

# CITY OF HARTWELL

706-376-4756 ~ (fax) 706-376-6263  
456 East Howell Street, Hartwell, GA 30643

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

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**INSTRUCTIONS: PLEASE PRINT OR TYPE APPLICATION AND ANSWER ALL QUESTIONS.**

*Please fill out entire application leaving no sections blank; please mark sections "N/A" that do not apply.*

TYPE OF LICENSE: (Check appropriate spaces)

NEW   CONSUMPTION ON THE PREMISES  Malt Beverage  
CHANGE OF OWNERSHIP   MANUFACTURER  Wine  
 Distilled Spirits

a. Restaurant                      c. Private                      e. Other  
b. Food Store                      d. Hotel/Motel                      Specify \_\_\_\_\_

1. Full Name of Business \_\_\_\_\_

Under what name is the business to be operated? \_\_\_\_\_

Is the business a proprietorship, partnership, or corporation? Domestic or foreign? \_\_\_\_\_

2. Business Address \_\_\_\_\_

3. Phone \_\_\_\_\_ Beginning Date of Business in City of Hartwell \_\_\_\_\_

4.  New business \_\_\_\_\_  Existing business purchase

If change of ownership, effective date of this change \_\_\_\_\_

If change of ownership, enclose a copy of the sales contract and closing statement.

5. Federal Tax ID Number \_\_\_\_\_ Georgia Sales Tax Number \_\_\_\_\_

6. Is business within the designated distance of any of the following?

**CHURCH, SCHOOL GROUNDS, COLLEGE CAMPUS** (see land survey requirements)

		<u>YES</u>	<u>NO</u>
Beer and Wine	100 Yards	<input type="checkbox"/>	<input type="checkbox"/>
Liquor	100 Yards (Church) or 200 Yards (School)		

**Office Use Only:** Fee: \$ \_\_\_\_\_ Amount paid: \_\_\_\_\_ Date: \_\_\_\_\_ Bal. Due: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Cash     Check # \_\_\_\_\_     Credit Card

Account No.: \_\_\_\_\_

7. Full Name of Applicant \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Name of Spouse (if married) \_\_\_\_\_  
Are you a citizen of the United States or alien lawfully admitted for permanent resident? \_\_\_\_\_  
Birthplace \_\_\_\_\_  
Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Number of years at present address \_\_\_\_\_  
Do you reside in Hart County: \_\_\_\_\_ If yes, how long? \_\_\_\_\_  
Previous address \_\_\_\_\_  
Number of years at previous address \_\_\_\_\_  
Driver's license number and state \_\_\_\_\_  
What has been your occupation for the past five (5) years? Give detailed list (use additional page if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

8. Applicant's employment date with present business \_\_\_\_\_  
If new business, date business will begin in Hartwell \_\_\_\_\_  
If transfer or change of ownership, effective date of this change \_\_\_\_\_  
***If transfer or change of ownership, enclose a copy of the sales contract, closing statement, and check here.*** \_\_\_\_\_

Previous Applicant \_\_\_\_\_  
D/B/A \_\_\_\_\_

Any holder of any license under this chapter who shall, for a period of three consecutive months after the license has been issued, cease to operate the business and sale of the produce or products authorized, shall, after the three-month period, automatically forfeit the license without the necessity of any further action. Initial here \_\_\_\_\_.

9. What is the name of the person who, if the license is granted, will be the active manager of the business and on the job at the business? List address, occupation, phone number, and employer.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Has the applicant, spouse, or any individual having an interest either as owner, partner, or stockholder, been arrested, convicted or entered a plea of nolo contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States, or any municipal ordinance, except traffic violations? If yes, describe in detail and give dates. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you own the land and building on which this business is to be operated? \_\_\_\_\_  
Date purchased \_\_\_\_\_ Amount \_\_\_\_\_  
If not, give amount paid for rent or lease of such land and building, the manner in which the rent is determined, to whom and at what intervals it is paid. Give the name of the owner and agent, if any.

*Attach a copy of the lease and any other pertinent documents.*

12. How is the proposed location zoned? \_\_\_\_\_

13. If this is an application for an original license, attach hereto proof of adequate parking facilities as per the City of Hartwell zoning requirement.

14. If operating as a corporation, state name and address of corporation, when and where incorporated, and the names and addresses of the officers and directors, social security numbers and the office held by each.

