APPLICATION

License to Sell Alcoholic Beverages

City of Fort Oglethorpe, Georgia

706-866-2544

• If addition information or clarification is needed, please contact the City Clerk's office at City Hall, 500 City Hall Drive, Fort Oglethorpe, Georgia 30742

• Please print all requested information clearly using dark ink.

• If additional space is needed for answers, please attach supplemental sheets

Office Use:
Received By: _____
Date Received: _____

City of Fort Oglethorpe

License to Sell Alcoholic Beverages Application

Date: _____

Type of Application: Initial Application [ ] Renewal Application [ ] Change in Management [ ]

Type of License (Check all that apply):

Malt Beverages (Beer):
Retail Package [ ]
Wholesaler [ ]
On Premises Consumption [ ]

Wine:
Retail Package [ ]
Wholesaler [ ]
On Premises Consumption [ ]

Distilled Spirits:
On Premises Consumption [ ]

Growler/Tasting:
Growler/Tasting [ ]

Sample License:
Retail Package [ ]

Special Event License:
On Premises Consumption [ ]

Renewal:

Have there been any changes in the information listed on your original application?

Yes [ ] - Continue to fill out application

No [ ]- Continue to page *6* for signature and notarization and return to the City of Fort Oglethorpe

Licensee or Agent- Full Name: _____

Business address: _____

Email address: _____

Date of birth: _____

U.S. Citizen Yes [ ] No [ ]

Place of birth _____

Social Security No. _____

Driver's license number: _____

Home address of licensee or agent: _____

Direct phone number: _____

Georgia resident: Yes [ ] No [ ], If yes, number of years: _____
Catoosa County resident: Yes [ ] No [ ], If yes, number of years: _____
Fort Oglethorpe resident: Yes [ ] No [ ], If yes, number of years: _____

Occupation History:
List in chronological order the name of the company, immediate supervisor, and dates of employment over the last seven years:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Has the applicant, or any individual with a controlling interest in the business, including any owner, partner, member, officer, or stakeholder, ever been convicted, or entered a plea of guilty or nolo contendere to, any felony offense?
Yes [ ] No [ ]

If yes, list the date, person charged, offense, location and disposition of each offense:

1. _____
2. _____
3. _____
4. _____

Business Title:

Legal name of business: _____

Trade name: _____

Business Location address: _____

Phone Number: _____

Ownership of Business Property:

Do you own the property? Yes [ ] No [ ]

Do you rent the property? Yes [ ] No [ ] If yes, list the name, address, and phone number of the property owner: _____

_____

Manner of Operation:

Corporation- If operating a corporation, then list all the officers and their addresses:

1. _____
2. _____
3. _____
4. _____

Partnership- If operating a partnership, then list the name and address of each partner:

1. _____
2. _____
3. _____
4. _____

Have any of the above ever applied for an alcoholic beverage license and been denied?

Yes [ ] No [ ] Revoked Yes [ ] No [ ]

If yes, list the name and address of the applicant:

1. _____
2. _____
3. _____
4. _____

Manager:

New Manager for renewing year Yes [ ] No [ ]

Manager's name: _____

Manager's address: _____

Manager's email address: _____

Date of birth: _____ Place of birth: _____

US Citizen Yes [ ] No [ ] Social Security Number: _____

Driver's license number: _____

Has the proposed manager ever been convicted, or entered a plea of guilty or nolo contendere to, any felony offense?
Yes [ ] No [ ] If yes, list the date, person charged, offense, location and disposition of each offense:

1. _____
2. _____
3. _____

Proximity of business:

1. Is the business within 300 feet, measured in a straight line, from the nearest property line of any school or schoolhouse, to the nearest corner of the building in which the business is to be operated? Yes [ ] No [ ]
2. Is the business within 300 feet, measured in a straight line, from the nearest property line of any church building or alcoholic treatment center, to the nearest corner of the building in which the business is to be operated? Yes [ ] No [ ]

Other Liabilities:

1. Do you agree, if requested, to furnish copies of your federal and state income tax returns for any year requested? Yes [ ] No [ ]
2. Are you familiar with the City of Fort Oglethorpe ordinances, state law and regulation, federal laws, and regulations governing the operation of this type of business? Yes [ ] No [ ]
3. Do you agree and understand that you may be required to appear before the City of Fort Oglethorpe Mayor and City Council to answer any questions or furnish additional information? Yes [ ] No [ ]

I have completed all areas on this application for a license to sell alcoholic beverages in the City of Fort Oglethorpe, Georgia. I agree to abide by the appropriate alcoholic beverages ordinances and amendments thereto. I further agree to provide with this application the following:

- A completed criminal history consent form (notarized) and an ID for myself

- A completed criminal history consent form (notarized) and an ID for the active manager of the business
- For on-premises consumption, a completed Certificate of Occupancy or Life Safety Inspection from the State of Georgia, Fire Marshal's Office.
- All applicable fees

_____ _____

Signature of Applicant/Licensee Date

_____ _____

Notarized (Seal required) Date

City of Fort Oglethorpe

Criminal History Consent Form

Attach a photo ID with this form and fill out completely.

_____

Last Name First Name Middle Name

Race: _____ Height: _____

Sex: _____ Weight: _____

Date of birth: _____ Eye color: _____

Social security number: _____ Hair color: _____

I hereby authorize the City of Fort Oglethorpe, Police Chief Keith Sewell at 900 City Hall Drive, Fort Oglethorpe, GA 30742 to receive my criminal history record.

