

CITY OF CLARKESVILLE
RETAIL ALCOHOLIC BEVERAGE LICENSE
***RENEWAL APPLICATION – RESTAURANTS ***

FOR OFFICE USE ONLY:

LICENSE YEAR: _____

LICENSE NUMBER: _____

INSTRUCTIONS: Every question shall be fully answered (**TYPEWRITTEN** or printed in ink, **LEGIBLY AND NEATLY**). If the space provided is not sufficient, answer the question on a separate page and indicate in the space provided that such separate page is attached. When completed, this application must be **DATED, SIGNED, AND VERIFIED UNDER OATH BY THE APPLICANT AND FILED WITH THE CITY HALL., together with ALL SUPPORTING PAPERS AND CERTIFIED CHECK, CASHIER'S CHECK, OR CASH FOR THE EXACT FEE.**

BUSINESS NAME: _____

MANAGING AGENT NAME: _____

REGISTERED AGENT NAME: _____

FEES FOR CURRENTLY LICENSED ESTABLISHMENTS ONLY:

_____ **CHANGE OF MANAGING AGENT:** \$ 100
 _____ **CHANGE OF REGISTERED AGENT:** \$ 100

TYPE OF LICENSE & FEE:

(Applications filed after July 1st shall be prorated to one half the amount listed)

_____ **Special Events Permit:** \$ 250
 _____ **Distilled Spirits/ Consumption on the Premises:** \$2,000
 _____ **Malt Beverage & Wine Package Sales:** \$ 375 each
 _____ **Malt Beverages/ Consumption on the Premises:** \$ 500
 _____ **Wine/ Consumption on the Premises:** \$ 500
 _____ **Farm Winery/Farm Tasting Room:** \$1,000
 _____ **Art Shop:** \$ 500
 _____ **Brew Pub:** \$ 500
 _____ **Administrative/Investigative Fees per location (no proration):** \$ 250
 _____ **Growler Permit (One Time Charge):** \$ 250

**CITY OF CLARKESVILLE
RENEWAL OF ALCOHOL LICENSE
INSTRUCTIONS AND CHECKLIST**

PLEASE NOTE: THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE BEING ACCEPTED BY THE LICENSING OFFICE. EACH QUESTION MUST BE ANSWERED.

In order to be considered for renewal of an Alcoholic Beverage License, the following procedures must be followed:

- _____ 1. The application and all attachments must be typed or legibly printed in black ink. The Licensing Office reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible.
- _____ 2. Provide a copy of a current lease and/or sublease, contract, management agreement, lease agreement, and/or purchase agreement or deed for the property if this has changed since your most recent license was issued.
- _____ 3. Proof that Registered Agent is currently a resident of Habersham County, (if the address has changed since your most recent license was issued) ie; phone bill, power bill, or driver's license if their current address is the same address on their license, **or** request to change Registered agent of record if the person previously named is to be replaced.
- _____ 4. Documentation of the Managing Agent's home address, such as phone bill, power bill or driver's license if the address has changed since the most recent application.
- _____ 5. Submit payment of your Alcoholic Beverage License fee by one of the following methods: cash, certified check, or cashier's check, made payable to the City of Clarkesville for the proper amount.
- _____ 6. A criminal history consent form must be completed and submitted with this application for each of the following: owner, sole proprietor, partner and managing agent (make additional copies as needed).
- _____ 7. Complete and attach Affidavit Verifying Status of Citizenship. Persons that are **not** U.S. Citizens must provide **original** Immigration Card I-551 to the Licensing Office for verification and copying. Naturalized citizens must provide their **original** certificate of naturalization for verification by the Licensing Office. This applies to the licensee, each owner and each partner.
- _____ 8. A complete personal financial statement for the licensee, each owner and each partner and the Managing Agent must be submitted. Include assets, liabilities, and capital. (One form is attached make copies as needed.) Also, a copy of the current income tax return for the licensee and for the managing agent.

PLEASE BE ADVISED THAT, IN ADDITION TO A CITY OF CLARKESVILLE ALCOHOLIC BEVERAGE LICENSE, YOU MUST ALSO MAINTAIN A LICENSE FROM THE STATE OF GEORGIA.

