

CITY OF TEMPLE
BEER AND WINE APPLICATION

I, _____, hereby make application for a license to engage in the sale of malt beverage and wine at retail in Carroll County, Georgia, under the trade name _____ at the following address: _____
_____ said location being 300 feet from the nearest school and church.

I am a resident of Carroll County residing at _____

I have not been convicted of a felony within 10 years or a misdemeanor within 5 years of the date of this application or a violation of the laws of this state, or any other state. I have not had a revoked, for cause, within 3 years next preceding this application, any license issued by the City of Temple Mayor and Council, or any other state or city, to sell alcoholic beverage of any kind.

I am the owner of the premises for which the license is requested, or the holder of lease they're on: If leased, name of owner is _____ (attach a copy of deed or lease.)

I shall be active in and solely responsible for the management and operation of the business for which the license is requested.

I understand that a violation of any of the regulation of the City of Temple, Carroll County, Georgia or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverage and wine shall subject my license to immediate suspension.

If corporation, principal officers
And registered agent and title:

If partnership, partners:

Signed: _____

Registered address: _____

Resident Phone: _____

Date of Birth: _____

SSN#: _____

Business Occupation: _____

Business Phone: _____

**CITY OF TEMPLE
CRIMINAL HISTORY CONSENT FORM**

I hereby authorize the City of Temple to receive any criminal history record information pertaining to me, which may be in the record files of any State or Local Criminal Justice Agency in Georgia.

Full Name (Printed): _____

Address/City/State/Zip: _____

Social Security Number: _____ Race: _____

Date of Birth: _____ Sex: _____

Signature: _____

Company Name: _____ Telephone No.: _____

Address/City/State/Zip: _____

Notary: _____

My Commission Expires: _____

Seal:

Law Enforcement Official Performing Record Check

Name: _____ Date: _____

Results: _____

Authorizing Official: _____

Date of Approval: _____

**CITY OF TEMPLE
PRIVILEGE LICENSE APPLICATION**

INSTRUCTIONS: Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in that space that a separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed in person by the applicant with the Office of the City Manager, Temple City Hall, 337 Sage Street, Temple, Georgia 30179, together with all supporting documentation and a check for the required non-refundable application fee.

A license issued to an individual shall be issued in the name of the individual. A license issued to a partnership shall be issued in the name of the partnership and in the name of the one of the partners who shall be the named licensee. A license issued to a corporation having as its principal business the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the majority stockholder or a principal officer of the corporation; and, such majority stockholder or officer shall be the named licensee. A license issued to a corporation having as its principal business an activity other than the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the officer or employee of the corporation primarily responsible for the operation of the licensed premises; and, such officer or employee shall be the named licensee.

TYPE OF OUTLET:

Retail Package Sales

TYPE OF LICENSE (check one only):

Retail Package Malt Beverage

Retail Package Wine

Retail Package Beer & Wine

ANNUAL LICENSE FEE (check one only):

Retail Package Malt Beverage- \$500.00

Retail Package Wine- \$500.00

Retail Package Beer & Wine- \$1,000.00

1. TYPE OF OWNERSHIP:

Individual

Partnership

Corporation

(a) If individual, full name and legal address of owner:

Name

Address

SS#

(b) If corporation, corporate name: _____ . Name, percent interest and legal address of principal stockholders and corporate officers:

Name

Address

% Interest

Name

Address

% Interest

Name

Address

% Interest

Name

Address

% Interest

(c) If partnership, partnership name: _____ . Name, percent interest and legal address of all partners:

Name	Address	% Interest

(d) Full name, address and legal residence of the named licensee – (a) Individual (b) Principal Officer/Employee (c) Partner, each partner must be a named licensee:

Name	Address	SS#
2. Is the above address your legal and bona-fide place of domicile? _____		
3. Trade name of business for which application is made: _____		
4. Location of business for which application is made: _____		
Phone Number: _____	Address _____	
	Business	Home
Mailing Address: _____		

* Part II*

1. Have you received a copy of the City of Temple Alcoholic Beverage Ordinance? _____ .
(No application will be processed until receipt of a copy of this ordinance is acknowledged)
2. Have you included with this application a check for the non-refundable application fee in the amount of \$ _____ as required by the Alcoholic Beverage Ordinance of the City of Temple?
3. As required by the Alcoholic Beverage Ordinance of the City of Temple, have you included the following with this application?
 - (a) a copy of the deed to the premises to be licensed if the owner is the applicant _____.
 - (b) a copy of the lease agreement covering the premises to be licensed, if leased by the applicant _____;
 - (c) in case of a partnership, a copy of the partnership agreement _____;
 - (d) in the case of a corporation, a copy of the articles of incorporation _____;
 - (e) a current stamped certificate from a registered surveyor which shows a scale drawing of the premises and the location at which the applicant desires to operate an alcoholic beverage outlet and which shows, with linear foot measurements where appropriate, such location's compliance or noncompliance with the provisions of the Alcoholic Beverage Ordinance of the City of Temple? _____.
4. Have you confirmed with the City of Temple that the location of the proposed outlet is in a zoning district approved for the sale of alcoholic beverages subject to the specific limitations of the respective district as provided for in the Alcoholic Beverage Ordinance of the City of Temple? _____.
5. If applicable, have you received approval from the City of Temple for any new construction, renovations, remodeling, etc. at the premises to be licensed?
6. If applicable, have you received an approved site plan from the City of Temple Engineer for the location of the premises to be licensed? _____.
7. If applicable, have you received a Carroll County Health Department Food Service Permit and any other applicable local, state, or federal permits, etc... required for a food service establishment? _____.

8. Does the named licensee, any partner (s), the corporation or any corporate officer have any ownership interest in any other licensed alcoholic beverage business? _____.

If yes, give business name, business location and all other pertinent details:

9. Has the named licensee and all other persons otherwise required, submitted themselves to the City of Temple Police Department for fingerprinting and background check(s) as provided for in the Alcoholic Beverage Ordinance of the City of Temple? _____.

10. Has the named licensee, any partner (s), the corporation, or any corporate officer been:

(a) convicted within the last ten (10) years of any felony or nay misdemeanor involving moral turpitude?

(b) any other misdemeanor within the past five (5) years? _____.

(c) denied or had revoked, within the five (5) years preceding this application, any license to sell alcoholic beverages issued by any governmental entity? _____.

(d) been convicted of selling alcohol to a minor within a three (3) year period preceding this application? _____.

If the answer to any portion of question 10 is yes, describe in detail and give dates of occurrences:

11. Has any alcoholic beverage business in which the named licensee, partner(s) , the corporation or corporate officers holds or has held any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinance/legislation relating to the sale or distribution of alcoholic beverages? _____.

If answer to question 11 is yes, describe in detail and give dates:

12. On behalf of the named licensee, provide three (3) personal references (not relatives, former employers, fellow employees or school teachers) who are responsible, reputable adults, business or professional men or women, who have known the named licensee during the past five (5) years.

(Name, Residence, Business Address and Number of Year's Known)

* _____

* _____

* _____

13. Is the named licensee a citizen of the U.S.? _____.

Place of Birth: _____ Date of Birth: _____

14. Do you understand that this license is not transferable? _____.

*** PART III ***

VERIFICATION

State of Georgia, _____ County.

I, _____, Licensee, do solemnly swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicants Signature (FULL NAME IN INK)

I, hereby certify that _____ signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____ 20_____.

Notary Public

(AFFIX SEAL)