

DETAILED INSTRUCTIONS TO COMPLETE THE APPLICATION TO TRANSFER THE REGISTERED AGENT ON AN ALCOHOLIC BEVERAGE LICENSE.

PAGES 1 – 2

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 –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. Also required is the date that the previous registered agent ceased to qualify for the license, or for whatever reason ceased to be the registered agent.

PAGE 3 – 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 4 - 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.

HALL COUNTY ALCOHOLIC BEVERAGE

REGISTERED AGENT TRANSFER

APPLICATION CHECKLIST

The following items should be submitted for application:

(1) APPLICATION COMPLETED, SIGNED, AND NOTARIZED.(Pages 1 thru 4)

(2) PAYMENT MADE (Check, or Cash)

_____ Transfer Fee for Malt Beverage & Wine \$ 50.00
(After 5 Days \$100.00)
_____ Transfer Fee for Distilled Spirits \$ 50.00
(After 5 Days \$100.00)
_____ Other: _____

(5) ATTACH

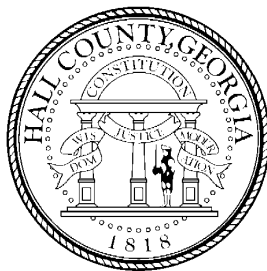
Verification of home address for Registered Agent (At least two of the following showing Name and current address--drivers license (or photo ID from Driver's Services), military I.D., passport, voter registration, utility bills with individual's name and service address.)

REVIEW DATE _____

ALL ABOVE ITEMS MUST ACCOMPANY ORIGINAL APPLICATION BEFORE IT CAN BE ACCEPTED!!! WE MUST HVE THE ORIGINAL APPLICATION - COPIES OF APPLICATION FORM WILL NOT BE ACCEPTED! REGISTERED AGENT MUST BE PRESENT WHEN APPLICATION IS SUBMITTED. AFTER OBTAINING YOUR HALL COUNTY ALCOHOL LICENSE YOU WILL NEED TO TRANSFER YOUR STATE & FEDERAL LICENSES AS WELL.

KEEP THIS PAGE FOR YOUR INFORMATION

USE BLUE INK ONLY



HALL COUNTY

REGISTERED AGENT TRANSFER APPLICATION

License Type - Malt Beverage Wine Distilled Spirits
Current Yr _____ License Yr _____

License No _____
State License No _____

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 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 _____
Mailing Address _____ FEI # _____
(If different from business location)
City _____ State _____ Zip _____

(2) LICENSEHOLDER _____
(Managing Agent) License Holder Name (Full name - No initials) Job Title
Address _____ Phone _____
City _____ State _____ Zip _____ SS# _____
Sex _____ DOB _____ Citizenship _____ Alien # _____ Exp _____
Driver's License Number _____ State _____ Cell # _____
E-mail address _____

(3) BUSINESS OWNER: _____
CORPORATE NAME or Owner Name (No initials)
Address _____ Phone _____
City _____ State _____ Zip _____ SS# _____
Sex _____ DOB _____ Citizenship _____ Alien # _____ Exp _____
Driver's License Number _____ State _____ Cell # _____
E-mail address _____

(4) REGISTERED AGENT _____
(Full name - No initials)
Address _____ Co _____ Phone _____
City _____ State _____ Zip _____ Cell # _____
Sex _____ DOB _____ Country of Citizenship _____ Alien # _____ Exp _____
Driver's License Number _____ State _____ SS# _____
E-mail address _____

a) Has this "registered agent" 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)

b) Has this "registered agent" 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)

c) Has any previous license issued to this "registered agent" or has this "registered agent" held any interest in an application that has been revoked by any state or subdivision or the federal government and reason _____

d) Name of previous "registered agent", and date this person left employment of this business. _____

(5) **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 Alcoholic Beverage Code is to be kept on the licensed premises at all times.

Signature of Licenseholder (Managing Agent) Under Oath

Signature of Registered Agent Under Oath

Signature of Owner (If not Licenseholder)

Doing Business As

Title

Date

USE BLUE INK ONLY

Sworn to and Subscribed before me

This _____ day of _____, 20____.

Notary Public

(SEAL)

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 _____
Business Name

located at _____
Business Address

Hall County, Georgia until 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 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

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

Date

(SEAL)

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.

Sheriff, Hall County

Date

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