Your application will be considered for approval at the December Mayor and Council meeting. Your Alcoholic Beverage License, if approved, will be mailed to you within the week of approval. **No Alcohol License will be issued to a business until the business has renewed its Occupational License for 2019.** If your application is **not approved**, you will be notified in **writing**.

Please read the application carefully and answer all questions. Omissions and/or false statements associated with this application are grounds for revocation or denial of an alcoholic beverage license and criminal penalties for false swearing.

BUSINESS INFORMATION:

A. Legal Name of Business: _____

B. Type of ownership:

- _____ Individual Ownership (sole ownership)
- _____ Partnership
- _____ Owner with investors
- _____ Corporation with one location
- _____ Corporation with multiple locations in Georgia
- _____ Corporation with multiple locations in more than one state

C. Trade name of business: _____

D. Location of business: _____

Street address

City, State and Zip Code

E. Mailing Address: _____

Business Telephone Number: _____

Georgia Sales Tax Number: _____

Federal Employee Identification Number: _____

F. List any other individuals or entities having any interest directly or indirectly in this business and show the nature of such interest:

G. List the full name and address of the owner of the building, owner of the land, and all lessors and sublessors, and the amounts of payment to each. Attach a copy of the lease or deed.

Owner, Lessor, Sublessor: _____

Address: _____

Payments: _____

H. Detail below how much of the capital of this business is borrowed and from whom:

Name: _____

Address: _____

Amount and Terms: _____

Name: _____

Address: _____

Amount and Terms: _____

I. Distance Requirements: (Not applicable for renewals only)

Provide a drawing, to scale, showing the nearest church, funeral chapel, school or college or by affidavit of a registered surveyor that the proposed location of the business complies with section 6-138 of the City of Clarkesville's Alcoholic Beverage Ordinance. (Not required for change of managing agent.)

(1) Location of licensed operation:

- (a) Licenses shall be issued only for locations in nonresidential zones.
- (b) No person may sell or offer to sell any alcoholic beverage in or within 100 yards of any Church building or alcohol treatment facility or in or within 200 yards of any school building, educational grounds or college campus, or day care facility. No alcohol shall be offered for sale, sold, or dispensed within **200 yards** of any school building, educational building, school grounds or college campus except in the Central Business District for consumption on the premises only where no distilled spirits shall be offered for sale, sold, or dispensed within **100 yards** of any school ground or college campus.
- (c) No malt beverages and/or wine and/or distilled spirits for consumption on the premises may be offered for sale, sold or dispensed within one hundred **100 yards** of any property containing 300 housing units or fewer, which property is owned or operated by a housing authority created by Article 1 of Chapter 3 of Title 8 of The Housing Authorities Law.
- (d) No malt beverages and/or wine and/or distilled spirits for consumption on the premises may be offered for sale, sold or dispensed within one hundred **100 yards** of any property containing 300 housing units or fewer, which property is owned or operated by a housing authority created by Article 1 of Chapter 3 of Title 8 of The Housing Authorities Law.

II. REGISTERED AGENT:

All licensed establishments must have and continuously maintain in Habersham County a “Registered Agent” upon whom any process, notice, or demand required or permitted by law or under the City of Clarkesville Alcoholic Beverage Code to be served upon the licensee or owner may be served. This person must be a resident of Habersham County.

NAME: _____
(state full name, do not use initials)

Sex: _____ Race: _____ Date of Birth _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ Phone #: _____

I hereby certify that I am a resident of Habersham County, Georgia, and agree to serve as “registered agent” on behalf of _____, a business located at _____, Clarkesville, Georgia. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Ordinance of the City of Clarkesville, 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.

SIGNATURE OF REGISTERED AGENT

DATE

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF

_____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

NOTE: Attach a copy of driver’s license and proof of Habersham County residency, ie; phone or utility bill, which reflects the address listed by the Registered Agent.

