

THE CITY OF ETON, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION

____/____/____
Date Application Filed

Name of Business

- New Application
- Renewal Application
- Change In Existing License(s)

- Applicant/Designated Agent
- Manager
- Name
- Owner
- Location

Zoning Classification of Business
(May be Obtained from City Clerk's Office)

TYPE LICENSE APPLIED FOR (CHECK ALL THAT APPLIES TO BUSINESS)

- Package Beer (\$400.00 per year)
- Pouring Beer (\$500.00 per year)

- Package Wine (\$100.00 per year)
- Pouring Wine (\$500.00 per year)

- Package Distilled Spirits (Liquor) (\$5000.00 per year)
- Pouring Distilled Spirits (Liquor) (\$2500.00 per year) - **Establishments With Food Sales Only**

THE LICENSE(S) ARE BEING APPLIED FOR:

- Package Store Restaurant

Sales Tax Number: _____ Federal Identification Number: _____

**APPLICANT APPLYING FOR LICENSE
THE CITY OF ETON, GEORGIA
ALCOHOL BEVERAGE APPLICATION**

Please List The Applicant Applying For The License. The Applicant May Be An Individual, Partnership, Corporation Or LLC.

Name of Applicant: _____

d/b/a: _____

Local Business Address: _____

Mailing Address: _____

Email Address: _____

City: _____ State: _____ Zip: _____

Business Telephone _____/_____/_____ Fax Number _____/_____/_____

Contact Number _____/_____/_____

DESIGNATED AGENT FULL NAME:

List the Name, Address, City, State, Zip & Telephone Number for Designated Agent

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

SIGNATURE OF APPLICANT

STATE OF GEORGIA, WHITFIELD COUNTY, CITY OF DALTON

I, _____, Applicant, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Applicant's Signature

Date

SIGNATURE OF DESIGNATED AGENT

STATE OF GEORGIA, WHITFIELD COUNTY, CITY OF DALTON

I, _____, Designated Agent, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Designated Agent's Signature

Date

OWNERSHIP

CITY OF ETON, GEORGIA ALCOHOL BEVERAGE APPLICATION

CATEGORY OF BUSINESS OWNERSHIP

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership or Limited Partnership |
| <input type="checkbox"/> Domestic Corporation (Inside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)
(Inside Georgia) |
| <input type="checkbox"/> Foreign Corporation (Outside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)
(Outside Georgia) |

PLEASE LIST THE NAME OF THE INDIVIDUAL OWNER, OR PARTNER, MEMBER OR PRINCIPAL STOCKHOLDER:

Not Applicable, No Individual Partners, Members or Stockholders Holding 5% or More Interest

NAME:

ADDRESS:

CITY, STATE & ZIP:

TELEPHONE NUMBER:

FOREIGN CORPORATIONS/LLC - ONLY

If This Entity Is Organized Outside The State Of Georgia, Please State The Name And Address Of Its Registered Agent In Georgia In The Space Provided.

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

SALE OR TRANSFER OF INTEREST OF BUSINESS

HAS THERE BEEN ANY SALE OR TRANSFER OF INTEREST IN THE ABOVE NAMED BUSINESS APPLYING FOR LICENSE TO ANY UNREGISTERED PERSON IN THE PRECEDING 12 MONTHS?

- YES, NO,
 IF YES, A. GIVE NAME _____
 B. DATE OF SALE/TRANSFER _____
 C. TO WHOM WAS BUSINESS TRANSFERRED _____
 D. WHAT PERCENT WAS TRANSFERRED _____
 E. REASON FOR TRANSFER _____

**ADDITIONAL STOCKHOLDERS/PARTNERS
 OF
 ALCOHOLIC BEVERAGE ESTABLISHMENT
 All Stockholders, Members, Partners Holding 5% or More Interest**

Not Applicable, No Stockholders, Members, Partners Holding 5% or More Interest

Please List All Stockholders, Members, Partners, Holding 5% or More Interest.

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER - LIST HERE

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

**MANAGER
OF
ALCOHOLIC BEVERAGE ESTABLISHMENT**

Please List The Manager or Managers of The Business (and any changes in Management)

Manager Name _____	Are you a United States Citizen? _____
Home Address _____	Have you been a resident of the State of
City/State/Zip _____	Georgia for more than one (1) year on the
Phone _____	date of this application? _____

ADDITIONAL MANAGER'S

Manager Name _____	Are you a United States Citizen? _____
Home Address _____	Have you been a resident of the State of
City/State/Zip _____	Georgia for more than one (1) year on the
Phone _____	date of this application? _____

ADDITIONAL MANAGER'S

Manager Name _____	Are you a United States Citizen? _____
Home Address _____	Have you been a resident of the State of
City/State/Zip _____	Georgia for more than one (1) year on the
Phone _____	date of this application? _____

ADDITIONAL MANAGER'S

Manager Name _____	Are you a United States Citizen? _____
Home Address _____	Have you been a resident of the State of
City/State/Zip _____	Georgia for more than one (1) year on the
Phone _____	date of this application? _____

**SECURITY PERSONNEL
OF
ALCOHOL BEVERAGE ESTABLISHMENT – SECURITY**

Not Applicable, This Application Is Not for a Pouring Outlet or Restaurant

Please List All Security Personnel.

