



Alcohol Beverage License Application

Instructions: This application must be typed or printed legibly and executed under oath. Each question must be fully answered. If space provided is not sufficient to answer the question please use a separate sheet of paper.

Holding an alcohol beverage license with the City of Hapeville is a privilege.

New Amended

Date: _____

Contact Name: _____ Phone: _____

Business/Trade Name: _____

D/B/A: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Business Address: _____

TYPE OF BUSINESS

- Convenience Store
- Grocery Store
- Hotel/Motel
- Package Store
- Manufacturer
- Specialty Beverage Store
- Restaurant
- Restaurant under 2,000 Sq. Ft.
- Wholesale
- Other: _____

TYPE OF LICENSE AND FEES

	<u>Retail</u>	<u>On-Premise Consumption</u>	<u>Wholesale/Manufacturer</u>
<input type="checkbox"/> Beer/Wine	\$3,150.00	<input type="checkbox"/> Beer/Wine \$3,150.00	<input type="checkbox"/> Beer/Wine \$3,150.00
<input type="checkbox"/> Package	\$5,000.00	<input type="checkbox"/> Beer/Wine/Liquor \$5,000.00	<input type="checkbox"/> Beer/Wine/Liquor \$5,000.00

On-Premise Consumption below 2,000 Sq. Ft.

- Beer \$750.00
- Wine \$750.00
- Liquor \$1600.00

APPLICANT INFORMATION

Please submit a passport photograph of owner(s) with completed application.

Full Name: _____ Date of Birth: _____

Current Address: _____

Spouse Name: _____

Address of Applicant (if different for the past 5 years):

Name and Location of Employers for the last five years: _____

Have you been arrested in the last five years? Yes No (If yes, explain)

Has your spouse been arrested in the last five years? Yes No (If yes, explain) _____

BUSINESS INFORMATION

Type of business entity: Sole Proprietorship Partnership Corporation Other

Has an Occupational Tax Certificate been obtained and paid for said business? Yes No (If not issued by the City of Hapeville please include a copy with application.)

Federal Tax ID Number: _____ State Tax ID Number: _____

Do you own the property? Yes No (If no, please provide name, address, and contact number for the landlord. A copy of the Lease must be attached to this application.) _____

Name each person(s) having a financial interest in the Establishment.

Full Name	Position	Social Security Number	Address	% of Interest

Have you or anyone with interest in the establishment ever or do you currently hold an alcohol beverage license with any other municipality, county, or state? Yes No

If so, have you or anyone holding interest in the establishment ever been placed on probation or had your license revoked? Yes No (If yes, please explain on separate sheet of paper and attach hereto.)

Provide name, address, Social Security Number, and phone number for each Manager if different from owner. A passport photograph, Personnel Statement, and Background Check must be submitted for each manager.

Full Name	Social Security Number	Address	Phone Number

BUSINESS SPECIFIC INFORMATION

County Tax Parcel ID _____ Zoning District _____

Nearest Intersection: _____

Building Square Footage: _____ Business Square Footage (if not using entire building): _____

Patio/Outdoor Dining Square Footage (if applicable): _____

Number of Parking Spaces for business? (Attach site plan showing designated, striped parking and lighting)

If shared parking, detail of how many are dedicated to the business and details of other businesses sharing parking (addresses). _____

Hours/days of operation: _____

Description of adjacent properties (residential/commercial) _____

If application is for Retail Sale, attach a surveyor’s certificate containing the following information:

- A scale drawing of the building and/or proposed building
- The proposed off-street parking facilities available to the building and all outdoor lighting on the premises
- The exact location of the business, including street address, ward, and county tax map number
- Current zoning classification of the location
- The distance from the business to each of the following: the nearest school, church building, and the nearest alcoholic treatment center owned and operated by state, county or municipality.

VERIFICATION OF APPLICATION

I hereby make application for an Alcohol Beverage License for the City of Hapeville. I understand that holding this license is a privilege. I do hereby affirm and swear that the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just case for invalidation of this application and any action taken on this application. I understand the City of Hapeville reserves the right to enforce any and all ordinances regardless of payment of license fee and further that it is my/our responsibility to conform with said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can

read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of Hapeville pursuant to O.C.G.A. §16-10-20.

Signature of Applicant or Agent

Print or Type Name

I certify that _____ (name of applicant) personally appeared before me, and that he signed his name to the foregoing statements and answers made therein, and under oath, has sworn that said statements and answers are true.

This ____ day of _____, 20__.

Notary Public

My commission expires on: _____