Walton County
Department of Planning & Development
303 S Hammond Drive, Suite 98
Monroe, GA 30655

Phone: 770-267-1485
Fax: 770-267-1407
www.waltoncountyga.gov

ALCOHOLIC BEVERAGE LICENSE INFORMATION & CHECK LIST

- ☐ A state license must be obtained before any alcoholic beverage can be served or sold in the Walton County. Contact the Georgia Department of Revenue at (404) 417-4490.

- ☐ Brewpubs must be permitted by the United States Department of the Treasury, Alcohol, Tobacco & Firearms (ATF) Division. (404) 679-5130.

- ☐ Read and understand the County's Alcoholic Beverage Ordinance. Licensees to maintain a copy of the Alcoholic Beverage Ordinance and employees shall be familiar with the terms and conditions of the ordinance.

- ☐ Hours and Days of Sale: On premises consumption shall be limited between the hours of 9:00 a.m. to 12:00 midnight Monday through Saturday. Retail package licensees shall not engage in the sale of beer and/or wine except between the hours of 7:00 a.m. and 12:00 midnight Monday through Saturday and between the hours of 12:30 p.m. and 11:30 p.m. on Sunday.

- ☐ Please call for an appointment prior to submitting your application for alcoholic beverage - (770) 267-1485. The following information will be required at the time of submittal:

  - ☐ Application form;
  - ☐ Statement of personal history form for sole owner, partners, officers, directors and major stockholders of private corporations, and general manager;
  - ☐ Registered agent consent form - MUST BE RESIDENT OF WALTON COUNTY;
  - ☐ Copy of Current Driver's License or State Identification Card for all individuals submitting a personal history statement;
  - ☐ Copy of Legal Alien Card (if applicable) for all individuals submitting a personal history statement;
  - ☐ Affidavit verifying status for County Public Benefit Application
  - ☐ All individuals required to complete personal history statement must contact the Probate Court at (770) 267-1345 for fingerprinting/background check. There will be a $50.00 fee, in the form of cash or money order made payable to Walton County.
  - ☐ Check or cash for license fee(s). See fee schedule for appropriate fee(s);
  - ☐ Check or cash for administrative fee - $200.00;
  - ☐ If applicant represents an eating establishment, submit a copy of menu(s);
  - ☐ If applicant represents a private club, submit minutes of annual meeting setting salaries for members, officers, agents, or employees;
  - ☐ If applicant represents a partnership, submit copy of partnership agreement;
  - ☐ If applicant represents a corporation, include articles of incorporation; and certificate of incorporation.

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

TYPE OF LICENSE (check one): ☐ **NEW** ☐ **LOCATION AMENDMENT** ☐ **RENEWAL**

ADMINISTRATIVE FEE PAID: ☐ **$200.00 - ALL NEW APPLICANTS AND RENEWALS IF THE LICENSEE HAS CHANGED**

TYPE OF BUSINESS (check all that apply):

☐ Eating Establishment
☐ Hotel/Motel
☐ Wholesale
☐ Super Market
☐ Convenience Store
☐ Brew Pub
☐ Other (Explain): _____

Will Live Entertainment Be Offered? ☐ No ☐ Yes (Explain): _____

TYPE OF LICENSE AND FEES (check all that apply):

RETAIL CONSUMPTION OFF PREMISES

☐ Beer (Only) $500 ☐ Wine (Only) $500 ☐ Beer & Wine (Both) $1,000

RETAIL CONSUMPTION ON PREMISES

☐ Beer (Only): $500 ☐ Wine (Only): $500 ☐ Beer & Wine (Both): $1,000
☐ Brew Pub: $750
☐ Hotel/Motel In-Room Beer/Wine Service: $100
☐ Additional Fixed Bars: $500 per bar, Number of Bars_____
☐ Movable Bars: $100 per bar, Number of Bars_____

WHOLESALE DEALER

☐ Beer (Only): $250 ☐ Wine (Only): $250 ☐ Beer & Wine (Both): $500

NON-PROFIT PRIVATE CLUB

☐ Beer (Only): $100 ☐ Wine (Only): $100 ☐ Beer & Wine (Both): $150

☐ Temporary License (Non-Profit Civic Organization Only)
$25 Per Day, Maximum 10 Days Per Calendar Year, Number of Days _____

LOCATION AMENDMENT

☐ Relocation fee: $25

BUSINESS INFORMATION:

(a) Business Name: _____

(b) City Street Address: _____

City: _____ State: ____ Zip Code: _____ Ph: (____)_____

(c) Mailing Address: _____

City: _____ State: ____ Zip Code: _____ Ph: (____)_____

OWNER(s) INFORMATION:

(a) Owner(s) Name: _____ SSN #: _____

Street Address: _____

City: _____ State: ___ Zip Code: _____ Phone: (____)_____

Mailing Address: _____

City: _____ State: ___ Zip Code: _____ Fax: (____)_____

(b) Corporation Name (if applicable)_____ FIN #: _____

Street Address: _____

City: _____ State: ___ Zip Code: _____ Phone: (____)_____

Mailing Address: _____

City: _____ State: ___ Zip Code: _____ Fax: (____)_____

REGISTERED AGENT: (MUST BE A RESIDENT OF WALTON COUNTY!)

(a) Full Name: _____ SSN #: _____

(b) Street Address: _____

City: _____ State: ___ Zip Code: _____ Phone: (____)_____

TYPE OF OWNERSHIP:

☐ Sole Owner ☐ Partnership
☐ Private Held Corporation ☐ Public Held Corporation
☐ Public Held Corporation Subject to S.E.C. Regulations

☐ Other – (please explain): _____

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

FOR PARTNERSHIP ONLY (Attach Partnership Agreement): Check Here if Not Applicable: ☐

(a) Date Partnership Was Formed: _____

(b) List Partners:

Partner Names:	*Social Security Number*	*G – General L – Limited S – Silent*	*Investment Interest (Dollars)*	*Participation Interest (Percentage)*

Check here if there are additional Partners not listed above: ☐

FOR CORPORATIONS ONLY (Attach Articles of Incorporation): Check Here if Not Applicable: ☐

(a) Date of Incorporation (month/day/year): ____/____/____

(b) Place of Incorporation (city and state): _____

(c) Parent Corporation Name (if applicable): _____

FOR PRIVATE CLUBS ONLY: Check Here if Not Applicable: ☐

(a) Date of Organization under the laws of the State of Georgia: (month/day/year): ____/____/____

(b) State the total number of regular dues paying members: _____

(c) Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of alcoholic beverages beyond a fixed salary as established by it's members at any annual meeting or by it's governing board out of the general revenue of the club? ☐ No ☐ Yes (explain):

_____

_____

(d) Attach minutes of the annual meeting setting salaries for members, officers, agents, or employees.

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

PLEASE NOTE: ***Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.***

STATE OF GEORGIA, _____ COUNTY

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT.

_____ _____

APPLICANT'S PRINTED NAME *APPLICANT'S SIGNATURE*

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION 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 AND CORRECT.

THIS _____ DAY OF _____, 20_____.

_____

NOTARY PUBLIC SIGNATURE

(AFFIX SEAL HERE)

CONSENT FORM for Criminal History Record

New Alcohol License _____ Renewal of License _____
(Please check One)

I hereby authorize the Walton County Probate Court and Walton County Planning and Development to receive any criminal history record information pertaining to me/applicant, which may be in the files of any state or local criminal justice agency in the State of Georgia.

_____ _____ _____ _____
Full Name Sex Race Date of Birth

_____ _____
Street Address Social Security Number

_____ _____ _____ _____
City / State / Zip Place of Birth Hair Color Eye Color

Sworn to and subscribed before me

this _____ day of _____, 20____.

_____ _____
Signature Notary Public (SEAL)

Business Information:

_____
Business Name

_____
City of Business

_____
VALID Daytime Phone Number

Fee determined by Probate Court

Walton County Planning and Development ORI # GA923245Z

STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: THIS STATEMENT MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

1. Name:

_____
Last First Middle

Residence

_____
Street Number Street Name

_____
City State Zip Code Telephone Number

2. Applicant Relationship (please check):

☐ Sole Owner/Proprietor ☐ Partner: ☐General ☐ Limited ☐ Silent
☐ Director ☐ Principal Stockholder (20% or more)
☐ Registered Agent ☐ Officer: _____
☐ Manager ☐ Employee: _____

3. Trade name of business for which this statement is for:

NAME OF BUSINESS: _____

LOCATION: _____
Street Number and Street Name P. O. Box

_____
City State Zip Code Telephone Number

4. State the percentage of ownership or interest, if any, in this business: _____

5. State method and amount of compensation, if any, directly or indirectly: _____

6. Date of Birth: _____ Place of Birth: _____

Sex: ☐ Male ☐ Female Race: _____

Hair Color: _____ Eye Color: _____

7. ☐ U.S. Citizen ☐ Legal Alien ☐ Other (please explain): _____

_____

8. ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated (If married or separated, complete information below):
Full Name of Spouse: _____

