



City of Fort Valley, Georgia
Alcohol Beverage License(s) Application

Name of Business _____

_____/_____/_____
Date Application Filed

- New Application
- Renewal Application
- Change In Existing License(s) -
 - Applicant/Designated Agent
 - Manager
 - Name
 - Owner
 - Location

Zoning Classification of Business
(May be obtained from the Building Inspector's Office).

TYPE LICENSE APPLIED FOR (CHECK ALL THAT APPLY TO BUSINESS)

- Beer (Package only) Beer (Over The Counter Only) Beer & Wine (Package Only)
- Beer & Wine (Over the Counter) Beer, Wine, Liquor (Package)
- Liquor By The Drink

THE LICENSE(S) IS BEING APPLIED FOR:

- Package Store Restaurant Convenience Store Pool Hall/Sports Bar

Sales Tax Number: _____ Federal Identification Number: _____

**APPLICANT APPLYING FOR LICENSE
THE CITY OF FORT VALLEY, GEORGIA
ALCOHOL BEVERAGE APPLICATION**

Please list the applicant applying for the license. The applicant may be an individual, partnership, corporation or LLC.

Name of Applicant: _____

d/b/a: _____

Local Business Address: _____

Mailing Address: _____

Email Address: _____

City: _____ State: _____ Zip: _____

Business Telephone ____/____/____ Fax Number ____/____/____

Contact Number ____/____/____

IF APPLICANT IS AN INDIVIDUAL, PLEASE COMPLETE THE FOLLOWING:

A. ARE YOU A UNITED STATES CITIZEN? PERMANANT RESIDENT ALIEN?

B. ARE YOU A RESIDENT OF THE CITY LIMITS OF FORT VALLEY? YES NO

C. ARE YOU A RESIDENT OF PEACH COUNTY? YES NO

⇒ IF APPLYING FOR DISTILLED SPIRITS (PACKAGE LIQUOR) ANSWER THE FOLLOWING QUESTION.

D. HAVE YOU BEEN A RESIDENT OF THE CITY LIMITS OF FORT VALLEY
FOR THE PRECEDING TWELVE MONTHS? YES NO

SIGNATURE OF APPLICANT

STATE OF GEORGIA, PEACH COUNTY, CITY OF FORT VALLEY

I, _____, Applicant, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Applicant's Signature

Date

**DESIGNATED AGENT
CITY OF FORT VALLEY, GEORGIA
ALCOHOL BEVERAGE APPLICATION**

If the applicant is either an individual who does not reside in the City or the County or is a partnership, corporation or a Limited Liability Company, then the applicant must name a designated agent who will be responsible for any matter relating to the license. The designated agent must be an individual who is a resident of the City or of the County.

DESIGNATED AGENT FULL NAME:

List the Name, Address, City, State, Zip & Telephone Number for Designated Agent

NAME:

ADDRESS:

CITY, STATE & ZIP:

TELEPHONE NUMBER:

WHAT IS YOUR RELATIONSHIP TO THE BUSINESS APPLYING FOR THIS LICENSE?

Check the Appropriate Category

- INDIVIDUAL OWNER PARTNER LARGEST STOCKHOLDER/MEMBER AFFILIATE OF BUSINESS
 OTHER

CITIZENSHIP OF DESIGNATED AGENT

A. ARE YOU A UNITED STATES CITIZEN? PERMANANT RESIDENT ALIEN?

B. ARE YOU A RESIDENT OF THE CITY LIMITS OF FORT VALLEY? YES NO

C. ARE YOU A RESIDENT OF PEACH COUNTY? YES NO

⇒ IF APPLYING FOR DISTILLED SPIRITS (PACKAGE LIQUOR) ANSWER THE FOLLOWING QUESTION.