III
MANAGING AGENT
(A photo of applicant must be attached)

The managing agent must be an individual who is a resident of the state of Georgia and a full-time employee of the business, who has regular managerial authority over the business conducted on the licensed premises, including the sale of alcoholic beverages.

SECTION I: Personal Data

Full name of applicant (do not use initials) _____
Include maiden name(s), alias(s), etc.

Social Security No. ____-____-____ Business Phone _____ Cell Phone _____

Home Address: _____ Home Phone _____

Length of residency at this location: _____

Business Address: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____ Hair: _____ Eyes: _____

Place of Birth _____ Date of Birth: _____

U.S. Citizen: _____ By Birth: _____ Naturalized: _____

Date, Place, and Court: _____ Certificate No: _____

Petition # _____ Alien Registration # _____ Native Country: _____

Date and port of entry: _____

Length of residency in Georgia _____ Number of years at current address: _____

(Please attach proof of Georgia Residency)

SECTION II: EMPLOYMENT HISTORY (START WITH PRESENT EMPLOYMENT):

(1) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(2) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(3) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(4) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

Previous Addresses (other than present)

(1) _____ County: _____

(2) _____ County: _____

(3) _____ County: _____

What is your position/title with the business submitting this application? _____

Name of Spouse: _____

SECTION III: BACKGROUND INFORMATION

Do you currently have any interest financial or otherwise or worked in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and/or consumed on the premises? If yes, please give details: _____

Are you related by blood or marriage to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each. _____

Have you, your spouse, or any person having any interest in this business, ever applied for an alcoholic beverage license, ever had any interest in any business licensed to sell alcoholic beverages, ever been an alcohol licensee, or ever been an officer in any business with an alcoholic beverage license that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application could result in denial of the application or revocation of the license.) Yes () No () *If yes, give full details of all the above.*

Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the amount of hours required for each and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required.

What types of materials (written materials, signs, badges, etc.) are provided with the training of employees? Please enclose these materials.

Have you ever been:

- | | |
|---------------------------------------|--|
| A. Arrested Yes () No () | B. Convicted Yes () No () |
| C. Detained Yes () No () | D. Indicted Yes () No () |
| E. Pled Guilty Yes () No () | F. Pled Nolo Contendre Yes () No () |
| G. On Probation Yes () No () | H. Any Pending Charges Yes () No () |

To include but not limited to, Federal, State and Local Ordinance Violations

If you answered "YES" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of the charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if the information was not given for any reason. _____)

SECTION IV: FINANCIAL STATEMENT

Complete the following financial statement, [**separate financial statements should be submitted for the business and the managing agent.**]:

FINANCIAL STATEMENT

NAME: _____ DATE: _____

ADDRESS: _____

BUSINESS/OCCUPATION: _____

SECTION I

(NOTE: COMPLETE ALL OF SECTION II BEFORE SECTION I)

ASSETS		\$1,000's	\$100's	Cents	LIABILITIES		\$1,000's	100's	Cents
1. Cash on Hand and in Banks	SEC 11A				10. Notes Due to Banks	SEC 11A			
2. Cash Value of Life Insurance	SEC 11B				11. Notes Due to Relative and Friends	SEC 11H			
3. Securities	SEC 11C				12. Notes Due to Others	SEC 11H			
4. Notes and Accounts Receivable	SEC 11D				13. Accounts and Bills Payable	SEC 11H			
A. Accounts					14. Loans on Life Insurance Policies	SEC 11B			
B. Notes (Relatives and Friends)					15. Other Liabilities/Debts Itemized:				
5. Real Estate Owned	SEC II E								
6. Mortgages and Contracts Owned	SEC 11F								
7. Personal Property	SEC 11G				16. Real Estate Mortgages Payable	SEC 11E			
					17. TOTAL LIABILITIES				
					18. Net Worth (total assets minus total liabilities)				
9 TOTAL ASSETS <i>(add line 1 to line 8)</i>					19. TOTAL LIABILITIES AND NET WORTH <i>(add line 17 to line 18)</i>				

