



LIQUOR LICENSE APPLICATION

Date: _____

Check one: () Wholesale license
Fee \$5000.00

() Retail by the package
Fee \$5000.00

() Manufacturing
Fee \$5000.00

() Liquor by the drink (Restaurant)
Fee \$5000.00

Full name of licensee (No initials-spell out all names): _____

Address of legal residence: _____

City: _____ County: _____ State: _____ Zip Code: _____

Age: _____ Date of birth: _____

SS#: _____ Georgia DL#: _____
(Copy of License Required)

Name of Corporation: _____

Trade name of business: _____

Physical business address: _____

Mailing address (if different from above): _____

City: _____ County: _____ State: _____ Zip Code: _____

Business Phone: _____ Home Phone: _____ Cell Phone #: _____

FEI #: _____ Ga. Sales Tax #: _____ (Copy of Certificates Required)

Please answer "yes" or "no" to the following questions.

Is the business listed above a restaurant, which derives at least fifty (50) percent of its monthly gross food and beverage sales from the sale of prepared meals and food? Yes _____ No _____

Are you a legal resident of the United States? Yes _____ No _____

Have you been convicted of a felony or a crime involving moral turpitude or of any ordinance of a City or County governing alcoholic beverages within a previous five (5) year period or convicted of any violation of any state laws or federal laws pertaining to the manufacture, possession, transportation, or sale of alcoholic beverages or the taxable there, all within the last five (5) years immediately prior to the filing of this application with the City of Winder? Yes _____ No _____

If answer is "yes", please provide details on a separate sheet of paper.

Have you been convicted for selling alcohol to underage persons within a previous five (5) year period? Yes _____ No _____

If answer is "yes", please provide details on separate sheet of paper.

List the full name and address of the owner of the building and the name and address of the owner of the land and the name and address of all lessees and sub lessees. (Attach copy of lease as exhibit)

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

How much of the capital of this business is borrowed and from whom? (Attach required financial statements)

Amount	Lender	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name	Address	Type Interest and Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the distance from this business to the nearest: (Attach Surveyor Statement)

- A. School Ground _____ Name of School _____
Street Address _____
- B. Funeral Chapel _____ Name of Funeral Chapel _____
Street Address _____
- C. Church Ground _____ Name of Church _____
Street Address _____
- D. Alcohol Treatment Center _____ Name of Center _____
Street Address _____
- E. Housing Authority Property _____ Name of Area _____
Street Address _____

Has this place of business or anyone connected therewith been cited or charged at any time, with any violation of state or federal law or regulation of the City or County? Yes _____ No _____

This application is filed by: Single Proprietor: _____ Partnership: _____
Corporation: _____ Club: _____

List full name, social security number and other pertinent information for each person, firm or corporation having any interest in this application and the percent (%) of interest. (Attach exhibits if necessary)

Name	SS#	Address	Business Name	Interest
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other businesses engaged in the sale of distilled spirits that any of the person, firms or corporations listed are interested in, employed by or associated with in any way whatsoever. (Attach exhibits if necessary)

Name	SS#	Address	Business Name	Interest
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OATH: I (We) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a City license as a dealer in spirituous liquors are true and complete and no false or fraudulent statement or answer is made herein to procure granting of license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements shall constitute cause for the suspension or revocation of any license issued pursuant to this application. 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, such change must be reported as an amendment to this application within two days. The failure to make such amendment shall be cause for the revocation of any license.

Signature

Signature

Signature

Date

Date

Date

I understand that the above information will be checked by the City of Winder and further authorize for my criminal and driving records to be checked also.

Signature of Applicant Under Oath _____
Date

Sworn to and subscribed before me on this _____ day of _____, _____.

Notary Signature

Recommend to: Approve: _____ Reject: _____ Date: _____

Police Department Signature: _____

City Council Approval: _____ (Date) City Council Denial: _____ (Date)

City Clerk/Administrator: _____ (Signature)