15. If operating as a corporation, list the stockholder's (20% or more) complete addresses, area code and telephone numbers (residential and business,) and the amount of interest of each stockholder in the corporation.

16. If operating as a partnership, list the partners with complete addresses, area code and telephone numbers (residential and business,) and the amount of interest or percent of ownership of each partner.

17. If partnership or individual, state names of any other persons or firms owning any interest or receiving any funds from the corporation.

18. Does applicant or spouse receive any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? If yes, please explain.

19. Does applicant or spouse have financial interest in any manufacturer or wholesaler of alcoholic beverages? If yes, please explain.

20. List any and all persons, corporations, partnerships, or associations who have received or will receive, as a result of your operations under the requested license, any financial gain, or payment derived from any interest or income from the operation. (Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation under the license.) In the event that any corporation is listed as receiving any interest or income from this operation, show the names of the officers and director of said corporation together with the names of the principal stockholders.

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21. State whether or not applicant, partner, corporation officer, or stockholder holds any alcoholic beverage license in another jurisdiction or has ever applied for a license and been denied. (Submit full details.)

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22. Do you, your spouse, any partner, or any stockholder have any financial interest in any wholesale liquor business? If so, give details.

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23. All beer, wine, and liquor by the drink establishments shall only purchase alcoholic beverages from a State of Georgia licensed wholesaler as per Georgia Alcoholic Beverage Laws and Regulations, 1996 Edition, as now or hereafter amended, Chapter 560-2.04. Initial\_\_\_\_\_

24. Property Owner for Proposed Business Location\_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip\_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_

Name of Agent or Person Responsible\_\_\_\_\_

Address and Telephone\_\_\_\_\_

25. Real Estate Firm for Proposed Business Location \_\_\_\_\_

Address and Telephone\_\_\_\_\_

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26. Property Management Company for Proposed Business Location\_\_\_\_\_

Address and Telephone\_\_\_\_\_

27. Do you have any questions or comments regarding the ordinances, laws, regulations, or application?

( ) Yes ( ) No

28. Are you familiar with the City of Hartwell ordinances, state laws and regulations, federal laws and regulations governing the operation of this type of business? ( ) Yes ( ) No

29. Have you made application for a state license? ( ) Yes ( ) No

30. Have you answered all questions? ( ) Yes ( ) No

CITY OF HARTWELL  
ALCOHOLIC BEVERAGE CHECKLIST

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

License No.: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_

Business Name: (Corp.) \_\_\_\_\_

(d/b/a) \_\_\_\_\_

Business Address: \_\_\_\_\_

**Should you have any questions, please contact Jean Turner at (706) 376-4756.**

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\_\_\_\_\_ Completed Alcoholic Beverage Application sworn to by applicant before Notary Public.

\_\_\_\_\_ Names, titles and residential addresses of **all** owners partners and officers; name and address of registered agent (for service of process); name and address of manager; names, addresses and percentage of all shareholders **(Signed Consent Form must be provided by each person.)**

\_\_\_\_\_ Two legible copies of a government-issued photo ID for each person. Attach to "Authorization for Background Investigation" form.

\_\_\_\_\_ All applicants are required to submit to fingerprints by the City's background investigator. You will be contacted by the City's background investigator who will set up an appointment with you to provide these services.

\_\_\_\_\_ If on-premise consumption, provide a copy of the current Food Service Establishment Inspection Report from Hart County Health Department.

\_\_\_\_\_ Copy of the current Business Occupation License for the City of Hartwell.

\_\_\_\_\_ Copy of your State of Georgia Alcohol Application (*upon receipt of license, provide copy.*)

\_\_\_\_\_ Certified Land Survey (see attached detailed requirements.) Copy of prior Hart County-required land survey, for existing businesses only, is acceptable.

\_\_\_\_\_ Copy of your Lease (if applicable.)

\_\_\_\_\_ Note: Minimum of 61% of gross sales must be derived from the sale of prepared meals or food.

\_\_\_\_\_ Written application for renewal must be submitted by November 15<sup>th</sup> of each year following issuance.

**CITY OF HARTWELL**  
**AUTHORIZATION FOR BACKGROUND INVESTIGATION**  
*(Alcohol Business Licensee)*

By signature below, I hereby authorize the City of Hartwell and/or their designee, to conduct background research and retrieve information including, but not limited to, my previous criminal history, ownership rental records, location of residence and employment history.

