Print Form

# COUNTY DEPARTMENT AGENDA REQUEST

Department/Division: Planning & Zoning/Community Dev.

Department Head: Peter A. Frisina

Presenter, if needed: Pete Frisina/Robyn Wilson

Preferred Meeting Date: Thursday, July 24, 2008

Wording for the Agenda:

Consideration of the revised Alcoholic Beverage Application Form (New Location, Change of Ownership, and Renewal) and the revised Personnel Statement Form as presented by the Planning & Zoning Department.

Background/History/Details:

The P&Z Staff initiated the review of the Alcoholic Beverage Application form and the Personnel Statement form to make them more customer-friendly and less cumbersome and confusing for the applicants. The Alcoholic Beverage Applications and the Personnel Statement had numerous items which were revised. The revised Alcoholic Beverage Application has questions designated for a New Location only, a Change of Ownership only, and/or both. The revised Renewal Alcoholic Beverage Application only required minor revisions. The most cumbersome items deleted from the Personnel Statement were: Employment History for 10 years, Residential History for 10 years, and Personal References for 10 years. The revised forms are similar to the applications for the City of Fayetteville and the City of Peachtree City. On 07/02/08, B.O.C. instructed staff to prepare the revised forms for adoption. These documents have been reviewed by Attorney Bennett for compliance with the County Code and State Law prior to placement on the B.O.C. Agenda.

What action are you seeking from the Board of Commissioners?

Approval of amended Alcoholic Beverage Application form and the amended Personnel Statement form as presented.

If this item requires funding, please describe:

N/A

Has this issue come before the Commissioners in the past? Yes

If so, when? Wednesday, July 2, 2008

Do you need audio-visual for the presentation? No

Back-up Material Submitted? Yes

## STAFF USE ONLY

Approved by Finance? Yes

Reviewed by Legal? Yes

Approved by Purchasing? Yes

Approved by Administrative Staff? Yes

Staff Notes

Administrator's Approval Yes

Confirmed Meeting Date Thursday, July 24, 2008

- ○ Recognition/ Presentation
- ○ Public Hearing
- ○ Old Business
- ○ New Business
- ◉ Consent
- ○ Report
- ○ Other

**F. Consideration of staff's request that the current Alcoholic Beverage Application document and Personnel Statement document be revised.**

Mr. Frisina said Fayette County's current Alcoholic Beverage Application document and Personnel Statement document were very extensive documents that created excessive paperwork for both the applicant and County staff, did not resemble the documents used by neighboring counties or municipalities, causes frustration with applicants who think the documents are overly complicated, require additional staff time to explain and process, and results in the County receiving more information than it actually needs. He said the only information the County really needs are a background check and a criminal history check that would determine if a person is a felon or otherwise unqualified for a license. He said staff has reviewed the applications in order to determine what is really needed for a new application and tried to remove all the redundancies in the current application. He continued saying staff was hoping to begin using the new applications as soon as possible since renewal applications were going to be mailed in a couple of weeks, and said staff was requesting permission to use the new applications. Some discussion followed about what information would be required, the length of the document, the reciprocity of the documents between the County and its municipalities, and the enforcement action of the ordinance. Commissioner Maxwell noted that the new documents needed some further revision and gave a couple of examples. The consensus of the Board was to allow staff to further revise the Alcoholic Beverage Application document and the Personnel Statement document, to work with County Attorney Scott Bennett regarding the further revisions, and to bring the issue back to the Board for review at an evening meeting since the changes will actually be ordinance amendments.

**ALCOHOLIC BEVERAGE LICENSE APPLICATION**
***FOR NEW LOCATION OR CHANGE OF OWNERSHIP***
**FAYETTE COUNTY, GEORGIA**

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**FOR OFFICIAL USE ONLY:**

Date Received: _____, 20 _____

TYPE OF LICENSE:
Retail _____
Pouring _____

Fee Enclosed: _____

Cash: _____ Check No.: _____ Money Order: _____

State License No.: _____

Bd. of Comm. Action:

Denied _____, 20__

Local License No.: _____

Approved _____, 20__

Local License No.: _____

Land Lot(s):_____

District(s):_____

Zoning of Property: _____

_____
Reviewed and Approved by:

_____
Date Approved:
Fayette County, Georgia

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Check One: New Location:_____ Change of Ownership:_____

ORIGINAL APPLICATION FOR COUNTY LICENSE AS DEALER/OPERATOR
RETAIL IN VINOUS LIQUORS (WINE) SALES _____
RETAIL IN MALT LIQUORS (BEER) SALES _____
ON PREMISE CONSUMPTION OF MALT LIQUORS (BEER) _____
ON PREMISE CONSUMPTION OF VINOUS LIQUORS (WINE) _____
ON PREMISE CONSUMPTION OF DISTILLED SPIRITS (ALCOHOL) _____

INSTRUCTIONS: Read through entire application before answering any questions. EVERY questions 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 the Fayette County Planning & Zoning Department, Fayette County, 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 residence of person making application.