GENERAL INFORMATION

Are any Assets Pledged? () No () Yes (See Section II): _____

Are you a Defendant in any Suits or Legal Actions? () No () Yes (Explain): _____

Have you been declared Bankrupt in the last 10 years? () No () Yes (Explain): _____

SECTION II

A CASH IN BANKS AND NOTES DUE TO BANKS (List all Real Estate Loans in Section IIE)

NAME OF BANK	TYPE OF ACCOUNT	TYPE OF OWNERSHIP	ON DEPOSIT	NOTES DUE BANKS	COLLATERAL (If any) and type of Ownership

Cash on Hand

[Enter Sec I Line 2] [Enter Sec I Line 14]

B LIFE INSURANCE (List those Policies that you own)

Company	Face of Policy	Cash Surrender Value	Policy Loan from Insurance Company	Other Loans Policy as Collateral
TOTALS				

[Enter Sec 1 Line 2] [Enter Sec 1 Line 14]

C SECURITIES OWNED (Including U.S. Government Bonds and all other Stocks and Bonds)

Face Value-Bonds No. of Shares Stock	Description	Type of Ownership	Cost	Market Value	Amount Pledged in Secure Loan
TOTAL					

[Enter Sec 1 line 3]

D NOTES AND ACCOUNTS RECEIVABLE (Money Payable or Owed to You Individually-Indicate by X if others have an Ownership Interest)

Maker/Debtor	X	When Due	Original Amount	Balance Due On Accounts	Balance Due Notes Relatives & Friends	SECURITY (If any)
TOTALS						

[Enter Sec 1 Line 4] [Enter Sec 1 Line 4]

E REAL ESTATE OWNED (Indicate by X if others have an Ownership Interest)

TITLE IN NAME OF	X	Description and Location	Date Acquired	Original Cost	Present Value Of Real Estate				To Whom Payable
						Balance Due	Payment	Maturity	
TOTALS									

[Enter Sec 1 Line 5] [Enter Sec 1 Line 16]

F MORTGAGES AND CONTRACTS OWNED (Indicate by X if others have an Ownership Interest)

F Cost	Mttge	X	MAKER		PROPERTY COVERED	Starting Date	Payment	Maturity	Balance Due
			Name	Address					

[Enter Sec 1 Line 6]

G PERSONAL PROPERTY (Indicate by X if others have an Ownership Interest)

DESCRIPTION	x	Date <i>When New</i>	Cost When New	Value Today	LOANS	ON PROPERTY
					B a l a n c e D u e	To Whom Payable
Automobiles						
TOTAL						
				[Enter Sec 1 Line 7]		

H NOTES, ACCOUNTS, BILLS AND CONTRACTS PAYABLE (other than Bank, Mortgage and Insurance Company Loans)

PAYABLE TO	Other Obligors (if any)	When Due	Notes Due to Relatives and Friends	(Notes Due Others Not Banks)	Accounts and Bills Payable	COLLATERAL (If Any)
TOTAL						
			[Enter Sec 1 Line 11]	[Enter Sec 1 Line 12]	[Enter Sec 1 Line 13]	

For the **purpose of obtaining a** City License, I furnish the foregoing as -true and **accurate** statement of my financial **condition**. Authorization is **hereby** given to the City of Clarkesville to verify in any manner it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the City immediately in writing or *any* significant adverse change in such financial **condition**.

Signature: _____ **Date:** _____

IV. MISCELLANEOUS

A. List any previous alcoholic beverage applications submitted either by this business or managing agent and show the disposition of the application(s).

B. List any previous suspensions/ revocations of alcoholic beverage licenses held by this business or managing agent.

C. List all other businesses engaged in the sale of alcoholic beverages having any association whatsoever with any person, firms, or corporations holding an interest in this application:

D. KEY PROVISIONS OF ALCOHOLIC BEVERAGE ORDINANCE:

1. General License Standards	<u>Initial</u>
(A) Applicant Knowledgeable of:	
(1) State Law, City Ordinance, State & City Rules & Regulations	_____
(2) Regulated Hours of Sale:	_____
(3) Regulated Days of Sale:	_____
(4) Regulated Age of Customers:	_____
(5) Procedure for Change of License Holder:	_____
(6) Sunday Restrictions:	_____
(7) Requirements for Posting of License:	_____
(8) Requirements for Cooperation with Police:	_____