Maiden Name: _____ Date of Birth: _____

STATEMENT OF PERSONAL HISTORY

9. State any other names which you have used: maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, show dates, etc.: _____

_____

_____

10. Employment record for the past five (5) years. (List the most recent experience first):

From (mo/yr)	To (mo/yr)	Employer Name	Title or Position	Salary Received	Reason for Leaving

11. List in reverse chronological order all of your residences for the past ten (10) years:

From	To	Street Address	City	State	Zip

12. Have you ever had any financial interest in a business that applied for an alcoholic beverage license, which was denied a license? ☐ No ☐ Yes (explain): _____

_____

13. Has any alcoholic beverage business in which you hold, or have held, any financial interest of, or employed, or have been employed, ever been cited for any violations of the rules and regulations of the state revenue commissioner relating to the sale and distribution of alcoholic beverages? ☐ No ☐ Yes (explain): _____

_____

14. If during the past five years you have bought or sold any business associated with the selling and/or serving of alcohol, give details, including: (date, license number, persons and considerations involved):

_____

_____

_____

15. Have you ever been denied bond by a commercial security company? ☐ No ☐ Yes (explain):

_____

_____

16. Are you a registered voter? ☐ No ☐ Yes, in what state? _____ in what county? _____

17. Have you ever been arrested, or held by federal, state or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances? ☐ No ☐ Yes (do not include minor traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest):

    1. _____

    2. _____

    3. _____

    4. _____

18. Have you had any license under the regulatory powers of Walton County denied, suspended or revoked within two (2) years prior to the filing of this application? ☐ No ☐ Yes (explain): _____

_____

19. Attach photograph (front view) taken within the last year.

    Date of picture: _____

(ATTACH PHOTO HERE)

STATEMENT OF PERSONAL HISTORY

PLEASE NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, _____ COUNTY

I, _____, DO SOLEMLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENT AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FORGOING PERSONAL STATEMENT ARE TRUE AND CORRECT. FURTHER, AS PART OF THE PROCESS RESULTING FROM MY APPLICATION FOR BACKGROUND INVESTIGATION, FOR AN ALCOHOLIC BEVERAGE LICENSE. I HEREBY AUTHORIZE PERSONNEL OF THE WALTON COUNTY SHERIFF'S DEPARTMENT TO RECEIVE, VERIFY, AND DISSEMINATE ANY CRIMINAL HISTORY INFORMATION WHICH MAY BE IN THE FILES OF ANY LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCY FOR INVESTIGATIVE PURPOSES, DENIAL, OR APPEALS.

_____ _____

APPLICANT'S PRINTED NAME *APPLICANT'S SIGNATURE*

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION 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 AND CORRECT.

THIS _____ DAY OF _____, 20_____.

_____

NOTARY PUBLIC SIGNATURE

(AFFIX SEAL HERE)

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Department of Planning & Development
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Monroe, GA 30655

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REGISTERED AGENT CONSENT FORM

_____
Business Name

_____
Location Address

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the Walton County. I understand the basic purpose is to have and continuously maintain in Walton County a Registered Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served.

I understand that the Registered Agent must be a resident of Walton County.

This _____ day of _____, 20 _____.

_____
Signature of Agent

_____
Type Name of Agent

_____
Type Agent's Home Address

_____
Type City, County, and State

APPROVED:

_____ _____
Sole Owner/Partner Officer or Director Title

Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for one of the following public benefits provided by Walton County, Georgia, as referenced in O.C.G.A. Section 50-36-1 (please check one),

(1) _____ Business Occupation Tax Certificate

(2) _____ Alcohol Beverage License (Beer and Wine Permit)

(3) _____ Employee benefit

(4) _____ Contract or Grant

(5) _____ Other Public Benefit (please specify)_____

I am stating the following with respect to my application for a public benefit_____.
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

(1) _____ I am a United States citizen **OR**

(2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present within the United States. [Applicant MUST provide alien registration number issued by the Department of Homeland Security.]*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: Date:

_____ _____

Printed Name: Alien Registration Number for Non-Citizens:

_____ _____

Sworn to and subscribed before me this
____day of_____, 20____.

_____
Notary Public
My Commission Expires:

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number: _____