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle                                      Social Security Number

Have you ever used or are you known by any other names? (including: maiden, married, alias, etc.) YES / NO  
*(Circle One)*

If yes, provide all full names used: \_\_\_\_\_

Employment information over the past ten (10) years: (If more space is needed, please attach on a separate sheet.)

\_\_\_\_\_  
 Employer                                      Phone Number                                      Supervisor

\_\_\_\_\_  
 Dates of Employment                      Street Address                                      City                      State                      Zip

\_\_\_\_\_  
 Employer                                      Phone Number                                      Supervisor

\_\_\_\_\_  
 Dates of Employment                      Street Address                                      City                      State                      Zip

List **all** home addresses over the past ten (10) years: (If more space is needed, please attach on a separate sheet.)

\_\_\_\_\_  
 Current Street Address                      City                      State                      Zip                      Phone Number

\_\_\_\_\_  
 Previous Street Address                      City                      State                      Zip                      Phone Number

\_\_\_\_\_  
 Sex: M/F      Race                        /  /                        \_\_\_\_\_  
 Date of Birth                      Driver's License Number & State Issued

Signature below also releases the City of Hartwell, and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

\_\_\_\_\_  
 Applicant Signature                                      Witness Signature

\_\_\_\_\_  
 Date                                      Date

# CITY OF HARTWELL

## Application for Alcohol Permit (Pouring Permit)

**YEAR** \_\_\_\_\_

Applicant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Birthplace \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Number of years at present address \_\_\_\_\_

Do you reside in Hart County: \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Previous address \_\_\_\_\_

Number of years at previous address \_\_\_\_\_

State Driver's License Number \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Phone Number: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Have you ever been arrested and/or convicted for a misdemeanor or felony within the past ten years?

No  Yes If yes, please explain below:

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Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

# CITY OF HARTWELL

## BACKGROUND INVESTIGATION CONSENT FORM (Pouring Permit)

I, \_\_\_\_\_, authorize the City of Hartwell and/or their designee, to make an  
*(print name)*  
independent investigation of my background, criminal or police records.

I release the City of Hartwell, and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
Present Home Address (City, State, Zip) How Long?

\_\_\_\_\_  
FORMER HOME ADDRESSES (City, State, Zip) How Long?  
(Please provide 5 years of address history. Use back of page if necessary)

\_\_\_\_\_  
Date of Birth (mm/dd/yy) Social Security Number Driver's License Number & State

\_\_\_\_\_  
Signature Date



Georgia, Hart County

I, \_\_\_\_\_, being duly sworn to law, do swear that the statements made by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such statements were made in order to procure the granting of such a license. I hereby authorize the City of Hartwell or its designated agent to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the City of Hartwell's investigation. I further certify that I will notify the City of Hartwell Office of the City Manager of any changes affecting my status and/or position with this company.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature and Title of Person other than Applicant Completing this Application

Phone Number \_\_\_\_\_ (work)  
\_\_\_\_\_ (home)

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

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Clerk/Notary Public)

\_\_\_\_\_  
(Signature of Named Individual)

My Commission Expires: \_\_\_\_\_

# CITY OF HARTWELL

## REGISTERED AGENT INFORMATION FORM

I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors of, and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Hartwell, Georgia. I understand the basic purpose is to have and continuously maintain 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 upon the licensee or owner may be served through the Registered Agent. I understand that the Registered Agent must be a citizen of the United States and a resident of Hart County. I hereby authorize the City of Hartwell or its designated agent, to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the investigation by the City of Hartwell or its designated agent. I further certify that I will notify the City of Hartwell Office of the City Manager of any changes affecting my status and/or position with this company.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Type or Print Name of Agent

\_\_\_\_\_  
Type or Print Agent's Home Address

\_\_\_\_\_  
Type or Print City, State, and Zip Code

\_\_\_\_\_  
Type or Print Area Code and Telephone Number

\_\_\_\_\_  
Type or Print Date Moved into Above Address

\_\_\_\_\_  
Type or Print Driver's License Number

\_\_\_\_\_  
Type or Print Date of Birth

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Clerk/Notary Public)

\_\_\_\_\_  
(Signature of Named Individual)

My Commission Expires: \_\_\_\_\_

# CITY OF HARTWELL

## REPORT FOR LAND SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

For the purpose of the Alcoholic Beverage Ordinance, distance means the measurement in yards, from the front entrance of the proposed location, to the main entrance of the church building, or to the nearest portion of the school grounds, along the nearest practical street route, measured as described in Article III, Section 3-105 of the Distilled Spirits by the Drink Ordinance.