(9) Inspection Rights of City Officials: _____

(10) Limitations of Alcoholic Beverages on
Premises only from Licensed Wholesalers: _____

(11) Penalties for Violations: _____

**(B) APPLICANT INFORMS EMPLOYEES ABOUT
LAW, ORDINANCE, RULES & REGULATIONS:** _____

2. CONSUMPTION ON PREMISES STANDARDS:

(A) APPLICANT KNOWLEDGEABLE OF:

(1) 50% Food Sales Requirement & Reporting Procedure: _____

(2) Mixed Drink Tax due **20th Day** of Each Month: _____

(3) Happy Hour Regulations: _____

(4) Removing partially consumed bottles of wine from
premises: _____

3. PACKAGE STANDARDS:

(A) APPLICANT KNOWLEDGEABLE OF:

(1) Prohibition Against Consumption on Premises: _____

(2) Regulations Concerning Opened Containers: _____

(3) Regulations Regarding Transporting
Alcoholic Beverages: _____

(4) Regulation requiring 25/75% alcohol to total sales
in any given month. _____

PERSONAL STATEMENT

OWNER/PARTNER/INTEREST HOLDER

(If a different person than Managing Agent)

Personal Data:

(A photo of applicant must be attached)

Full name: (do not use initials) _____
Include maiden name(s), alias(s), etc.

Social Security No. ____ - ____ - ____ Business Phone _____ Cell Phone _____

Home Address: _____ Home Phone _____

Length of residency at this location: _____

Business Address: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____ Hair: _____ Eyes: _____

Place of Birth _____ Date of Birth: _____

U.S. Citizen: _____ By Birth: _____ Naturalized: _____

Date, Place, and Court: _____ Certificate No: _____

Petition # _____ Alien Registration # _____ Native Country: _____

Date and port of entry: _____

Length of residency in Georgia _____ Number of years at current address: _____

Percentage of interest held with the business submitted this application _____.

SECTION II: EMPLOYMENT HISTORY (START WITH PRESENT EMPLOYMENT):

(5) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(6) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(7) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(8) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

Previous Addresses (other than present)

(4) _____ County: _____

(5) _____ County: _____

(6) _____ County: _____

What is your position/title with the business submitting this application?: _____

Name of Spouse: _____

BACKGROUND INFORMATION

Do you currently have any interest financial or otherwise or worked in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and/or consumed on the premises? If yes, please give details: _____

_____.

Are you related by blood or marriage to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each. _____

_____.

Have you, your spouse, any person having any interest in this business, ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application could result in denial of the application or revocation of the license.) Yes () No () *If yes, give full details of all the above.*

Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the amount of hours required for each and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required.

What type of materials (written materials, signs, badges, etc.) are provided with the training of employees? Please enclose these materials.

Have you ever been:

- | | |
|---------------------------------------|--|
| A. Arrested Yes () No () | B. Convicted Yes () No () |
| C. Detained Yes () No () | D. Indicted Yes () No () |
| E. Pled Guilty Yes () No () | F. Pled Nolo Contendre Yes () No () |
| G. On Probation Yes () No () | H. Any Pending Charges Yes () No () |

If you answered "YES" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of the charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if the information was not given for any reason. _____

OATH OF MANAGING AGENT

Georgia, City of Clarkesville

OATH: I, _____ do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for an alcoholic beverage license are true and complete, and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand 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 have received a copy of this alcoholic beverage ordinance and do understand that this copy is to be kept on the licensed premises at all times.

I have read and do understand state laws and city ordinances relating to alcoholic beverages, including the “key provisions” on pages 11 and 12 of this application.

Signature of Managing Agent

Doing Business As

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

Notary Public

My commission expires _____

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____ [name of government entity], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:



Habersham County Sheriff's Department:

Please perform a finger print criminal background check for the bearer of this letter. The City of Clarkesville requires this for renewal of an Alcoholic Beverage License. Please use the City's ORI number for billing. The results should be forwarded to Police Chief Brad Barrett.

