



**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**

(Check all the apply)

- MANAGER
- NAME
- OWNER
- LOCATION

**ZONING CLASSIFICATION OF BUSINESS \*\*\*\*\***

*(Contact the Building Inspector's Office).*

• **(TYPE OF LICENSE APPLIED FOR (CHECK ALL THE APPLY TO BUSINESS))**

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

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

**Please list 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 Code:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**IF APPLICANT IS AN INDIVIDUAL, PLEASE COMPLETE THE FOLLOWING:**

- A. ARE YOU A UNITED STATES CITIZEN?  YES  NO
- B. ARE YOU A RESIDENT OF THE CITY LIMITS OF FORT VALLEY?  YES  NO
- C. ARE YOU A RESIDENT OF PEACH COUNTY?  YES  NO

**→ NOTICE: IF APPLYING FOR DISTILLED SPIRITS (PACKAGE LIQUOR) ANSWER THE FOLLOWING QUESTIONS**

- 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 the County.

**DESIGNATED AGENT FULL NAME**

**\*\*\*List the Name, Address, City, State & Telephone Number of Designate Agent\*\*\***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_/Cell Phone Number: \_\_\_\_\_

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

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

**CITIZENSHIP OF DESIGNATED AGENT**

- A. ARE YOU A UNITED STATES CITIZEN?  YES     NO    PERMANENT RESIDENT ALIEN?  YES     NO  
B. ARE YOU A RESIDENT OF THE CITY LIMITS OF FORT VALLEY?  YES     NO  
C. ARE YOU A RESIDENT OF PEACH COUNTY?  YES     NO

→ **NOTICE: IF APPLYING FOR DISTILLED SPIRITS (PACKAGE LIQUOR) ANSWER THE FOLLOWING QUESTIONS**

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, \_\_\_\_\_, 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: \_\_\_\_\_

**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<br>(Inside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)<br>(Inside Georgia) |
| <input type="checkbox"/> Foreign Corporation<br>(Outside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)<br>(Inside Georgia) |

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

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

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

• **FOREIGN CORPORATION 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 Below.

NAME: _____
ADDRESS: _____
CITY, STATE, & ZIP CODE: _____
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: 1. GIVE NAME: _____
2. DATE OF SALE/TRANSFER: _____
3. TO WHOME WAS BUSINESS TRANSFERRED _____
4. WHAT PERSENT WAS TRANSFERRED _____
5. REASON FOR TRANSFER _____

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

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

**Please List all stockholders, Members, Partners Holding 5% or More Interest**

Stockholder/Partner _____	_____
	% Percentage of Ownership
Home Address _____	
City/State/Zip Code _____	
Phone No. _____	

Stockholder/Partner _____	_____
	% Percentage of Ownership
Home Address _____	
City/State/Zip Code _____	
Phone No. _____	

Stockholder/Partner _____	_____
	% Percentage of Ownership
Home Address _____	
City/State/Zip Code _____	
Phone No. _____	

Stockholder/Partner _____	_____
	% Percentage of Ownership
Home Address _____	
City/State/Zip Code _____	
Phone No. _____	

**MANAGER OF ALOCOHOLIC BEVERAGE ESTABLISHMENT**

**PLEASE LIST MANAGER(S) OF THE BUSINESS**

MANAGER NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

MANAGER NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

MANAGER NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

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.

- INDIVIDUAL OWNER     PRINCIPAL STOCKHOLDER/MEMBER     MANAGER  
 PARTNER                       DESIGNATED AGENT                       SECURITY

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

\_\_\_\_\_  
DATE

→ NOTICE: DESIGNATED AGENT, INDIVIDUAL OWNER, ALL PARTNERS, PRINCIPAL STOCKHOLDER/MEMBER, SECURITY AND ALL MANAGERS MUST COMPLETE THIS FORM.

**SURVEYOR'S AFFIDAVIT  
CITY OF FORT VALLEY, GEORGIA  
ALCOHOLIC BEVERAGE LICENSE**

A registered surveyor must complete this sworn, affidavit. Attache 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 distance 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 the City of Fort Valley.

- The Above-Named Business **DOES MEET ALL** Distance Requirements As Specified In Section 10-188 Form Schools, Churches Etc.”.
  
- The Above-Named Business **DOES NOT MEET** The Distance Requirements As Specified In Section 10-088 Form 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 \_\_\_\_\_.

• **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 ay 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 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 regulation 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.

Sworn to and subscribed this, \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**(FOR OFFICE USE ONLY)**

BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

**RECOMMENDATION OF THE FOLLOWING:**

**ZONING OFFICIAL:**

APPROVED     DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**BUILDING OFFICIAL:**

APPROVED     DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**POLICE DEPARTMENT:**

APPROVED     DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**UTILITIES DEPARTMENT:**

APPROVED     DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**FORT VALLEY FIRE DEPARTMENT:**

APPROVED     DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**FORT VALLEY PUBLIC WORKS DEPARTMENT:**

APPROVED     DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**PEACH COUNTY HEALTH DEPARTMENT:**

APPROVED     DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**FORT VALLEY MAIN STREET:**

APPROVED     DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_