_\_\_\_\_ Where \_\_\_\_\_ Date \_\_\_\_\_
- (2) Offense \_\_\_\_\_ Where \_\_\_\_\_ Date \_\_\_\_\_
- (3) Offense \_\_\_\_\_ Where \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been fingerprinted other than for THIS license? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Where & why \_\_\_\_\_

Physical Characteristics (Deformities, Scars, Tattoos, Etc.) \_\_\_\_\_

Any aliases or other names used \_\_\_\_\_

Previous Employment (start with present employer)

- (1) Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Job Desc \_\_\_\_\_
- (2) Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Job Desc \_\_\_\_\_
- (3) Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Job Desc \_\_\_\_\_

Parents Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_ Aliases \_\_\_\_\_  
Race \_\_\_\_\_ Sex \_\_\_\_\_ Citizenship \_\_\_\_\_ SS No \_\_\_\_\_  
Home Addr \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_ DL No \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_

Previous Addresses (Other than present)

Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip

(17) REGISTERED AGENT \_\_\_\_\_  
 (MUST be Hall County Resident) ( Full name - No initials)  
 Current Address \_\_\_\_\_ Co \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SS # \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 How long at above address? \_\_\_\_\_

**OATH**

I/We do solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein, and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

**Should ANY change occur during the year for which a license is issued pursuant to this application that would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be a cause for the suspension or revocation of any license issued.**

I/We hereby certify as applicant(s) that I/We have received, read and understand the Hall County regulations controlling alcoholic beverages and herein make application. I/We also understand that a copy of the Malt Beverage and Wine Code is to be kept on the licensed premises at all times.

**USE BLUE INK ONLY**

\_\_\_\_\_  
 Signature of Applicant/Licenseholder/Managing Agent Under Oath

\_\_\_\_\_  
 Signature of Registered Agent Under Oath

\_\_\_\_\_  
 Signature of Owner (If not Applicant)

\_\_\_\_\_  
 Doing Business As

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Sworn to and Subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public

(SEAL)

TAKE THIS FORM TO THE HALL COUNTY TAX COMMISSIONERS OFFICE LOCATED AT 300 HENRY WARD WAY, GAINESVILLE, GA. (see Keith or Lanny). Once signed, return with your application.

**USE BLUE INK ONLY**

**CERTIFICATION**

**HALL COUNTY TAX OFFICE**

**This is to certify there are no delinquent Hall County taxes currently outstanding in the name:**

of \_\_\_\_\_  
Business Name

or \_\_\_\_\_  
Applicant/Licenseholder

or \_\_\_\_\_  
Business Owner (If Not Applicant)

or \_\_\_\_\_  
Business Property Owner (If Not Applicant)

Business Address \_\_\_\_\_  
\_\_\_\_\_

Tax Parcel Number \_\_\_\_\_  
(this number can be obtained from the Planning Department or from your Commercial Occupancy Permit)

\_\_\_\_\_  
Hall County Tax Commissioner

\_\_\_\_\_  
Date

**WHEN FORM IS COMPLETED RETURN IT TO THE BUSINESS LICENSE OFFICE WITH YOUR APPLICATION**

For Managing Agent/Licenseholder & additional owners (make copies if necessary)

**HALL COUNTY SHERIFF'S DEPARTMENT**

**CONSENT FORM**

I hereby authorize the HALL COUNTY SHERIFF'S DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia. **PLEASE PRINT LEGIBLY!**

\_\_\_\_\_  
Full Name (Printed or Typed)

\_\_\_\_\_  
Address as shown on Driver's License

\_\_\_\_\_  
City State Zip

Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_

Social Security No \_\_\_\_\_ DL No. \_\_\_\_\_ St \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

(SEAL)

**USE BLUE INK ONLY**

**FOR OFFICE USE ONLY**

I have completed both a local and a State of Georgia computer based Criminal History Check on the above individual.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please return to the **Hall County Business License Department** when completed.