Thank you,

Glenda Smith
City Clerk

PRIVATE EMPLOYER AFFIDAVIT
PURSUANT TO O.C.G.A. §36-60-6 (d)
****REQUIRED****

If your business employs less than ten (10) employees, please check this box sign and notarize below.

By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

If your business employs more than ten (10) employees, please complete the information below.

Effective July 1, 2012, if you are an employer (including any individual, firm or corporation) employing more than one hundred (100) employees, you must complete a "Private Employer Affidavit". If you are an employer (including any individual, firm or corporation) employing more than ten (10) employees, on or after July 1, 2013 you must complete a "Private Employer Affidavit."

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

I hereby declare under penalty of perjury that the foregoing is true and correct

Executed on _____, _____, 20____ (City)_____ (State)

Federal Work Authorization User Identification Number: _____(E-Verify #)

Date of Authorization _____ **Name of Private Employer**_____

Signature of Authorized Office or Agent

NOTARY PUBLIC

Printed Name and Title of
Authorized Officer or Agent

MY COMISSION EXPIRES:

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE _____ DAY OF _____, 20____

Consent for Criminal History Records:

I hereby authorize personnel of the City of Clarkesville Police Department to receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency now and at anytime the City deems necessary.

FULL NAME PRINTED

ADDRESS

CITY/STATE/ZIP CODE

DATE OF BIRTH SEX RACE SOCIAL SECURITY NUMBER

SIGNATURE

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES

FOR OFFICE USE ONLY:

PRINT NAME OF PERSON RECEIVING RECORD

CITY OF CLARKESVILLE POLICE DEPARTMENT

SIGNATURE OF PERSON RECEIVING RECORD

Telephone:
706-754-4216



P.O. Box 21
Clarkesville, GA 30523

Alcohol License Renewal Life Safety Check List:

Prior to all alcohol license renewals, a life safety inspection shall be performed. This inspection is to ensure that the premises are up current with alcohol ordinance and life safety requirements.

These are the common items that are inspected, but not limited to, when inspections are being conducted:

- **Building structure**
- **Fire Safety**
 - **Fire Extinguishers tagged, mounted and marked with signage (Code states one 10lb extinguisher per 3000 sq. ft.)**
 - **Exit signage mounted and tested (Emergency Lighting and/or combo/Exit lights where required)**
 - **Minimum three (3) foot clearance between aisles.**
 - **Egress (Exit) doors clear and unobstructed and unlocked during business hours**
- **Alcohol License Requirements/Open Area and Patio**
 - **Open area/Patio enclosed with public main ingress/egress through main licensed premises**
 - **Fire exit(s) properly marked and unlocked during business hours**
 - **Alarm on fire exit(s) in good working order**

If there are any repairs that involve permitted work, please contact City of Clarkesville building department prior to commencing work.

Caleb Gaines, Zoning Administrator/Building Inspector Office – 706-754-4216 Cell – 706-968-5641

MAKE SURE ITEMS LISTED BELOW ARE COMPLETED

- Taxes Personal & Real Property are **paid in full**
- All volume and mix drink reports with state sales tax (**attached**) are turned into Clerk's office (due by the 20th of each month) and **up to date**
- Make sure all employees that take orders or serves **have servers permit**
- List of all employees with name, address, phone number and job description turned in to clerk's office (due June & December) and **up to date**
- You have **scheduled and had safety check** with Zoning Administrator Mr. Caleb Gaines (706-968-5641) prior to November 5, 2018

MAKE SURE THES ITEMS ARE INCLUDED IN PACKET

- Copy of driver's license for **owner, partner, and managing agent**
- 2017 Tax return for **licensee and managing agent**
- Complete personal financial statement **for licensee, each owner, partner, and managing agent**
- Criminal history for **owner, partner, and managing agent**
- Registered Agent **item with address**
- Finger prints check for each **owner, partner, and managing agent**
- Payment **certified/cashier's check or cash**