

ALCOHOLIC BEVERAGE LICENSE APPLICATION

**TOWN of WOOLSEY, GEORGIA**

**For Official Use Only:**

Date Received: \_\_\_\_\_ 20\_\_\_\_

Approved as to  
Form by: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

State License No. \_\_\_\_\_

Local License No. \_\_\_\_\_

TYPE of LICENSE:

Retail \_\_\_\_\_

Pouring \_\_\_\_\_

Fee Enclosed \_\_\_\_\_

Mayor & Council Action:

Approved \_\_\_\_\_ 20\_\_\_\_

Denied \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Town Clerk/Bus. License Adm.

Town of Woolsey, Georgia

ORIGINAL APPLICATION FOR TOWN LICENSE AS DEALER/OPERATOR \_\_\_\_\_

RENEWAL APPLICATION FOR TOWN LICENSE AS DEALER/OPERATOR \_\_\_\_\_

IN VINOUS LIQUORS \_\_\_\_\_

IN MALT LIQUORS \_\_\_\_\_

**INSTRUCTIONS:** Read through entire application before answering any questions. EVERY question and sub-question must be fully and completely answered. If a particular question does not apply to you, then answer "N/A" and if necessary, explain why it is not applicable to you. Do not leave any questions blank. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When the form is completed, it must be dated, signed and verified under oath by the applicant and filed with Mayor and Council, Town of Woolsey, Georgia, together with all supporting papers, one complete copy, and money order or certified check for the exact fee. Personal checks will not be accepted. A copy of the relevant alcoholic beverage ordinance is available for your use.

1. (a) Full name, address & legal resident of person making application.

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

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

Resident of: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

(b) Is the above address your legal and bonafide place of domicile? \_\_\_\_\_

(c) How long have you lived at the above address? \_\_\_\_\_

(d) Please list all legal addresses and residences for the last ten (10) years, and state the length of time you resided there. (Attach separate sheet if necessary).

Address	City	County	State	# years residence
_____				
_____				
_____				

2. Trade name of business for which license is requested:

\_\_\_\_\_

3. Location of business for which license is requested:

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

4. Name and residence of each person, partnership and corporation having any ownership interest in the business, and the amount of such interest;

Name	Residence	Interest
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Name	Residence	Interest
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Name	Residence	Interest
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5. (a) Will this business be owned by the applicant as a sole proprietorship? Yes \_\_\_ No \_\_\_

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

Name	Residence	Interest
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Name	Residence	Interest
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Name	Residence	Interest
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6. How much of the capital of this business is borrowed and from whom? (Attach exhibits if necessary).

Amount	Lender	Address
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Amount	Lender	Address
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7. Does any person or organization listed in questions (1), (4), (5), or (6) 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, the name and location of such other business, and the amount and type of interest.
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8. (a) Is the applicant and/or license holder the owner of the building where business is to be conducted? \_\_\_\_\_

- (b) Is the applicant and/or license holder the owner of the land where business is to be conducted? \_\_\_\_\_

- (c) If your answer is "No" to either question, state whether you lease, sublease, or rent the building and whether you lease, sublease, or rent the land, or both. \_\_\_\_\_

9. (a) State the full name and address of the owner of the building, the name and address of the owner of the land, and the name and address of all lessors and/or sublessors. Attach copies of all lease agreements as exhibits to question 9.

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Building Owner	Address	Relationship to applicant Or any other owners
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Land Owner	Address	Relationship to applicant Or any other owners
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Other	Address	Relationship to applicant Or any other owners
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- (b) Has the applicant and/or license holder entered into an agreement or contract with either the owner, lessor or sublessor for either the building or the land or both which provides the payment of rent on a percentage or profit sharing basis? \_\_\_\_\_ If "Yes", please list the terms of such agreement or contract, and attach a copy of such agreement or contract if in written form. \_\_\_\_\_
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10. What is the distance from the nearest building wall of the business, to the nearest point of the following:

- (a) School Ground \_\_\_\_\_  
(b) Church Building \_\_\_\_\_  
(c) Residence Building \_\_\_\_\_  
(d) Alcoholic treatment center \_\_\_\_\_  
(e) Library \_\_\_\_\_  
(f) College campus \_\_\_\_\_

11. Excepting the front entrance, describe each entrance and exit to or from your place of business, and any passageways between your place of business and any adjacent place of business: \_\_\_\_\_
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12. Name the manager of the business for which this application is filed and state how he is compensated:

Name	Address
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Compensation:

Check one: Salary \_\_\_\_\_ Hourly \_\_\_\_\_ Commission \_\_\_\_\_ Combination of any 3 \_\_\_\_\_

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

Name	Address
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Liquor, beer or wine business name	Type of interest and amount
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14. Does any non-resident of the State of Georgia have any financial interest in the operation of this business? If so, list such non-resident's legal name and address and amount of interest.

