



HALL COUNTY ALCOHOL BEVERAGE LICENSE RENEWAL APPLICATION

For License Year 2019 County License # _____ State License # _____

NOTE: USE BLUE INK ONLY

DUE NOVEMBER 15, 2018

INSTRUCTIONS: Fully ANSWER ALL questions (typewritten or printed only). 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 and submitted to the Hall County Business License Department; together with all supporting papers and certified check, cashier's check, or cash for the exact fee. **Any applications received after November 15, 2018 are automatically assessed a 10% penalty and 1% per month interest for each month or fraction thereof.** Incomplete applications will NOT be accepted.

- | | |
|---|--|
| <input type="checkbox"/> -- RENEWAL BEER PACKAGE: \$500.00 | <input type="checkbox"/> -- RENEWAL BEER CONSUMPTION: \$700.00 |
| <input type="checkbox"/> -- RENEWAL WINE PACKAGE: \$500.00 | <input type="checkbox"/> -- RENEWAL WINE CONSUMPTION: \$700.00 |
| <input type="checkbox"/> -- RENEWAL FARM WINERY: \$2,000.00 | <input type="checkbox"/> -- RENEWAL DISTILLED SPIRITS CONSUMPTION: \$2500.00 |

BUSINESS INFORMATION

NAME _____
Street Address _____
City _____ State _____ Zip _____
Mail Address _____ Phone _____
City _____ State _____ Zip _____

Name of OWNER (S)

Name	Address	City/State/Zip	Title
_____	_____	_____	_____
_____	_____	_____	_____

Is this business a CORPORATION? If so indicate name and address of corporation:

LICENSEHOLDER/MANAGING AGENT INFORMATION (No initials; SPELL OUT ALL NAMES)

Name _____
Home Address _____ Co _____ Home Phone _____
City _____ State _____ Zip _____ Cell Phone _____
COUNTRY of Citizenship _____ Alien # _____ Exp date _____
Title with business (owner, manager, clerk, etc.) _____
E-mail address _____

REGISTERED AGENT INFORMATION (No initials; SPELL OUT ALL NAMES)

Name _____
Home Address _____ Co _____ Home Phone _____
City _____ State _____ Zip _____ Cell Phone _____
COUNTRY of Citizenship _____ Alien # _____ Exp date _____
Title with business (owner, manager, clerk, agent etc.) _____
E-mail address _____

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: (indicating more than 600 ft, more than 1000 ft., etc.) will **NOT BE ACCEPTABLE**, and application will be returned)
School _____ Church _____ Funeral Chapel _____

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 within the past twelve (12) months?

Yes No (If yes, give details on separate sheet.)

Has anyone (including employees) been convicted of driving/boating under the influence within the past five (5) years?

Yes No (If yes, give details on separate sheet.)

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. _____

List 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. (If no change, indicate "ON FILE" ; if changed, please attach a copy of lease or deed) _____

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 have received a copy of the local alcoholic beverage regulations and understand that this copy 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 _____

Doing Business As _____

Title _____

Sworn to and Subscribed before me this _____ day of _____, 20____.

Notary Public

SEAL

DUE WITH PAYMENT BY NOVEMBER 15, 2018

ATTENTION!!!!!!

APPLICATIONS RECEIVED BY MAIL WILL NOT BE ACCEPTED DUE TO NEW REGULATIONS. YOU MUST COME IN PERSON TO RENEW. PLEASE READ THE APPLICATION INFORMATION VERY CAREFULLY AND COMPLETELY!!!!!!

REGISTERED AGENT CERTIFICATION

NAME _____

(Full name, no initials)

Physical Home Address _____

(NO P.O. BOX)

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 _____

Additional 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,

Business Address

Georgia until December 31, 2019. 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 in writing 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)



OFFICE OF THE SHERIFF

HALL COUNTY

CRIMINAL HISTORY CONSULTATION/INQUIRY FORM

I hereby authorize _____ Hall County Business License _____ to conduct an inquiry for
Agency/Company
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for _____ days from date of signature.

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature Date

Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

- E - Employment
- J - Civilian Criminal Justice Employment (State & III Info Received)
- M - Working with Mentally Disabled
- N - Working with Elderly
- P - Public Records
- U - Personal Copy
- W - Working with Children
- Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

- No Criminal Record Available
- Criminal Record (Attached/Released)
- No NCIC/GCIC Warrant
- Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

Date



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