**REGISTERED AGENT CERTIFICATION**

NAME \_\_\_\_\_

(Full name, no initials)

Physical Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

E-mail address \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Alien Registration # \_\_\_\_\_ Exp \_\_\_\_\_

***ADDITIONAL CONTACT INFORMATION***

Place of employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

2<sup>nd</sup> Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I hereby certify that I am a permanent resident of Hall County, Georgia and agree to serve as a “registered agent” on behalf of \_\_\_\_\_, located at

Business Name

\_\_\_\_\_, Hall County, Georgia until

Business Address

December 31, \_\_\_\_\_. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Code of Hall County, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

If for any reason I cease to qualify or am unable to serve as the “registered agent” on behalf of the above named business, I understand that it is my responsibility to contact the Business License Director advising that I will no longer serve as the “registered agent” for the above named business.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
date

Sworn and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

**USE BLUE INK ONLY**

For Registered Agent (only necessary if different from Managing Agent) and additional owners

**HALL COUNTY SHERIFF'S DEPARTMENT**

**CONSENT FORM**

I hereby authorize the HALL COUNTY SHERIFF'S DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Printed or Typed)

\_\_\_\_\_  
Address as shown on Driver's License

\_\_\_\_\_  
City State Zip

Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_

Social Security No \_\_\_\_\_ DL No. \_\_\_\_\_ St \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

(SEAL)

**USE BLUE INK ONLY**

***FOR OFFICE USE ONLY***

I have completed both a local and a State of Georgia computer based Criminal History Check on the above individual.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please return to the *Hall County Business License Department* when completed.

**GEORGIA REGISTERED LAND SURVEYOR STATEMENT**

I, \_\_\_\_\_, A GEORGIA REGISTERED LAND SURVEYOR  
(# \_\_\_\_\_) HEREBY CERTIFY I AM FAMILIAR WITH THE PREMISES

\_\_\_\_\_  
(BUSINESS NAME AND LOCATION)

FOR WHICH \_\_\_\_\_ APPLICATION  
(APPLICANT'S NAME)

HAS BEEN MADE FOR THE ISSUANCE OF A LICENSE TO ALCOHOLIC BEVERAGES AT RETAIL AND THAT THE NEAREST POINT TO THE MAIN STRUCTURE OF THIS BUSINESS IS MORE THAN 600 FEET FROM THE NEAREST POINT OF THE MAIN STRUCTURE OF ANY SCHOOL OR CHURCH AS MEASURED IN A STRAIGHT LINE BETWEEN THE TWO STRUCTURES. (THE WORD *SCHOOL* SHALL INCLUDE KINDERGARTENS, PRIMARY AND SECONDARY SCHOOLS, COLLEGES AND OTHER EDUCATIONAL INSTITUTIONS WHETHER PUBLIC OR PRIVATE.)

**USE BLUE INK ONLY**

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
SIGNATURE and SEAL OF SURVEYOR

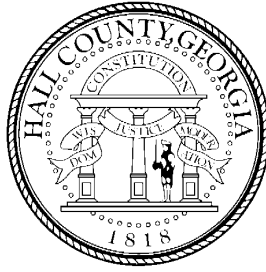
BUSINESS ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
SIGNATURE, NOTARY PUBLIC

SEAL



## **MEMORANDUM**

TO: Hall County Jail, Corrine Davis

FROM: Susan Rector, Hall County Business License Director

SUBJECT: Fingerprints for Alcoholic Beverage Licensing

Please fingerprint the below named subject in accordance with Code of Georgia annotated section 3-3-2e for submission to the Georgia Crime Information Center, GBI and FBI, and processing for application for alcoholic beverage licensing for Hall County, Georgia. **Please provide 1 set of fingerprints to the applicant to return to this office to be filed with the application.**

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Applicant's full name – no initials

***FINGERPRINTS PROCESSED ONLY at the Hall County Jail, located at 1700 Barber Rd., Gainesville, Ga., Monday – Thursday, 8:30 - 5:00 PM. For detailed directions or if you have questions, please call the jail at 770-533-7778.***

The fingerprint card MUST be included with your alcoholic beverage license application before it may be considered for approval.

If you have questions, please contact the Hall County Business License Department at 770-531-6815

**PROCESSING FEES FOR FINGERPRINTS - \$45.00 CASH OR MONEY ORDER ONLY**

(money order should be made payable to "Hall County Jail")