Name	Address	Interest
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Name	Address	Interest
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15. List all employees of this business involved in serving, pouring, or bartending positions, or in cashier positions. List all managers and/or supervisors. Note: Applies only to the particular business for which this license application is made. (Attach exhibits if necessary).

Name	Position	Name	Position
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16. If you acquired this business or propose to acquire it from some previous licensee, give the name of the previous licensee, the State License Number of the previous license, and the date acquired or to be acquired.

17. 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 charged at any time with any violation of federal, state, county, or municipal law, or any rule, regulation or ordinance, concerning the sale of such products? Yes \_\_\_\_\_ No \_\_\_\_\_

Authority issuing citation	Violation alleged	Results
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18. Did the applicant or any person listed in questions 4, 5(b), or 6 have any interest in any business engaged in the sale of distilled spirits during the preceding calendar year? If so, state:

Name	Business	Interest
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Name	Business	Interest
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19. (a) List the name of the spouse of any person mentioned in questions 1, 4, or 5(b) who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Business	Interest
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- (b) List the name of the father, mother, brother, sister, son, or daughter, or the spouse of any such relative, of any person mentioned in questions 1, 4, or 5 (b) who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Business	Interest
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Name	Business	Interest
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**Read and complete the following:**

20. There must be submitted with this application, as Exhibits A-1, A-2, etc., a personnel statement from the applicant and from each person listed in questions 4, 5, 12, and 15. Such personnel statements shall be deemed to be incorporated into and made a part of this application, and any false statement in this application or in any such personnel statement shall constitute cause for the revocation of any license issued pursuant to this application. Number of personnel statements: \_\_\_\_\_
21. As to the applicant, if an individual, and as to the managing officer or partner, if a corporation or partnership, there must be attached to this application as Exhibit B, an affidavit by some person having knowledge of the facts concerning the residence of such applicant/managing officer or partner for the past ten years. **Check here that such affidavit is attached \_\_\_\_\_.**
22. As to the applicant, if an individual, and as to the managing officer or partner, if a corporation or partnership, there must be attached to this application, as Exhibits C-1, C-2, etc., certificates from the clerks of all courts having criminal jurisdiction for State Offenses over such person's place of residence and at his places of residence for the past ten years, showing the record, if any, in such court of any convictions against him involving moral turpitude or any violations of Federal, State or local prohibition or liquor laws. **Check here that such certificate(s) is (are) attached \_\_\_\_\_.**
23. There must be attached hereto, as Exhibit D, documentation proving residence of the applicant in the State of Georgia for twelve (12) months preceding the year for which application is made. Such documentation can include copies of a county tax bill showing a

homestead exemption, a lease agreement, a deed, or some identification showing an address. **Check here that such documentation is attached**\_\_\_\_\_.

24. There must be attached to this application as Exhibit E, a certificate from a registered surveyor, as required by the Ordinances of the Town of Woolsey relating to the sale and distribution of alcoholic beverages, showing the distance from this place of business to the nearest residence building, school ground, church building, alcoholic treatment center, library, and college campus within 800 feet. **Check here that such exhibit is attached**\_\_\_\_\_.
25. There must be attached, as Exhibit F, Fayette County approved building/site plans, showing seating and building requirements. **Check here that such exhibit is attached**\_\_\_\_\_.
26. Should any change occur during the year for which a license is issued pursuant to this application which require a different answer to any question contained in this application, or any personnel statement which is made a part of this application, such change must be reported to the Town Clerk/Business License Administrator within ten (10) days. The failure to make such report shall be cause for the revocation of any license issued pursuant to this application. **Initial here to indicate that this is fully understood**\_\_\_\_\_.
27. Please **initial** each following paragraph if you have read it, understand it, and agree with the information contained therein.
- (a) I agree to abide by all laws, rules and regulations of the United States, the State of Georgia, and the Town of Woolsey, either now in force or hereafter promulgated or enacted, regulating and governing the sale of alcoholic beverages and liquors\_\_\_\_\_.
  - (b) I understand that any license issued shall be valid from the date of issuance or the first day of January of each subsequent year, and shall expire December 31, in the year issued. I also understand that no license shall be assignable or transferable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of revocation of said license or for any other reason\_\_\_\_\_.
  - (c) As applicant and/or license holder, I have read the Ordinance governing the sale of beer, wine, or other alcoholic beverages, and all amendments thereto, in the Town of Woolsey, Georgia\_\_\_\_\_.
28. Complete and **initial** the following statement if you have read and understand it.  
I submit herewith the sum of \$\_\_\_\_\_ dollars as payment in full of the investigation fee, with the understanding that if for any reason the license shall not be granted, the investigation fee will not be refunded.