Purpose code: _____

_____

Signature

_____

Print name

_____

Date

Subscribed and sworn before me on this day _____ of _____, 20__.

Notary Public: _____

My commission expires on: _____

City of Fort Oglethorpe

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Fort Oglethorpe, Georgia Occupational Tax Certificate, Alcohol License, or other public benefit as required by O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Fort Oglethorpe Occupational Tax Certificate, Alcohol License, or other public benefit for _____.

(Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

1. _____ I am a United States citizen
2. _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States

In making the above representation under oath, I understand that any person who knowingly and willingly makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

If applicable, attach the front and back of your Permanent Resident Card.

_____
Signature of applicant

_____
Print name

_____
Date

Subscribed and sworn before me on this day _____ of _____, 20__.

Notary Public: _____

My commission expires on: _____

Note: O.C.G.A. 50-36-1 (e) (z) requires that aliens under Federal Immigration and Nationality Act, Title V.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of “alien”, legal permanents residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

City of Fort Oglethorpe

Certification for Receipt of City Alcoholic Beverages Ordinance

Business Name: _____

Address: _____

Check all that apply:

☐ Will begin business on _____ (date)
☐ Already in operation
☐ Will begin the sale of alcoholic beverages on _____ (date)

This is to certify that I have received and read the City of Fort Oglethorpe Alcoholic Beverages Code of Ordinances Chapter 6.

This is to certify that I understand and will comply with all rules and regulations required by the City of Fort Oglethorpe regarding the sale and service of alcoholic beverages, including but not limited to the following:

- Approved hours of operation
- Prohibition of sales to underage persons
- Notification requirements regarding changes in business ownership or management
- Annual license renewal requirements

I further certify that a copy of the City of Fort Oglethorpe Alcoholic Beverages Ordinance will be kept on the premises of my establishment at all times.

_____
Signature

_____
Print name

_____
Date

Subscribed and sworn before me on this day _____ of _____, 20__.

Notary Public: _____

My commission expires on: _____

City of Fort Oglethorpe

Fingerprint Consent Form

Sherrif's Department Instructions:
Reference #: _____
☐ Background Check: Alcohol - Applicant
☐ Applicant Fingerprint Cards (only): Alcohol – Manager
☐ Submit Fingerprints to State: Alcohol - Server

Name (full): _____

Maiden Name: _____

Current address: _____

City, State, Zip code: _____

Phone number #: _____ D.O.B: _____ S.S. #: _____

Name of business to use permit: _____

List all prior arrests (if any): _____

_____

_____

I understand the provisions of the City of Fort Oglethorpe's alcoholic beverage ordinance: Chapter 6.

Signature: _____ Date: _____

To be filed at Fort Oglethorpe City Hall, 500 City Hall Drive, along with payment for GCIC and Sheriff processing fees. $65.00 fee paid on date: _____ ☐ Cash ☐ Check #: _____ ☐ Card

For Office Use:
Approved: _____ Denied: _____

$65.00 processing fee includes: $40.00 GCIC and $25.00 Sherriff's fee

City of Fort Oglethorpe

License to Sell Alcoholic Beverages Checklist

Checklist:

☐ Application
☐ Criminal History Consent Form
☐ Affidavit Verifying Status for Public Benefit
☐ Certification for Receipt for City Ordinance Chapter 6
☐ Copy of ID
☐ Fingerprint Consent Form
☐ Fees

Received:

☐ Schedule of Fees
☐ City Ordinance Chapter 6
☐ Payment Receipt

Within seven business days a criminal history report will be run.
Within 60 days a determination will be made by the Fort Oglethorpe City Council whether or not to approve, deny, or table an application.

Reminder:

Must renew annually on or before November 1.
Excise tax is due on or before the 10th of each month. If payment is not received a 10% penalty will be charged, and if not received within 30 days license may be suspended or revoked.

Allowed hours of sell:

Malt Beverages and Wine
7a -1a Monday-Friday
7a-12a Saturday
12:30p-11:30p Sunday
Cannot sell on Christmas Day.

City of Fort Oglethorpe

Alcoholic Beverage License Sign Off

Applicant Name: _____
Date applied: _____
Address: _____
Phone Number: _____
Email address: _____
Business name: _____
Business address: _____
On premises ☐ Yes ☐ No
Off premises ☐ Yes ☐ No
Administrative fee of $300 paid ☐ Yes ☐ No
Fingerprint received: ☐ Yes ☐ No
New Application ☐ Yes ☐ No
Manager Change ☐ Yes ☐ No

Zoning

1. Does this business have a current Occupational Tax Certificate? ☐ Yes ☐ No
2. Is the property zoned correctly for this use? ☐ Yes ☐ No
3. Does this business meet the proximity requirements for churches, schools, school buildings, and alcohol treatment centers? ☐ Yes ☐ No _____
4. Does this business have a current Certificate of Occupancy or a Life Safety Inspection Report? ☐ Yes ☐ No (attach certificate or report with application)

Signature: _____ Date: _____

Police Department Criminal History Investigation

Cleared ☐ Yes ☐ No

Signature: _____ Date: _____

License Approval:

City Council Meeting date: _____
Approved ☐ Denied ☐
Applicant notified: _____ Date: _____