Name: _____

Address: _____

Resident of: City _____ County _____ State _____

Zip Code _____

(b) Is the above address your legal and bona fide place of domicile? _____

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

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

_____

3. Location of business for which license is requested:

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

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 | Address | Residence | Interest |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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 | Address | Residence | Interest |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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

| Amount | Lender | Address |
|---|---|---|
| | | |
| | | |

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? Yes _____ No _____
If yes, list the name of such person or organization, the name and location of such other business, and the amount and type of interest.

_____

_____

8. (a) Is the applicant and/or license holder the owner of the building where business is to be conducted? Yes _____ No_____
(b) Is the applicant and/or license holder the owner of the land where business is to be conducted? Yes _____ No_____
(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.

| Building Owner | Address | Relationship to applicant or any other owners |
|---|---|---|
| Land Owner | Address | Relationship to applicant or any other owners |
| Other | Address | Relationship to applicant or any other owners |

(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 for the payment of rent on a percentage or profit sharing basis? Yes _____ No_____

If "yes", please list the terms of such agreement or contract, and attach a copy of such agreement or contract if in written form. (State owner, lessor, or sublessor and the building, the land, or both).

_____

_____

***Question 10. to be completed for New Location Application Only:***

10. What is the distance from the nearest building wall of the business, along the closest and most reasonable public access, to the nearest point of the following:

    (a) School Ground _____

    (b) Church Ground _____

    (c) Residence _____

    (d) Alcoholic Treatment Center _____

    (e) Library _____

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.

    _____

    _____

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

    _____

    Name Address

    Compensation:

    Check one: ___Salary ___Hourly ___Commission ___Comb. 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

_____

Liquor, beer or wine business name Type of interest and amount

14. Does any non-resident of the State of Georgia have any financial interest in the operation of this business? Yes _____ No_____
If yes, list such non-resident's legal name and address and amount of interest.

_____

Name Address Interest

_____

Name Address Interest

15. List all employees of this business involved in serving, pouring, or bartending positions, or in cashier positions. List all owners, managers and/or supervisors. Note: Applies only to the particular business for which this license application is made. ***A Personnel Statement shall be required for each person listed.*** (attach exhibits if necessary)

_____

Name Position Name Position

_____

Name Position Name Position

***Question 16. to be completed for Change of Ownership Application only.***

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 |
|---|---|---|
| | | |

| Authority issuing citation | Violation alleged | Results |
|---|---|---|
| | | |

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? Yes _____ No_____
If yes, state:

| Name | Address | Interest |
|---|---|---|
| | | |

| Name | Address | Interest |
|---|---|---|
| | | |

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 | Address | Interest |
|---|---|---|
| | | |

(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 | Address | Interest |
|---|---|---|
| | | |

| Name | Address | Interest |
|---|---|---|
| | | |

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 attached: _____

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. There must be attached hereto, as Exhibit D, documentation proving residence of the applicant in the State of Georgia for twelve (12) months preceeding 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. _____

***Question 23. is for New Location Application Only.***

23. There must be attached to this application as Exhibit E a certificate from a registered surveyor, as required by the Code of Ordinances of Fayette County relating to the sale and distribution of alcoholic beverages, showing the distances from this place of business to the nearest residence, school ground, church ground, alcoholic treatment center, and library.
Check here that such exhibit is attached. _____

24. There must be attached, as Exhibit F, approved building/site plans on file in the Fayette County Permits & Inspections Department and plans showing seating and building requirements as approved by the Fayette County Fire Marshal.
Check here that such exhibit is attached. _____

25. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any questions contained in this application, or any personnel statement which is made a part of this application, such change must be reported to the Fayette County Planning & Zoning Department 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 to indicate that this is fully understood. _____

26. 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 Fayette County, 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 Fayette County, Georgia. _____

27. 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. _____
Initial

**<u>NOTE</u>: 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.**

**VERIFICATION**

STATE OF GEORGIA

_____ COUNTY

I, _____, applicant, do solemnly
NAME OF APPLICANT (PRINT)

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 Fayette County license as a dealer in alcoholic beverages and/or liquors are true, correct, and based upon my personal knowledge, 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)

This _____ day of _____, 20_____.

