

CRISP COUNTY BOARD OF COMMISSIONER'S

ALCOHOLIC BEVERAGE LICENSE

LIQUOR BY THE DRINK

ATTACHMENT CHECKLIST

Please provide the following documentation to complete the application for an alcohol beverage license. Failure to fully complete an application for a license or failure to furnish accurately all data, information and records required by the application form, or failure to accompany the application with payment of the prescribed fee shall be deemed just cause for denying the application with prejudice.

1. Applicant reviews application procedures as provided in (Sec. 6-194) of Article V. Liquor By The Drink. The application form must be completed in ink and legible. All forms requiring the applicant signature subscribed under oath must be fully completed and executed.
2. Attach a current driver's license of each person named in application, including operating officers or partners of the entity.
3. Signed Consent Agreement for Criminal History Record of each person named in the application authorizing the county to receive the criminal history of the applicant, the officers and partners in the case of firms, corporations, or partnerships. (See attachment included in packet)
4. Registration through GAPS website at www.ga.gogentid.com prior to submitting fingerprints of the applicant and each person named in the application to the appropriate collection site.(See attachment included in packet)
5. Applicant submits the application, forms, attachments and payment to:
Crisp County Board of Commissioners
Finance Department
210 S 7th Street
Suite 309
Cordele GA 31015

Application Fee (Non-Refundable) \$650.00

Liquor by the Drink License (For consumption on premises) \$2500.00

Bank Money Order, Certified Check, Cash or Personal Check or acceptable forms of payment

6. Provide a copy of the Certificate of Incorporation if the business is a corporation or a Certificate of Organization if the business is a LLC. Organizational papers are required to be submitted for Limited Companies and Limited Liability Partnerships.
7. Provide an executed and dated Purchase Agreement – **if you a purchasing an existing establishment.**

8. Provide a copy of a lease and/or sublease, contract, management agreement and/or purchase agreement or deed for the property. All must be executed by all parties involved. **The ownership of the business applying for the license must be listed as the tenant in the lease.**
9. Applicants for a license to sell alcoholic beverages on-premises (pouring license) must complete in its entirety the **food and alcoholic beverage sales affidavit** to be submitted with the application. The food and alcoholic beverage sales affidavit must have an estimate based on the business plan, menu, estimated sales, etc. A complete menu (including alcohol menu) must accompany application.
10. Health Department Certificate must be provided with application.
11. Employees of on-premises Liquor by the Drink licensees are required to complete an **Alcohol Service Permit Application**. It is the responsibility of the licensee that employees obtain alcohol service permits. Failure of employees to comply will result in prosecution and possible suspension or revocation of business owner's alcoholic beverage license.
12. **Excise Tax on Mixed Drinks** due on or before the 20th of each month filed with the Crisp County Finance Director on the Gross Receipts & Excise Tax Report Form.
13. All alcoholic beverage establishments must apply for and receive a **State Alcoholic Beverage License** prior to stocking and selling alcoholic beverages. State applications can be obtained by contacting the Georgia Department of Revenue Alcohol Division (phone# 404-417-4490) or website www.dor.ga.gov

Upon completion of the application and payment of fees, the Crisp County Finance Director will review accuracy of information and records required. The Liquor By The Drink application will be placed on the Crisp County Board of Commissioner's meeting agenda for consideration. Legal notice advertisement of application and meeting date will be sent to Cordele Dispatch. All applicants are required to be present on date of meeting.

LIQUOR BY THE DRINK LICENSE APPLICATION

FOR OFFICIAL USE ONLY DATE APPLICATION RECEIVED BY COUNTY COMMISSIONERS OFFICE _____ APPLICATION FEE RECEIVED \$ _____

FULL NAME OF APPLICANT: _____

HOME MAILING ADDRESS: _____

HOME PHONE #: _____ **BUSINESS PHONE #:** _____

SOCIAL SECURITY # _____ **DATE OF BIRTH** _____

.....
NAME OF BUSINESS: _____

EXACT LOCATION OF BUSINESS: _____

MAILING ADDRESS OF BUSINESS: _____

OCCUPATION TAX LICENSE# _____

IF A PARTNERSHIP:

PARTNERSHIP NAME: _____

PARTNERSHIP ADDRESS: _____

LIST THE FOLLOWING FOR EACH PARTNER:

NAME	ADDRESS	BIRTHDATE	SSN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

IF A CORPORATION:

CORPORATION NAME: _____

CORPORATION ADDRESS: _____

DATE INCORPORATED: _____ **FED TAX ID#:** _____

MAJORITY STOCKHOLDER: _____

ADDRESS: _____

BIRTHDATE: _____ **SSN:** _____

LIST INFORMATION FOR PRINCIPLE OFFICERS AND PERSON RESPONSIBLE:

<u>NAME</u>	<u>ADDRESS</u>	<u>BIRTHDATE</u>	<u>SSN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NON PROFIT ORGANIZATION

If applicant is applying on behalf of a non-profit organization, as recognized by the Internal Revenue Service, state the following:

NAME OF ORGANIZATION: _____

ADDRESS: _____

WHEN AND WHERE CHARTERED: _____

APPLICANTS TITLE AND DUTIES IN ORGANIZATION: _____

HOW MANY DUES PAYING MEMBERS ARE IN ORGANIZATION? _____

HAS A FEDERAL TAX FORM 990 BEEN FILED FOR SAID ORGANIZATION FOR PREVIOUS YEARS? YES _____ NO _____

.....
HAS THE LICENSEE, OR ANY OTHER PERSON HAVING ANY INTEREST IN THE BUSINESS FOR WHICH THIS APPLICATION HAS BEEN MADE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY OFFENSE BY ANY STATE, COUNTY, CITY, FEDERAL OR FOREIGN OFFICER OR ANY OTHER GOVERNMENTAL AUTHORITY? YES _____ NO _____

IF YES, GIVE FULL DETAILS. FAILURE TO MAKE A FULL DISCLOSURE IN RESPONSE TO THIS QUESTION WILL RESULT IN A DENIAL OF THE APPLICATION OR A REVOCATION OF THE LICENSE IF INFORMATION WAS WITHHELD, FOR ANY REASON WHATSOEVER, FROM THE LICENSING AUTHORITY. _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

ARE YOU A U.S. CITIZEN? YES _____ NO _____

BY: BIRTH _____ NATURALIZATION _____

IF NATURALIZED: CERTIFICATE #: _____

IF NOT A CITIZEN, PLEASE COMPLETE THE FOLLOWING:

ALIEN REGISTRATION #: _____ NATIVE COUNTRY _____

HOW LONG HAVE YOU RESIDED IN GEORGIA? _____

NUMBER OF YEARS RESIDED AT YOUR PRESENT ADDRESS? _____

LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS:

<u>FROM</u> <u>MO/YR</u>	<u>TO</u> <u>MO/YR</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>
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WHAT HAS BEEN YOUR OCCUPATION FOR THE LAST 5 YEARS? _____

WHAT IS YOUR POSITION TITLE WITH THE BUSINESS SUBMITTING THIS LICENSE APPLICATION? _____

DO YOU HAVE FINANCIAL INTEREST IN ANY BAR, LOUNGE, TAVERN, RESTAURANT, OR OTHER PLACE OF BUSINESS WHERE ALCOHOLIC BEVERAGES ARE SOLD AND CONSUMED ON PREMISES? IF YES, GIVE DETAILS _____

DO YOU OWN THE PROPERTY IN WHICH THIS BUSINESS WILL BE OPERATED:

YES _____ NO _____

IF NO, LIST BELOW THE INFORMATION REQUESTED OF THE PROPERTY OWNER. PLEASE ATTACH A COPY OF THE LEASE AGREEMENT.

NAME OF OWNER _____

ADDRESS _____

MONTHLY PAYMENT _____

WHAT ARE THE DAYS AND HOURS OF OPERATION OF THIS BUSINESS?

NAME OF PERSON (S) TO BE MANAGER (S) OF OR WITH ANY CONTROL OVER DAILY AFFAIRS OF BUSINESS FOR WHICH THE APPLICATION IS FILED.