D. HAVE YOU BEEN A RESIDENT OF THE CITY LIMITS OF FORT VALLEY FOR THE PRECEDING TWELVE MONTHS? YES NO

SIGNATURE OF DESIGNATED AGENT

STATE OF GEORGIA, PEACH COUNTY, CITY OF FORT VALLEY

I, _____, Designated Agent, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Designated Agents Signature

Date

OWNERSHIP
CITY OF FORT VALLEY, GEORGIA
ALCOHOL BEVERAGE APPLICATION

CATEGORY OF BUSINESS OWNERSHIP

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership or Limited Partnership |
| <input type="checkbox"/> Domestic Corporation (Inside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)
(Inside Georgia) |
| <input type="checkbox"/> Foreign Corporation (Outside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)
(Outside Georgia) |

PLEASE LIST THE NAME OF THE INDIVIDUAL OWNER, OR PARTNER, MEMBER OR PRINCIPAL STOCKHOLDER:

Not Applicable, No Individual Partners, Members or Stockholders Holding 5% or More Interest

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

FOREIGN CORPORATIONS/LLC - ONLY

If This Entity Is Organized Outside The State Of Georgia, Please State The Name And Address Of Its Registered Agent In Georgia In The Space Provided.

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

SALE OR TRANSFER OF INTEREST OF BUSINESS

HAS THERE BEEN ANY SALE OR TRANSFER OF INTEREST IN THE ABOVE NAMED BUSINESS APPLYING FOR LICENSE TO ANY UNREGISTERED PERSON IN THE PRECEDING 12 MONTHS? YES, NO,

IF YES, A. GIVE NAME _____

B. DATE OF SALE/TRANSFER _____

C. TO WHOM WAS BUSINESS TRANSFERRED _____

D. WHAT PERCENT WAS TRANSFERRED _____

E. REASON FOR TRANSFER _____

**ADDITIONAL STOCKHOLDERS/PARTNERS
OF
ALCOHOLIC BEVERAGE ESTABLISHMENT**
All Stockholders, Members, Partners Holding 5% or More Interest

Not Applicable, No Stockholders, Members, Partners Holding 5% or More Interest

Please List All Stockholders, Members, Partners, Holding 5% or More Interest.

Stockholder/Partner _____	_____
Home Address _____	% Of Ownership
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER

Stockholder/Partner _____	_____
Home Address _____	% Of Ownership
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER

Stockholder/Partner _____	_____
Home Address _____	% Of Ownership
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER

Stockholder/Partner _____	_____
Home Address _____	% Of Ownership
City/State/Zip _____	
Phone _____	

MANAGER OF
ALCOHOLIC BEVERAGE ESTABLISHMENT

Please list the manager or managers of the business

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGERS

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGERS

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGERS

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

CONSENT FORM
CITY OF FORT VALLEY, GEORGIA
ALCOHOL BEVERAGE APPLICATION

I HEREBY AUTHORIZE THE CITY OF FORT VALLEY, AND ITS DEPARTMENTS AND COMMISSIONS TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUING UNTIL REVOKED IN WRITING BY ME.

Check the appropriate Box:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> INDIVIDUAL OWNER | <input type="checkbox"/> PRINCIPAL STOCKHOLDER/MEMBER | <input type="checkbox"/> MANAGER |
| <input type="checkbox"/> PARTNER | <input type="checkbox"/> DESIGNATED AGENT | <input type="checkbox"/> SECURITY |

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP

SEX SECURITY #	RACE	DATE OF BIRTH	SOCIAL

SIGNATURE

DATE

NOTARY _____ DATE _____

⇒ NOTE
DESIGNATED AGENT, INDIVIDUAL OWNER, ALL PARTNERS; PRINCIPAL STOCKHOLDER/MEMBER, SECURITY AND ALL MANAGERS MUST COMPLETE THIS FORM.

SURVEYOR'S AFFIDAVIT
FOR
CITY OF FORT VALLEY, GEORGIA
ALCOHOLIC BEVERAGE LICENSE(S)

A registered surveyor must complete this sworn affidavit. Attach the survey to this application. The survey must be completed within thirty (30) days prior to making application.

The undersigned has made the measurement of distances shown on the attached survey plat for the facility proposed for Alcoholic Beverage License from The City Of Fort Valley. Distance means the measurement in linear feet by the most direct route of travel on the ground as outlined in the Alcoholic Beverage section of the Code of Ordinances of City of Fort Valley.