(AFFIX SEAL)

_____
NOTARY PUBLIC

My commission expires: _____

**APPLICATION FOR RENEWAL OF ALCOHOLIC BEVERAGE LICENSE**
**Fayette County, Georgia**

**FOR OFFICIAL USE ONLY:**

Date Received: _____, 20____

TYPE OF LICENSE:

Retail: _____

Pouring: _____

Fee Enclosed: _____

Cash: _____

Check No.: _____

Money Order: _____

State License No.: _____

Local License No.: _____

_____
Denied by:

_____
Approved by:

_____
Date denied
Fayette County, Georgia

_____
Date approved
Fayette County, Georgia

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RENEWAL APPLICATION FOR COUNTY LICENSE AS DEALER/OPERATOR

Check all that apply:
RETAIL IN VINOUS LIQUOR SALES (WINE): _____
RETAIL I N MALT LIQUOR SALES (BEER): _____
ON PREMISES CONSUMPTION OF MALT LIQUORS (BEER): _____
ON PREMISES CONSUMPTION OF VINOUS LIQUORS (WINE): _____
ON PREMISES CONSUMPTION OF DISTILLED SPIRITS (ALCOHOL): _____

1. General Information of Business and Applicant

| | |
|---|---|
| _____ | _____ |
| NAME OF BUSINESS | NAME OF APPLICANT |
| _____ | _____ |
| STREET NUMBER | PHONE NUMBER OF APPLICANT |
| _____ | _____ |
| CITY, STATE ZIP CODE | APPLICANT'S SOCIAL SECURITY NUMBER |
| _____ | SEX: _____ F _____ M |
| PHONE NUMBER OF BUSINESS | |

2. Has any event occurred which would cause a change in any of the responses given on last year's Alcoholic License application? NO _____ YES_____
(Said changes include a change in ownership structure, management, financing, history of violation of Federal, State, Local, or other law, residence of applicant, etc.)

If yes, explain: _____

_____

_____

3. Criminal History Consent Form

I, _____, hereby consent to a criminal background check,
APPLICANT
run by the Fayette County Sheriff's Department/Marshal's Office, to investigate my criminal history. I understand that renewal of the alcoholic beverage license for the above property is conditioned upon the results of said investigation.

4. Attached hereto are personnel statements, completed and verified, for the applicant; each person, partnership, or corporation having greater than 2.5% ownership in the business; the members of any partnership, corporation, or other association possessing greater than 2.5% ownership in the business; all managers of the business and all employees of the business involved in the serving, pouring, bartending, or cashiering of sales for alcoholic beverages.
Number of Statements are attached hereto. _____

I understand that a statement must be included for each party named above regardless of change or lack thereof from a prior year's personnel statement. Initial here _____

**VERIFICATION**

STATE OF GEORGIA

_____ COUNTY

I, _____, do solemnly swear, subject to criminal penalties for
NAME OF APPLICANT (PRINT)

false swearing, that the statements and answers made by me to the foregoing questions in this renewal application for a Fayette County license as a dealer in alcoholic beverages and/or liquors are true, correct , based upon my personal knowledge, 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)

This _____ day of _____, 20_____.

(AFFIX SEAL)

_____
NOTARY PUBLIC

My Commission Expires: _____

ATTACHMENT A-_____
FULL PERSONNEL STATEMENT

Please read each item in its entirety and respond appropriately. Unless otherwise indicated, reference to any other application or statement is inappropriate.

1. Full Name: _____

   Maiden Name, if any: _____

2. Street Address: _____

   City, State, Zip Code: _____

3. Home Telephone Number: _____

4. Social Security Number: _____

5. Name of business for which this application is made:

   _____

6. Telephone Number of business for which this application is made:

   _____

7. Indicate your employment position in this business (owner, co-owner, manager, or specific employee position): _____

8. Do you hold an ownership interest of 2.5% or greater in this business?

   Yes _____ No _____

   If so, state the amount and type of that interest and the amount thereof:

   _____

10. Height _____ Weight _____ Sex _____ Age _____

    Race _____ Color of hair _____ Color of Eyes _____

11. Within the ten (10) years immediately preceding the date of the signing of this application, have you been convicted of a felony, or any violation of the laws of this state, any other state or of the United States relating to the sale of alcoholic beverages? _____ Yes _____ No

If yes, explain: _____

12. Are you an elected or appointed officer, agent or employee of Fayette County?

_____ Yes _____ No

If yes, explain: _____

**Attach a color copy of your valid driver's license or a photo taken by the Fayette County Marshal's Office.**

Attach Photograph/Snapshot Here

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.

**VERIFICATION**

STATE OF GEORGIA

_____COUNTY

I, _____, do solemnly swear, subject to the penalties for
NAME OF APPLICANT (PRINT)

false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true, correct, based upon my personal knowledge, and no false or fraudulent statement or answer is made herein.

_____ _____

Date Applicant's Signature
(full name and in ink)

This _____ day of _____, 20____.

(AFFIX SEAL) _____
NOTARY PUBLIC

My commission expires: _____