

APPLICATION FOR LICENSE TO SELL  
INTOXICATING BEER AND WINE IN THE COUNTY OF CRISP  
ORI: GA923164Z

1. Application is for  Beer  Wine (Please check all that apply)

2. Full name of applicant (Individual, Partnership, or Corporation)

\_\_\_\_\_

3. Type of License:  Retail Sales for on Premises Consumption  Wholesale  
 Retail Sales for Off Premises Consumption  Manufacturer

4. Are you applying for License on behalf of:  Yourself  Firm  Corporation

5. Are you a citizen of the United States?  Yes  No

6. Home Address: \_\_\_\_\_

7. How long have you resided in Crisp County? \_\_\_\_\_

8. What has been your occupation for the past five years? \_\_\_\_\_

\_\_\_\_\_

9. Where is the place of business to be located? \_\_\_\_\_

\_\_\_\_\_

10. Under what name is the business to be operated?

\_\_\_\_\_

11. Is the business within 200 yards of a private residence?  Yes  No

Is it within 200 yards of a Library Branch, College or School Campus?  Yes  No

Is it within 100 yards of a church?  Yes  No

Is it within the zones provided by the Crisp County Unified Land Development Code?  Yes  No  
**(To be completed by Crisp County Planning Department.)**

12. If operating as a partnership or corporation, state names and addresses of each partner or stockholder and amount of interest of each.

Name

Address

Interest

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

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13. When and where was the partnership or corporation organized? \_\_\_\_\_

14. How much capital invested in the store is borrowed? \$ \_\_\_\_\_

15. From whom is the capital borrowed? \_\_\_\_\_

16. Do any of the owners or stockholders have an interest in other liquor stores in Crisp County?

Yes  No

17. If so, state in how many stores each is interested, and where stores are located

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**STATE OF GEORGIA**

**COUNTY OF CRISP**

Personally appeared before me the undersigned \_\_\_\_\_ who after being duly sworn submits the following statement under oath in compliance with the ordinance of the County of Crisp, approved May 12, 1992.

Deponent is engaged in or financially interested in a business selling spirituous, malt or vinuous liquors at \_\_\_\_\_ in Crisp County, Georgia.

Deponent submits the following information concerning all persons financially interested in said business; if corporation list all officers and stockholders:

<u>Name</u>	<u>Address</u>	<u>Interest</u>
_____	_____	_____
_____	_____	_____

Deponent says that the foregoing statement includes the names and address of every person holding any interest whatsoever in the business. The owner of the property in which the store is located is \_\_\_\_\_ who resides at:

\_\_\_\_\_  
(Complete Residence Address)

Deponent further says that none of the above parties own any interest in any kind in any other liquor store except as follows:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____

Deponent further swears and states that neither he nor any of the persons listed herein as owning or having any interest in the business for which this report is filed have pleaded guilty; entered a plea of nolo contendere, or have been convicted or any violation of any State or Federal Law or Ordinance of the County since the acquisition of the license being reported on herein or any interest herein, except as follows:

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

Sworn to and subscribed before  
Me this \_\_\_\_\_ day of \_\_\_\_\_

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

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

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Residence

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

**CRISP COUNTY BOARD OF COMMISSIONERS**  
**CRISP COUNTY, GEORGIA**  
**ALCOHOL BEVERAGE LICENSE**  
**CONSENT AGREEMENT FOR CRIMINAL HISTORY RECORD**

\_\_\_\_\_  
Name of Person Making the Application

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
State of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

( )

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_  
State

I, \_\_\_\_\_, hereby authorize Crisp County Board of Commissioners Finance Department to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia. I, also hereby request to review or challenge my criminal history records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn and Subscribed Before Me

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_\_\_  
Commission Expires

### Alcohol Licensing Fingerprint Requirements

GCIC has contracted with Cogent Systems to provide the Georgia Applicant Processing Services (GAPS) to perform electronic submission of all licensees' fingerprints in regards to Alcohol Licensing.

YOU MUST REGISTER with Cogent Systems PRIOR to going to one of the fingerprint sites. Registration may be completed online or over the telephone. To have fingerprints completed prior to submitting your application, please do the following.

1. Go to GAPS website at [www.ga.gogentid.com](http://www.ga.gogentid.com)
2. Click Registration, select "City/County Government and Law Enforcement Agencies"
3. Select "Alcohol and Liquor Licensing"
4. Transaction Information – "Reviewing Agency ID" – GA923164Z , Requesting Agency ID – same ID
5. For Reason select "Alcohol/Liquor License"
6. Complete the Applicant Registration
7. Follow the instructions on the website

To register by telephone:

1. Call 1-888-439-2512 Monday thru Friday 8 AM to 6PM EST

During the registration process. Demographic data about you will be collected (name, address SSN, etc.) There will be no data collection or registration at the fingerprint collection sites. A list of available sites is on the GAPS website.

You will receive a GAPS registration number with an option to pay with a credit card or debit card online. You will be charged a service fee for each licensee being fingerprinted. Money orders/cashier's check PAYABLE TO COGENT SYSTEMS will be accepted at the collection sites for those applicants who do not have the means to pay electronically.

Once registered and payment type has been determined, you may proceed to the fingerprint collection site. You must take with you a current, valid and unexpired picture identification which can be one of the following:

State Issued Driver's License or Identification Card with Photo

US Passport with Photo

US Active Duty/Retiree/Reservist Military ID Card with Photo

Government Issued Employee Identification Card with Photo

Also, take to the fingerprint center for verification with you these numbers:

**Crisp County ORI Number: GA923164Z**

**Verifying Code: 923164Z**

You **MUST** submit your fingerprints electronically before returning your ALCOHOL LICENSE APPLICATION to CRISP COUNTY BOARD OF COMMISSIONERS FINANCE DEPARTMENT.

If you have any questions please contact one of the following about GAPS.

**Cogent Email or Support Requests -**

[gahelp@cogentsystems.com](mailto:gahelp@cogentsystems.com)

**Telephone inquiries 1-888-439-2512**