The Above Named Business MEETS All Distance Requirements As Specified In Section 10-138 From Schools, Churches Etc.”.

The Above Named Business DOES NOT Meet The Distance Requirements As Specified In Section 10-138 From Schools, Churches Etc.”.

REGISTERED SURVEYOR

SWORN TO AND SUBSCRIBED BEFORE
ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

**CERTIFICATION
CITY OF FORT VALLEY, GEORGIA
ALCOHOL BEVERAGE APPLICATION**

Business Name _____

Address _____

Will Begin Business On _____
Date

OR

Is Already In Operation

And, Will Begin the Sale of Alcohol Beverage on _____
Date

- I certify that I have received and read the City of Fort Valley Code of Ordinances Chapter 10 entitled Alcoholic Beverages and that I understand the Rules & Regulations required by the City of Fort Valley; and A copy of Chapter 10 will remain on the premises.

Signature

Title

Date

CERTIFICATION OF APPLICANT

I, _____, do hereby certify that I am a legal resident of _____ County, Georgia and have been since _____.

2. If my application is approved, I certify (PLEASE INITIAL EACH ONE)

- a. That I will abide by the requirements of the City of Fort Valley, laws of the State of Georgia and regulations of the State Department of Revenue. _____
- b. That I will abide by the opening and closing hours and the days on which sales are prohibited as set forth in the Fort Valley Code. _____
- c. That I have never been convicted of any felony within five years immediately prior to the filing of this application, or convicted of any misdemeanor relating to any alcoholic beverage business or any municipal ordinance violation relating to any alcoholic beverage business within two years immediately prior to the filing of this application. _____
- d. That I will not attempt to transfer any license granted except under the terms and conditions as is set forth in the Fort Valley Code. _____
- e. That if a license as applied for is granted, I will allow my business to be open to inspection at any time by City officials authorized to conduct inspection of business premises. _____
- f. That should I fail to comply with the City Code, laws of the State of Georgia or regulations of the Department of Revenue, I understand that my license can be suspended and that no license fees paid shall be refundable. _____

LAST THREE (3) PLACES OF EMPLOYMENT

Company _____
 Address _____
 Business _____ Employed From _____ To _____
 Position _____ Reason For Leaving _____
 Supervisor _____ Telephone Number _____

Company _____
 Address _____
 Business _____ Employed From _____ To _____
 Position _____ Reason For Leaving _____
 Supervisor _____ Telephone Number _____

Company _____
 Address _____
 Business _____ Employed From _____ To _____
 Position _____ Reason For Leaving _____
 Supervisor _____ Telephone Number _____

REFERENCES

List three references

Name: _____

Address: _____

Telephone Number: _____

Name: _____

Address: _____

Telephone Number: _____

Name: _____

Address: _____

Telephone Number: _____

LAST THREE RESIDENTIAL ADDRESSES

1. _____

2. _____

3. _____

I, the applicant, hereinabove set forth, after being duly sworn, under oath, states that the foregoing information is true and correct to the best of my knowledge and belief, So help me God.

This _____ day of _____, 20_____.

Applicant's Signature

Sworn to and subscribed before me the day and year first above written.

Notary Public

(FOR OFFICE USE ONLY)

BUSINESS NAME: _____

BUSINESS LOCATION: _____

RECOMMENDATION OF:

ZONING OFFICIAL:	APPROVED () DISAPPROVED _____ (SIGNATURE)
BUILDING OFFICIAL:	APPROVED () DISAPPROVED () (SIGNATURE)
POLICE DEPARTMENT:	APPROVED () DISAPPROVED () (SIGNATURE)
UTILITIES DEPARTMENT:	APPROVED () DISAPPROVED () (SIGNATURE)
FORT VALLEY FIRE DEPT:	APPROVED () DISAPPROVED () (SIGNATURE)
FORT VALLEY PUBLIC WORKS:	APPROVED () DISAPPROVED () (SIGNATURE)
PEACH COUNTY HEALTH DEPT:	APPROVED () DISAPPROVED () (SIGNATURE)
FORT VALLEY MAIN STREET	APPROVED () DISAPPROVED () (SIGNATURE)