

CITY OF SOCIAL CIRCLE
2023 APPLICATION FOR POURING LICENSE FOR CONSUMPTION ON THE PREMISES OF
ALCOHOL INCLUDING DISTILLED SPIRITS, MALT BEVERAGES AND WINE

I, _____, being a potentially eligible applicant under the City of Social Circle, Georgia Code of Ordinances Pouring Licenses for Consumption on the premises of alcohol including distilled spirits, malt beverages and wine Article IV, Section 10-111 through 10-154, a copy of which I have received and read, hereby make application for pouring license for on the premises of alcohol including distilled spirits, malt beverages and wine for a restaurant or food services at the following:

Name of Restaurant _____

Business Address _____

Phone Number _____

I am a citizen of the United States, at least 25 years of age and have been a resident of the State of Georgia for at least one (1) year prior to the filing of this application. I shall be actively involved in the management and operation of the business for which the license is required. If I am making this application as an agent for corporation, I state that the corporation is eligible for such a license, and I am authorized to act on its behalf and bind it through my actions herein.

I understand that a violation of any of the laws, ordinances or statutes for the State of Georgia and/or the City of Social Circle, Georgia pertaining to the sale of distilled spirits, malt beverages and wine may result in the suspension or revocation of the license. I further understand that this license can be revoked because of the violation of such law, statute or ordinance by an agent or employee of the business, including, but not limited to the sale of distilled spirits, malt beverages and wine to a person under 21 years of age.

I further agree to accept all communications at the above address from the City of Social Circle, Georgia, regarding this application and any distilled spirits, malt beverage and wine license granted thereunder, and waive any right to notification at a different address.

Please provide the following:

- 1) Photo ID and a separate form of ID.
- 2) Fingerprints taken by Social Circle Police Department, 138 E. Hightower Trail, Social Circle
- 3) A cash or performance bond with an insurance company as surety in the amount of \$2500.00.
- 4) Proof of liability insurance coverage in the amount of no less than \$1,000,000 per occurrence, \$2,000,000 aggregate with a company listed on the U.S. Treasury Circular 570.
- 5) A detailed diagram of the building and outside premises where the business will be located.
- 6) Application Fee of \$500.00
- 7) Copy of Lease Agreement
- 8) Proof of residency in Georgia for at least 1 year prior to application date.
- 9) A scale drawing of the location of premises showing the distance to the nearest church, school ground or college campus and alcohol rehabilitation center. (must be 100 yards away)
- 10) A copy of the State of Georgia Application and attachments for a distilled spirits, beer and wine pouring license.
- 11) An affidavit showing financial responsibility to the business stated above.
- 12) Proof of quarterly and annual food sales (with totals) of 60 percent or more of its total gross sales, and annual food sales in excess of \$150,000.
- 13) Certified copies of the sales and use tax monthly reports filed with the DOR each month during the prior year.

Signature

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

Notary Public, Walton County, GA.

My Commission expires _____

License Approved
City of Social Circle, GA.

Not Approved

By: _____ Mayor
Date: _____

Attest: _____ City Clerk
Date: _____

ADDITIONAL INFORMATION

1. Type of Ownership: Sole Owner Partnernship Private Held Corporation LLC
 Public Held Corporation Public Held Corporation Subject to S.E.C.
Regulations Other, explain

2. For Partnership Only: a. Date Partnership was formed
b. Attach Partnership Agreement
c. List All Partners (attach additional sheets as necessary):
1) Legal Name General
Social Security Number Limited
Interest Investment Participation \$, % Silent

3. For Corporation and LLC only:
a. Date of Formation b. Place of Formation
c. Parent Corporation or LLC (if applicable)

4. For Private Clubs Only:
a. Date of Organization under the laws of Georgia:
b. Total Number of Regular Dues Paying Members:
c. Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of distilled spirits beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club?
If yes, attach explanation.

5. Financing:
a. Bank to be used by business, include branch.
b. State total amount of capital that is or will be invested in the business by any party or parties:
c. State total amount of funds invested by the parties other than the owner:
d. State total amount of funds invested by the owner:
e. If any capital is borrowed, indicate the name of the lender, date, amount, and interest rate:

6. General Information:
a. Does owner and/or individual partner, member, shareholder, director or officer:
1) have any financial interest in any manufacturer or wholesale of alcoholic Beverages?
2) receive/received any financial aid or assistance from any manufacturer of alcoholic beverages?

