

**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.: _____

Receipt No.: _____

Local License No.: _____

Denied by:

Approved by:

Date denied
Fayette County, Georgia

Date approved
Fayette County, Georgia

RENEWAL APPLICATION FOR COUNTY LICENSE AS DEALER/OPERATOR

Check all that apply:

RETAIL IN VINOUS LIQUOR SALES (WINE): _____

RETAIL IN 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

PHONE NUMBER OF BUSINESS

SEX: ____ F ____ M

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 attached hereto. _____

I understand that a personnel 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
(MUST BE SIGNED BEFORE A NOTARY PUBLIC)**

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: _____

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____ [*name of government entity*], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires:

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than five hundred (500) employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

Name of Private Employer

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 of Authorized Officer or Agent

Printed Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires: _____

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs 500 or more employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

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 of Authorized Officer or Agent

Printed Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires: _____