*A scaled drawing of the location of the proposed premises, showing the distances described below, shall be prepared by a Georgia Registered Land Surveyor. The following information shall be required on the survey:*

1. Building location, shown in relation to the nearest road and nearest intersecting road(s).
2. Indicate location of main/front entrance of building used to determine appropriate distance requirements.
3. Name, address, telephone number of applicant.
4. Date of survey, graphic scale and north arrow.
5. Location of tract (land district and land lot.)
6. Signature and certification statement(s) as listed below, on survey for related alcoholic beverage use.
7. Include all that apply of the certification statements as listed below, on survey for related alcoholic beverage use:

\_\_\_\_\_ Sales of DISTILLED SPIRITS is not located within 100 yards of a church building or within 200 yards of any school building, school grounds, educational building, or college campus, or within 100 yards of any alcoholic treatment center owned and operated by the State of Georgia or any county or municipal government therein.

\_\_\_\_\_ Sales of BEER and WINE is not located within 100 yards of any school building, school grounds, or college campus, or within 100 yards of any alcoholic treatment center owned and operated by the State of Georgia or any county or municipal government therein.

\_\_\_\_\_ 150 yards from any private residence (for establishments which are located in Residentially zoned areas only.)

In my opinion, the premises meet the distance requirements listed above:

\_\_\_\_\_  
Surveyor Signature

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Date

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALCOHOLIC BEVERAGES – HOURS OF SALE**

**PACKAGE – BEER AND WINE**

Monday through Saturday	6:00 a.m. – 12: midnight
Sunday	<b>NO SUNDAY SALES</b>
Election Day (City, State, Federal, or County)	6:00 a.m. – 12:00 midnight *Not allowed within 250 feet of polling place, during polling hours*

**CONSUMPTION ON THE PREMISES – BEER, WINE AND LIQUOR**

**Eating Establishment ONLY – establishment which is licensed to sell alcoholic beverages and which derives at least 61 percent (61%) of its total annual gross food and beverage sales from the sale of prepared meals or food.**

**Sunday                      NOT PERMITTED**

Monday	6:00 a.m. – 12:00 midnight	Election Day (City, State, Federal, or County) *Not allowed within 250 feet of polling place, during polling hours*
Tuesday	6:00 a.m. – 12:00 midnight	
Wednesday	6:00 a.m. – 12:00 midnight	
Thursday	6:00 a.m. – 12:00 midnight	
Friday	6:00 a.m. – 12:00 midnight	
Saturday	6:00 a.m. – 12:00 midnight	

**NO SALES**

Sunday	12:00 midnight Saturday – 6:00 a.m. Monday
Monday	12:00 midnight – 6:00 a.m.
Tuesday	12:00 midnight – 6:00 a.m.
Wednesday	12:00 midnight – 6:00 a.m.
Thursday	12:00 midnight – 6:00 a.m.
Friday	12:00 midnight – 6:00 a.m.
Saturday	12:00 midnight – 6:00 a.m.

**Christmas Day            NO SALES**

CITY OF HARTWELL

FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS OF ESTABLISHMENT: \_\_\_\_\_

LICENSEE'S NAME: \_\_\_\_\_ BUSINESS LICENSE #: \_\_\_\_\_

**I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. Final reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals.** This information must be provided from the financial records of the above establishment on a calendar-year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED: \_\_\_\_\_  
*(If existing business, must be 12-month period. If new business, must be 12-month estimate.)*

Gross Receipts from Food Sales this period: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)

Gross Receipts from Alcoholic Beverage Sales this period: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)

Total Food Sales and Alcoholic Beverage Sales this period: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:

\_\_\_\_\_  
\_\_\_\_\_

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

\_\_\_\_\_  
CPA Name (Printed)

\_\_\_\_\_  
Name of CPA Firm

\_\_\_\_\_  
CPA Signature

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Phone #

Sworn under oath this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

II. I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license. I further affirm that I understand that the City of Hartwell Business License Division may audit our records to verify the same at its discretion.

\_\_\_\_\_  
Signature, Licensee/Owner

Sworn under oath this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

