

**CITY OF CLARKESVILLE**  
**RETAIL ALCOHOLIC BEVERAGE LICENSE**  
**\*NEW APPLICATION\***

**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 CLERK'S OFFICE**, 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 1<sup>st</sup> 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:** ..... \$ 425 (each)
- \_\_\_\_\_ **Malt Beverages/ Consumption on the Premises:** ..... \$ 500
- \_\_\_\_\_ **Wine/ Consumption on the Premises:** ..... \$ 500
- \_\_\_\_\_ **Farm Winery/Farm Tasting Room:** ..... \$1,000
- \_\_\_\_\_ **Art Shop:** ..... \$ 500
- \_\_\_\_\_ **Administrative/Investigative Fees per location (no proration):** ..... \$ 250
- \_\_\_\_\_ **Growler Permit (One Time Charge)** ..... \$ 250
- \_\_\_\_\_ **Brew Pub:** ..... \$ 500

**I. 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. Attach detailed plans of building and outside premises.**

**I. 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: \_\_\_\_\_

**J. Distance Requirements:**

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 outside of the area zoned Downtown Business District 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 person in the area zoned Downtown Business District may sell or offer to sell any alcoholic beverage for consumption on the premises in or within 100 feet of any church building, alcohol treatment facility or school building, education grounds or college campus, or day care facility.

(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.

**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*

**NOTE:** Attach a copy of driver’s license and proof of Habersham County residency, ie; phone or utility bill, that 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 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. <b>Arrested</b>     | Yes ( ) No ( ) | B. <b>Convicted</b>           | Yes ( ) No ( ) |
| C. <b>Detained</b>     | Yes ( ) No ( ) | D. <b>Indicted</b>            | Yes ( ) No ( ) |
| E. <b>Pled Guilty</b>  | Yes ( ) No ( ) | F. <b>Pled Nolo Contendre</b> | Yes ( ) No ( ) |
| G. <b>On Probation</b> | Yes ( ) No ( ) | H. <b>Any Pending Charges</b> | 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. \_\_\_\_\_)

---

---

---

**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. <b>Arrested</b>     | Yes ( ) No ( ) | B. <b>Convicted</b>           | Yes ( ) No ( ) |
| C. <b>Detained</b>     | Yes ( ) No ( ) | D. <b>Indicted</b>            | Yes ( ) No ( ) |
| E. <b>Pled Guilty</b>  | Yes ( ) No ( ) | F. <b>Pled Nolo Contendre</b> | Yes ( ) No ( ) |
| G. <b>On Probation</b> | Yes ( ) No ( ) | H. <b>Any Pending Charges</b> | 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. \_\_\_\_\_

---

---

---

**SECTION IV: FINANCIAL STATEMENT**

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

FINANCIAL STATEMENT

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

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

BUSINESS/OCCUPATION: \_\_\_\_\_

**SECTION I**

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

ASSETS		SI ,000's	S100's	Cents	LIABILITIES		SI ,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				

[Eater Sec I Line 2] [Eater 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				
						Balance Due	Payment	Maturity	To Whom Payable
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 Gainesville 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:**

<b>1. General License Standards</b>	<b><u>Initial</u></b>
<b>(A) Applicant Knowledgeable of:</b>	
(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 **20<sup>th</sup> 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 \_\_\_\_\_
- (4) 75% Merchandise/Alcohol sales requirement & Reporting Procedure \_\_\_\_\_

**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 \_\_\_\_\_