



# City of Waleska

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

Date Received: \_\_\_\_\_ Date of Council Approval \_\_\_\_\_

### Fees

- Beer and Wine or Liquor License Application - \$300.00
- Beer and Wine License - \$1,500.00
- Beer and Wine Package \$1500.00
- Liquor Package - \$1,500
- Sunday Sales—\$500.00

### INSTRUCTIONS:

Every question must be fully and correctly answered. When completed, the application must be dated, signed and verified under oath by the applicant. Applications must be filed with the City of Waleska, together with all supporting documentation and appropriate fees.

### Type of Application

New Beer and Wine License \_\_\_\_\_  
Renew Beer and Wine License \_\_\_\_\_

E Wholesaler  
E Other Changes Describe: \_\_\_\_\_

### Office Use Only

E Approved

E Denied

Officer's Initials

Remarks

### Type of License

Consumption off premises

Consumption on premises

### Business Information

1. Business License No :

Trade name of business for which license is applied: \_\_\_\_\_

Business Name and Store Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code

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

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

10. Name and address of each person, firm and corporation having any ownership interest in business and the amount of such interest:

Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest

11. How much of the capital of this business is borrowed and from: *(Attach exhibits if necessary)*

Amount	Lender	Interest
Amount	Lender	Interest
Amount	Lender	Interest

12. (A) Will this business be owned by the applicant as a sole proprietorship? *(Circle)* Yes No

(B) If this business will be owned in whole or in part by a partnership, or corporation, list the members of such organization and give their address, state and county of their legal residence, and the amount of their interest.

Name	Address	Residence	Interest
Name	Address	Residence	Interest

13. Does any person or organization listed in questions 1, 3, 4 or 5 have any financial interest whatsoever in any other business selling distilled spirits, wine or beer either in this state or any other state? If so, list the name of such person or organization and such other business together with the location of the business and the amount and type of interest.


14. What has been your occupation for the past five (5) years? (Give detailed list)

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15. 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 store?

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16. If the license is a partnership, state when and where the partnership was organized, or if the licensee is a corporation, state name and address of corporation, when and where incorporated, and the names and addresses of the officers and directors.

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17. (A) Is the applicant and/or license holder the owner of the building where business is to be conducted?

☐ Yes  
☐ No

(B) Are you also the owner of the land?

☐ Yes  
☐ No

(C) If your answer is "NO", to either question, state whether you lease, sub-lease, and/or rent the building and whether you lease, or sub-lease the land or both.

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18. State the full name and address of the owner of the building and the name and address of the owner of the land and the name and address of all leasers and sub-leasers and attach copies of all lease agreement.

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19. Has the applicant and/or license holder entered into an agreement or contract with either the owner or owners, leasers and sub-leasers for either the building or land or both, which provides for the payment of rent on a percentage or profit sharing basis? (Circle) Yes No

20. Do you or does your spouse or does any member of your family own any interest in any retail store selling spirituous liquors? (Circle) Yes No

Relationship

If so, list information as to the interest involved, location, relationship, etc.

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21. Has the applicant or individual having and interest either as owner, partner or stockholder been convicted or entered a plea of nolo contendere within 10 years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States or for any municipal ordinance except traffic violations?

☐ Yes

☐ No

If the answer is yes, describe in detail and give dates.

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22. Have you within 10 years immediately prior to the filing of this application, been convicted or entered a plea of nolo contendere on any charge of tax evasion?

☐ Yes

☐ No

If the answer is yes, state the offense and the disposition of the case.

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

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24. Has the applicant or any individual having an interest either as owner, partner or stockholder, or a spouse of such individual, been found guilty of violating the regulations of any city, state or federal regulatory agency.

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25. Have you or your spouse any financial interest in a wholesale liquor business? If so, give details.

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26. What is the straight line distance in lineal feet from your store to the nearest:

- A. School Ground \_\_\_\_\_
- B. Public Library \_\_\_\_\_
- C. Church Property \_\_\_\_\_
- D. Residential Property \_\_\_\_\_

27. Name the manager of the business for which this application is filed and state how he is compensated.

Name	Address
Compensation	

28. List all other liquor, beer or wine business that your general manager is interested in, employed by, or associated with, in any way whatsoever.

Name	Address
Type, interest and amount	

29. Is any non-resident of the state of Georgia interested in the operation of this business in any way whatsoever?

Name	Address	Interest
Name	Address	Interest
Name	Address	Interest

30. Has any place of business engaged in the sale of distilled spirits, wine or beer with which you have been associated ever been cited or charge at any time with any violation of Georgia law or federal law or municipal law or any rule or regulation or ordinance concerning the sale of such products?

Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result

31. List all owners of property zoned residential within 100 feet Use additional pages if necessary.

Name	Address
Name	Address
Name	Address
Name	Address

32. How long has business for which license is applied been in operation?

33. I have attached a fingerprint card, which are true and correct for this application.

LI Yes Initials \_\_\_\_\_

LI No Initials \_\_\_\_\_

34. I have attached certified zoning certification.

LI Yes Initials \_\_\_\_\_

LI No Initials \_\_\_\_\_

As applicant and/or license holder, I have read the Ordinance of Waleska relating to Alcoholic Beverage Licenses issuance and all amendments pertaining to the Ordinance governing the sale of Alcoholic Beverage in Waleska, Georgia.

\_\_\_\_\_  
*Signature*

# Cherokee County

## ALCOHOLIC BEVERAGE LICENSE LICENSEE APPLICATION

### PART 2

**INSTRUCTIONS:**

Fill in all blanks with complete and accurate information or your application will not be processed and your fee will be forfeited.

1. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
2. List maiden name and all married names: \_\_\_\_\_
3. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
5. Business Name and Address where you are employed:  
Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Your position or job at the above address: \_\_\_\_\_
7. Your home street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
8. Your home telephone number:  
Work: \_\_\_\_\_
9. Your e-mail address: \_\_\_\_\_
10. Your mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
11. Resident of : \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
12. Is the above address your bona fide place of domicile? (Circle) Yes No
13. How long have you lived at the above address? \_\_\_\_\_
14. If less than 10 years, give your previous and legal address and the length of time you resided at said residence?  
\_\_\_\_\_

15. In the spaces provided below, list all convictions including pleas of nolo contendere, first offender, forfeiture of bond, etc., for any felony, sexual offense, soliciting for prostitution, keeping a disorderly place, felony drug possession or sales, charges relating to alcoholic beverages or any crime of moral turpitude including thefts, which have occurred in the last five years:

<i>Date of Offense</i>	<i>Place of Offense</i>	<i>Type</i>	<i>Disposition</i>
1.			
2.			
3.			
4.			

*If additional space is required, attach a sheet with the additional offenses and information concerning*

Under Georgia Criminal Code Section 16-10-20, any person who knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or device, makes a false, fictitious, or fraudulent statement or representation, shall, upon conviction therefore, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one year nor more than five years, or both.

\_\_\_\_\_ You must initial that you have read this statement.

I have read and understand that any falsehood or half-truth submitted in this application is a felony and will render me ineligible to serve alcoholic beverages in this City. I also understand that any falsehood or half-truth discovered by investigators during the term of this permit (which is one year from the date of the application) is grounds for its revocation and my subsequent prosecution.

\_\_\_\_\_  
*Signature of Applicant* *Date*

I hereby authorize the City of Waleska via the Cherokee County Board of Commissioners office 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.

\_\_\_\_\_  
*Full Name Printed*

\_\_\_\_\_  
*Address*

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Notary : \_\_\_\_\_ Date: \_\_\_\_\_



## Verification

I, \_\_\_\_\_, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City of Waleska license as a dealer in alcoholic beverages, are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

\_\_\_\_\_  
Applicant's Signature

*(full name signed in ink)*

I certify that \_\_\_\_\_ has provided me with proper documentation as verification of his/her identity; documentation being: \_\_\_\_\_. I also certify that he/she signed his/her name to the foregoing application after 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.

This \_\_\_\_\_ day of \_\_\_\_\_.

(Affix Seal)

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

## Consent Form

Requested by:	Date:	Received by:	Date:
Date to GCIC:	Date Returned:	Returned to:	
Criminal History to SID Number:	FBI Number <i>(if none stamp "No Record")</i>	Driver's History:	
<b>Purpose of Request</b>		<b>Information Requested</b>	
<input type="checkbox"/> Private / Public employment <input type="checkbox"/> Criminal Justice Employment <input type="checkbox"/> Alcoholic Beverage License		<input type="checkbox"/> Driver's History <input type="checkbox"/> Criminal History <input type="checkbox"/> Employment History	
<p><i>I hereby authorize City of Waleska via Cherokee County Marshal (Agency) to receive any Criminal / Driver's History Record Information pertaining to me that may be in the files of any Local, State, or Federal jurisdiction. I understand the information will be used to assist the Agency in determining my eligibility and fitness for the position I am seeking with the Agency. I hereby release you, your organization, and / or others from liability which may result from furnishing the information. I understand a PHOTOCOPY of this release form is valid as an original thereof, even though the photocopy does not contain an original writing of my signature.</i></p>			
<b>Please print or type the following information</b>			
Last Name	First Name	Middle Name	Maiden Name or A.K.A.
Number and Street Address	Apt#	City	State      Zip Code
Telephone Number: <i>Home</i>		Telephone Number: <i>Work</i>	
Social Security Number	Date of Birth	Place of Birth	
Driver's License Number	State	Expires	Have you ever been licensed to drive in any other state? If yes, what state?
Race	Sex	Height Ft ____ In ____	Weight      Eyes      Hair
<i>Signature</i>		<i>Date</i>	
<i>Notary</i>		<i>Date</i>	

## Alcoholic Beverage Ordinance

- My signature acknowledges that I have received a copy of the City of Waleska Beer and Wine Package License Ordinance.
- It is my responsibility to know its content.
- This ordinance is strictly enforced.