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**NOTE:** BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS APPLICATION IS TO BE EXECUTED UNDER OATH, IS SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH. APPLICANT UNDERSTANDS THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION IS CONDITIONED UPON THE TRUTH OF THE ANSWERS AND STATEMENTS MADE HEREIN, AND ANY FALSE OR FRAUDULENT

STATEMENT OR ANSWER WITHIN THIS APPLICATION OR ATTACHMENTS THERETO  
SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE  
ISSUED PURSUANT TO THIS APPLICATION.

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**VERIFICATION**

State of Georgia, \_\_\_\_\_ County.

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 Town of Woolsey license as a dealer in alcoholic beverages and/or liquors 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 in Ink)

I certify that \_\_\_\_\_ (the above-named applicant) is personally  
known to me, 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 \_\_\_\_\_, 20 \_\_\_\_\_.

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

(Affix Seal)



ATTACHMENT A-  
PERSONNEL STATEMENT

**TOWN OF WOOLSEY, GEORGIA**

1. Full Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Telephone Number: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_
5. Trade name and address of business of which this application is a part. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Indicate your position in business (owner, co-owner, manager, or specific employee position)  
\_\_\_\_\_

State any ownership interest, or profit-sharing interest, in this business \_\_\_\_\_

7. Do you have any financial interest in, or are you employed by, any other business where alcoholic beverages are sold or consumed? If so, give names and locations of such other businesses, and amount of interest, if any, in each. \_\_\_\_\_  
\_\_\_\_\_

8. Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Race \_\_\_\_\_ Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_

9. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ By Birth: \_\_\_\_\_ Naturalized: \_\_\_\_\_

If naturalized, complete the following:

Date, Place and Court: \_\_\_\_\_

Certificate No.: \_\_\_\_\_ Petition No.: \_\_\_\_\_

Derived Parents Certificate No.(s): \_\_\_\_\_

Alien Registration No.: \_\_\_\_\_

Native Country: \_\_\_\_\_ Date and Port of Entry: \_\_\_\_\_



10. How many consecutive years and months have you been a resident of Georgia?

Years \_\_\_\_\_ Months \_\_\_\_\_

11. Check marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_

12. If married or separated, complete the information below on spouse.

Full Name of Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Name, Address and Telephone Number of Employer: \_\_\_\_\_

13. Within the ten (10) years immediately preceding the date of the signing of this application, have you been convicted of, or entered a plea of nolo contendere for, any felony or crime involving moral turpitude? \_\_\_\_\_ If yes, explain \_\_\_\_\_

14. Are you an elected or appointed officer, agent or employee of the Town of Woolsey?

If yes, list position or connection with Town \_\_\_\_\_

15. Are you a registered voter in the State of Georgia? \_\_\_\_\_

In what county? \_\_\_\_\_ How many years? \_\_\_\_\_

16. Have you ever had any financial interest in an alcoholic beverages business which was denied a liquor license? \_\_\_\_\_ If so, give full details \_\_\_\_\_

17. Has any alcoholic beverages business in which you hold, or have held, any financial interest, or are employed or have been employed, ever been cited for any violation of the rules and regulations of any state, or of any county or city ordinances, relating to the sale and distribution of alcoholic beverages? If so, give full details. \_\_\_\_\_

18. List in reverse chronological order your employment record for the past ten years. If self-employed, give details.

<u>Dates employed</u>	<u>Name of Company</u>	<u>Address</u>	<u>Supervisor</u>	<u>Phone No.</u>

19. List in reverse chronological order all of your residences for the past ten years.

<u>Dates resided</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

20. References. Give three personal references who are responsible, reputable adults, who have known you well during the past five years. Do not list relatives.

<u># Years Known</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Phone #</u>

21. Have you ever been cited, arrested, or held, by Federal, State, or other law enforcement authorities, for any violation of any federal, state, county, or municipal law, regulation or ordinances? (Do not include minor traffic violations.) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide following information:

<u>Date</u>	<u>Charge</u>	<u>Place where Charged</u>	<u>Disposition</u>

22. Attach photograph (front view) taken within the past two (2) years.

Attach

Photograph

Here

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NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

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### VERIFICATION

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_, do solemnly swear, subject to the penalties for false swearing, that the statement and answers made by me as the applicant in the foregoing personnel statement are true.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature (Full name and in ink)

I hereby certify that \_\_\_\_\_ (the above-named person) is personally known to me, that (s)he signed (his/her) name to the foregoing personnel statement stating to me that (s)he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statement and answers are true.

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

(Affix Seal)

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