NAME: _____

ADDRESS _____

TELEPHONE # _____ **SOCIAL SECURITY #** _____

FULLY DESCRIBE POSITION AND LEVEL OF CONTROL. STATE HOW COMPENSATED AND HOURS ON PREMISES: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

HOW MANY PERSONS CAN BE SEATED IN RESTAURANT [NOT COUNTING BAR STOOLS, DECK OR PATIO]? _____

If over 100, attach a copy of fire safety report and C. O. from the State Fire Marshall

WHAT IS THE SQUARE FEET OF THE INTERIOR AREA OF THE RESTAURANT? _____

WHAT IS THE SQUARE FEET OF THE SEATING AREA OF THE RESTAURANT? _____
[This is area covered by roof and is air conditioned See Section 6-230(g)]

DO YOU REQUEST CONSIDERATION FOR CONSUMPTION ON DECK OR PATIO? _____

WHAT IS THE SQUARE FOOTAGE? _____ **CONNECTED? YES** _____ **NO** _____

☼☼☼PLEASE ATTACH A COPY OF COMPLETE MENU TO THIS APPLICATION. ☼☼☼

ARE YOU AWARE THAT THE SALE OF ALCOHOLIC BEVERAGES TO AN UNDERAGE PERSON (S) BY YOU OR YOUR EMPLOYEES MAY RESULT IN THE SUSPENSION OF THE LICENSE? Please circle one. YES NO

WHAT WRITTEN PROCEDURES DO YOU HAVE IN PLACE TO ENSURE THAT ALCOHOLIC BEVERAGES ARE NOT SOLD IN VIOLATION OF THE CRISP COUNTY ORDINANCES OR STATE LAW? PLEASE ATTACH ALL DOCUMENTS RELATING TO SUCH PROCEDURES AND INCLUDE AN EXPLANATION AS TO THEIR USAGE.

GEORGIA, CRISP COUNTY

I, _____, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the questions in this application, including all statements and attachments made a part of this application, for a Crisp County license to sell distilled spirits by the drink are true and complete and that no false statement or answer is made herein. It is further understood that any false answer or statement or failure to amend this application when necessary shall be grounds for the suspension or evocation of any license pursuant to this application.

I, _____, understand that the application fee is \$650.00 and is due upon turning the application to the County Commissioners office and that this fee is NON-REFUNDABLE no matter the outcome of this application.

I, _____, so solemnly swear that I have received and read a copy of the Crisp County Ordinance "Liquor by the Drink" and understand fully my obligations to follow the guidelines and laws set forth in said Ordinance and the State of Georgia.

I, _____, further certify that I will notify the County Administrator's office of any change in management, licensee, or ownership immediately and that I understand that the license is non-transferable without express consent of the County Administrator and the County Commission.

Signature of Applicant

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

**GROSS SALES OF SPIRITUOUS LIQUORS by the DRINK
UNINCORPORATED AREA OF CRISP COUNTY**

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This is a report to the Crisp County Finance Director of Gross Sales of Spirituous Liquors by the Drink in the unincorporated area of Crisp County for the Month of:

_____, Year _____.

Gross Receipts from Spirituous Liquors \$ _____

3% Local Sales Tax collected \$ _____

Less 3% collection fee if paid by the 20th of each month \$ _____

Total Tax Remitted \$ _____

We certify, under penalty of perjury that this is a true and correct report of all Spirituous Liquors by the Drink sold in the unincorporated area of Crisp County during the month shown on the report.

The above report must be received no later than the 20th day of the month following the month for which this report was made or the discount for the collections will be disallowed.

Signature

Title

Date

FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT _____

ADDRESS OF ESTABLISHMENT _____

LICENSEE'S NAME _____

1. Food sales and alcoholic beverage sales. This information must be provided from the financial records of the above establishment on a monthly basis, or such period during which the restaurant has been open. For new restaurants, the first report can be done by estimating.

PERIOD FOR WHICH INFORMATION IS PROVIDED _____

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

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

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

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

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 license. I further understand that Crisp County may audit my records to verify same at its discretion.

SIGNATURE OF LICENSEE

SIGNATURE OF PERSON FILLING OUT REPORT/TITLE

DATE

During normal business operations, this form is due on the 20th of each month. This form must be filled in completely or no license will be issued.

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

(____)

Telephone Number

State

Zip Code

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