

APPLICATION FOR LICENSE TO SELL
INTOXICATING LIQUOR IN THE COUNTY OF CRISP
ORI: GA923164Z

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

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

Wholesale 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.

| <u>Name</u> | <u>Address</u> | <u>Interest</u> |
|-------------|----------------|-----------------|
|-------------|----------------|-----------------|

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 _____

Name & Signature

Notary Public

Residence

My Commission Expires _____

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
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

Telephone inquiries 1-888-439-2512



**CERTIFICATE OF RESIDENCE
FOR RETAIL LICENSE APPLICANTS ONLY**

STATE OF GEORGIA, _____ COUNTY:

I, _____, Judge of the Probate
Court for _____ County, Georgia, hereby certify that _____
_____ is now, and has been a bona fide resident of the
State of Georgia for one year and the County of _____ for one
year immediately preceding the date of this affidavit, based upon the affidavit of applicant, and the
evidence submitted therewith.

I further certify that _____ is a resident of a municipality
or a county wherein the sale of distilled spirits is authorized.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Probate
Court, this _____ day of _____, 19____.

JUDGE OF THE PROBATE COURT

COUNTY, GEORGIA

(AFFIX SEAL)