Security Personnel Name _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL SECURITY PERSONNEL

Security Personnel Name _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL SECURITY PERSONNEL

Security Personnel Name _____
Home Address _____
City/State/Zip _____
Phone _____

- %* Security Personnel Must Wear Clothing While On Duty Which Clearly Identifies Them As Security.
- %* **A Restaurant = 60% of Gross Sales is Food During All Times of Operation,**

**CITY OF ETON, GEORGIA
ALCOHOL BEVERAGE APPLICATION**

I HEREBY AUTHORIZE THE CITY OF ETON, AND ITS DEPARTMENTS AND COMMISSIONS TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUING UNTIL REVOKED IN WRITING BY ME.

Check the appropriate Box:

- INDIVIDUAL OWNER |
 PRINCIPAL STOCKHOLDER/MEMBER |
 MANAGER
 PARTNER |
 DESIGNATED AGENT |
 SECURITY

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

SIGNATURE

DATE

NOTARY _____ DATE _____

⇒ NOTE

DESIGNATED AGENT, INDIVIDUAL OWNER, ALL PARTNERS, PRINCIPAL STOCKHOLDER/MEMBER, SECURITY AND ALL MANAGERS MUST COMPLETE THIS FORM. PLEASE REFER TO SECTION "PERSONS WITH PRIOR CONVICTIONS"

**SURVEYOR'S AFFIDAVIT
FOR
CITY OF ETON, GEORGIA
ALCOHOLIC BEVERAGE LICENSE(S)**

A Registered Surveyor Must Complete This Sworn Affidavit. Attach The Survey To This Application. The Survey Must Be Completed Within Thirty (30) Days Prior To Making Application.

The Undersigned Has Made The Measurement Of Distances Shown On The Attached Survey Plat For The Facility Proposed For Alcoholic Beverage License From The City Of Eton And Find That Distances Shall Be Measured By The Most Direct Route Of Travel On The Ground. Distances Shall Be Measured From The Property Line Of The Tract On Which Is Located The Business Regulated Under This Title; To The Property Line Of The Tract On Which Is Located The Church, School Ground , Or College Campus; and Along A Straight Line Which Describes The Shortest Distance Between The Two Property Lines.

- The Above Named Business MEETS All Distance Requirements As Specified
 The Above Named Business DOES NOT Meet The Distance Requirements As Specified

REGISTERED SURVEYOR

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

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SIGN OFF SHEET

This Is to Certify That I Have Received and Read the City of Eton Alcoholic Beverages Ordinance.

This Is to Also to Certify That I Understand the Rules & Regulations Required by the City of Eton to Include but Not Inclusive of the Following:

Closing & Vacation of Premises
Hours of Operations
Sales to Underage Persons

This Is to Certify That I Understand That a Copy of this Chapter Shall Remain on the Premises of My Establishment Permanently.

Within 30 days, licensee must apply for State Alcohol License and provide a copy of the application to the City Clerk.

Within 90 days, licensee must provide a copy of the State Alcohol License to the City Clerk.

Attached is certified check for \$100 made payable to the City of Eton for the investigation Fee.

Applicant/Designated Agent - Owner

CERTIFICATION
CITY OF ETON, GEORGIA ALCOHOL BEVERAGE APPLICATION

Business Name

Address

Will Begin Business on _____
Date

OR

Is Already In Operation

And, Will Begin the Sale of Alcohol Beverage on _____
Date

Signature

Title

Date

**AFFIDAVIT VERIFYING STATUS FOR CITY
PUBLIC BENEFIT APPLICATION
CITY OF ETON, GEORGIA**

MUST BE NOTARIZED

By Executing This Affidavit Under Oath, As An Applicant For A City Of Eton, Georgia Occupation Tax Certificate, Alcohol License, 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:

NAME of 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 I Am An Otherwise Qualified Alien or Non-Immigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older And Lawfully Present In The United States.***

(2a) DATE OF BIRTH: _____
***Non- Citizens Only**

(2b) _____
***Alien Registration Number For Non -Citizens**

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 O.C.G.A.

****Please submit a copy of a secure and verifiable document along with the Application. E.g., Driver's License**

Signature of Applicant

Printed Name

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

Notary Public

My Commission Expires: _____

**PRIVATE EMPLOYER AFFIDAVIT
PURSUANT TO O.C.G.A. § 36-60-6(d)
CITY OF ETON, GEORGIA**

MUST BE NOTARIZED

CHECK ONLY ONE:

(1) _____ 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 has **registered 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. §36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

(2) _____ 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 employees **ten (10) or fewer employees** and 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. §36-6—6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, 20____
In _____ (city), _____ (state).

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

Notary Public

My Commission Expires: _____