If yes to either of immediate foregoing, attach explanation.
b. List all other business engaged in the sale of alcoholic beverages that you the owner, or any individual, partner, member, shareholder, officer or director is interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past. List name, name of business, and interest %.

I, _____ DO SOLEMNLY SWEAR, SUBJECT TO THE PENALIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING STATEMENT ARE TRUE AND CORRECT.

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION 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 IN THE FOREGOING STATEMENT ARE TRUE AND CORRECT.

THIS _____ DAY OF _____, 20____.

Applicant's Signature _____
Print Name: _____

Notary Public (Seal)

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC
My Commission Expires: _____

¹To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

Affidavit Verifying Status For City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Social Circle, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Social Circle, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi

Permit or other public benefit (check one) for _____
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an Otherwise qualified alien or non-immigrant under Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Print Name of Applicant

Date

* _____
Alien Registration number for non-citizens

BEFORE ME ON THIS THE
SUBSCRIBED AND SWORN

____ DAY OF _____, 20____

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

CITY OF SOCIAL CIRCLE
P.O. BOX 310
SOCIAL CIRCLE, GA. 30025
770-464-2380

CONSUMPTION LICENSEES' BUSINESS VOLUME REPORT

BUSINESS NAME LIC# BUSINESS LOCATION

MANAGER'S NAME OWNER'S NAME

BUSINESS VOLUME REPORT FOR CALENDAR QUARTER OF _____
.....

INCOME RECEIVED FROM:

- 1. Sales of Alcoholic Beverages.....\$ _____
- 2. Cover/Admission Charges of Dues.....\$ _____
- 3. Amusement or Entertainment Charges (NOT Vending).....\$ _____
- 4. Vending Machines.....\$ _____
- 5. Other (Specify).....\$ _____
- 6. Sub-Total.....\$ _____
- 7. Sales of Prepared Foods.....\$ _____
- 8. Total.....\$ _____
.....

This report must be filed by the 30th day of the month following the quarter from which the report is made.

Attach a copy of Georgia Sales Tax Report for period reported.

I certify that this report has been examined by me and is true and complete return for the period stated.

Signature

Print Name

ADDITIONAL INFORMATION

1. Type of Ownership: Sole Owner Partnership Private Held Corporation LLC
 Public Held Corporation Public Held Corporation Subject to S.E.C.
Regulations Other, explain

2. For Partnership Only: a. Date Partnership was formed
b. Attach Partnership Agreement
c. List All Partners (attach additional sheets as necessary):
1) Legal Name General
Social Security Number Limited
Interest Investment Participation \$, % Silent

3. For Corporation and LLC only:
a. Date of Formation b. Place of Formation
c. Parent Corporation or LLC (if applicable)

4. For Private Clubs Only:
a. Date of Organization under the laws of Georgia:
b. Total Number of Regular Dues Paying Members:
c. Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of distilled spirits beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club?
If yes, attach explanation.

5. Financing:
a. Bank to be used by business, include branch.
b. State total amount of capital that is or will be invested in the business by any party or parties:
c. State total amount of funds invested by the parties other than the owner:
d. State total amount of funds invested by the owner:
e. If any capital is borrowed, indicate the name of the lender, date, amount, and interest rate:

6. General Information:
a. Does owner and/or individual partner, member, shareholder, director or officer:
1) have any financial interest in any manufacturer or wholesale of alcoholic Beverages?
2) receive/received any financial aid or assistance from any manufacturer of alcoholic beverages?
If yes to either of immediate foregoing, attach explanation.
b. List all other business engaged in the sale of alcoholic beverages that you the owner, or any individual, partner, member, shareholder, officer or director is interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past. List name, name of business, and interest %.

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THIS _____ DAY OF _____, 20____.

Applicant's Signature _____
Print Name: _____

Notary Public _____ (Seal)

Please take this packet to the Social Circle Police Department, 138 E Hightower Trail, Social Circle, GA 30025 between the hours of 9AM and 4PM, Monday – Friday and they will take your fingerprints and submit them to the GBI. If you would like to call ahead to make an appointment you can reach Kathy Esque at 770-464-2366.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Applicant

Date

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant

Date