Should you have any questions, please call this office at 770-479-2912.

\_\_\_\_\_  
Applicant's Signature

*(full name signed in ink)*

# City of Waleska

## ALCOHOLIC BEVERAGE LICENSE MANAGER'S PERMIT APPLICATION

### PART 3

**INSTRUCTIONS:**

Fill in all blanks with complete and accurate information or your application will not be processed and your fee will be forfeited.

1. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
2. List maiden name and all married names: \_\_\_\_\_
3. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
5. Business Name and Address where you are employed:  
Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Your position or job at the above address: \_\_\_\_\_
7. Your home street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
8. Your home telephone number:  
Work: \_\_\_\_\_
9. Your e-mail address: \_\_\_\_\_
10. Your mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
11. Resident of : \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
12. Is the above address your bona fide place of domicile? (Circle) Yes No
13. How long have you lived at the above address? \_\_\_\_\_
14. If less than 10 years, give your previous and legal address and the length of time you resided at said residence?  
\_\_\_\_\_

15. In the spaces provided below, list all convictions including pleas of nolo contendere, first offender, forfeiture of bond, etc., for any felony, sexual offense, soliciting for prostitution, keeping a disorderly place, felony drug possession or sales, charges relating to alcoholic beverages or any crime of moral turpitude including thefts, which have occurred in the last five years:

<i>Date of Offense</i>	<i>Place of Offense</i>	<i>Type</i>	<i>Disposition</i>
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2.			
3.			
4.			

*If additional space is required, attach a sheet with the additional offenses and information concerning*

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\_\_\_\_\_ You must initial that you have read this statement.

I have read and understand that any falsehood or half-truth submitted in this application is a felony and will render me ineligible to serve alcoholic beverages in this City. I also understand that any falsehood or half-truth discovered by investigators during the term of this permit (which is one year from the date of the application) is grounds for its revocation and my subsequent prosecution.

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

\_\_\_\_\_  
*Date*

I hereby authorize the Cherokee County Board of Commissioners office 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.

\_\_\_\_\_  
*Full Name Printed*

\_\_\_\_\_  
*Address*

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Notary : \_\_\_\_\_ Date: \_\_\_\_\_

## Verification

I, \_\_\_\_\_, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City of Waleska license as a dealer in alcoholic beverages, are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

\_\_\_\_\_  
Applicant's Signature

*(full name signed in ink)*

I certify that \_\_\_\_\_ has provided me with proper documentation as verification of his/her identity; documentation being: \_\_\_\_\_. I also certify that he/she signed his/her name to the foregoing application after 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.

This \_\_\_\_\_ day of \_\_\_\_\_.

(Affix Seal)

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

## Consent Form

Requested by:	Date:	Received by:	Date:
Date to GCIC:	Date Returned:	Returned to:	
Criminal History to SID Number:	FBI Number <i>(if none, stamp "No Record")</i>	Driver's History:	
<b>Purpose of Request</b>		<b>Information Requested</b>	
<input type="checkbox"/> Private / Public employment <input type="checkbox"/> Criminal Justice Employment <input type="checkbox"/> Alcoholic Beverage License		<input type="checkbox"/> Driver's History <input type="checkbox"/> Criminal History <input type="checkbox"/> Employment History	
<p><i>I hereby authorize Cherokee County Marshal (Agency) to receive any Criminal / Driver's History Record Information pertaining to me that may be in the files of any Local, State, or Federal jurisdiction. I understand the information will be used to assist the Agency in determining my eligibility and fitness for the position I am seeking with the Agency. I hereby release you, your organization, and / or others from liability which may result from furnishing the information. I understand a PHOTOCOPY of this release form is valid as an original thereof, even though the photocopy does not contain an original writing of my signature.</i></p>			
<b>Please print or type the following information</b>			
Last Name	First Name	Middle Name	Maiden Name or A.K.A.
Number and Street Address	Apt#	City	State      Zip Code
Telephone Number: <i>Home</i>		Telephone Number: <i>Work</i>	
Social Security Number	Date of Birth	Place of Birth	
Driver's License Number	State	Expires	Have you ever been licensed to drive in any other state? If yes, what state?
Race	Sex	Height Ft ____ In ____	Weight      Eyes      Hair
<i>Signature</i>		<i>Date</i>	
<i>Notary</i>		<i>Date</i>	

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