

DETAILED INSTRUCTIONS TO COMPLETE THE TRANSFER OF 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 as the distance may have changed since the last license was issued, it is important that you complete this section as to the **CURRENT** distances. We will **NOT** accept “on file” or “over 600 ft, etc” – it must be an actual or estimated distance.

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.

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 – The last date the licenseholder or managing agent owned or was employed by the business, or the date that they would no longer serve as the licenseholder or registered agent.

QUESTION # 17 – Information necessary to complete background investigation on licenseholder.

QUESTION # 18 – 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, 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 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.

PAGE 10 – This form is to be signed by **BOTH** the new applicant and the previous business owner. It states that the previous business owner agrees to allow the new applicant to use his alcoholic beverage license until the transfer can take place, up to a period of 45 days from the date of sale, or when the previous licenseholder ceased to qualify for the license, whichever comes first. It also certifies that the new applicant understands that if there are any outstanding charges of ANY KIND at the time the license is transferred, the new applicant assumes all responsibility for any related fines and/or suspensions.

ALCOHOLIC BEVERAGE CONSUMPTION ON

PREMISES LICENSE TRANSFER 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)
 - Malt Beverage & Wine Owner or Managing Agent and Registered Agent \$200.00 (After 5 Days \$400.00)
 - Distilled Spirits Owner or Managing Agent and Registered Agent \$200.00 (After 5 Days \$400.00)
- (3) BILLS, TAXES, OR REPORTS OWED HALL COUNTY COMPLETED 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) 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 9 for letter to take to the jail.
- (6) Copy of the Lease or Deed to the store building/property.
- (7) 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.
- (8) Verification of **HOME ADDRESS** for Managing Agent *and* Registered Agent. (Minimum 2 items required) Acceptable items: 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.
- (9) **ALL ABOVE ITEMS MUST ACCOMPANY ORIGINAL APPLICATION before it may be considered for approval.** Upon completion of the application and possession of **ALL** required forms and/or documents, contact this office (770-531-6815) to schedule an appointment to review and submit your application.

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.

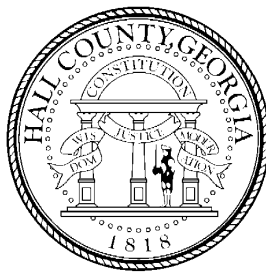
Federal ATF - Technical Services: 404-679-5130

State Alcohol & Tobacco License: 404-417-4490

02/09

KEEP THIS IMPORTANT INFORMATION PAGE

USE BLUE INK ONLY



HALL COUNTY ALCOHOLIC BEVERAGE CONSUMPTION LICENSE TRANSFER APPLICATION

Hall County License No _____

State License No _____

-- TRANSFER BEER CONSUMPTION

-- TRANSFER WINE CONSUMPTION:

-- TRANSFER DISTILLED SPIRITS CONSUMPTION

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 and filed with 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 _____ Phone _____

City _____ State _____ Zip _____ How long at this address? _____

Race _____ Sex _____ DOB _____ SS # _____

Driver's License # _____ State _____ Cell # _____

COUNTRY of Citizenship _____ Alien # _____ Exp. Date _____

E-mail address _____

(3) BUSINESS OWNER: _____

Complete name -no initials. (If incorporated give Corporate Name)

Address _____ Phone _____

City _____ State _____ Zip _____ How long at this address? _____

Race _____ Sex _____ DOB _____ SS # _____

Driver's License # _____ State _____ Cell # _____

COUNTRY of Citizenship _____ Alien # _____ Exp. Date _____

E-mail address _____

Is this business owned by 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: (as this information may change from year to year and will NOT affect the license, approximate distances must be completed.... indicating "on file" will not be accepted)

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 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) Date former **Managing/Registered** agent ceased to qualify for this license _____

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

Previous Arrest or Convictions (Including Driving Under the Influence)

(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 _____
Race _____ Sex _____ Citizenship _____ SS No _____
Home Addr _____ City _____ State _____ Zip _____
Co _____ Phone _____ DOB _____ DL No _____
Employer _____
Business Address _____

Previous Addresses (Other than present)

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

(18) REGISTERED AGENT _____
(MUST be Hall County Resident) (Full name - No initials) Title _____
 Current Home Address _____ County _____
 City _____ State _____ Zip _____ How long at this address? _____
 Race _____ Sex _____ Age _____ DOB _____ SS # _____
 Driver's License # _____ State _____ Phone _____
 COUNTRY OF Citizenship _____ Alien # _____ Exp. Date _____
 e-mail 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 which 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 Distilled Spirits Code is to be kept on the licensed premises at all times.

 Signature of Applicant/Managing Agent Under Oath

 Signature of Registered Agent

 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 Lanny or Keith)

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 COMPLETED RETURN TO BUSINESS LICENSE OFFICE

For Managing Agent or License holder (or for 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. _____

Signature of Applicant

Notary
(SEAL)

Date

USE BLUE INK ONLY

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 _____

2nd 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 Codes 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 to complete 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. _____

Signature of Applicant

Notary
(SEAL)

Date

USE BLUE INK ONLY

OFFICE USE ONLY

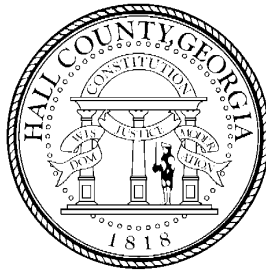
I have completed both a local and a State of Georgia computer based Criminal History Check on the above individual.

Authorized Signature

Date

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

Rev. 08/19/02



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.**

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”)

