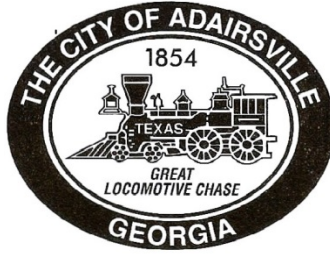


# RETAIL MALT BEVERAGE, WINE PACKAGE/POURING LICENSE APPLICATION

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## RETAIL MALT BEVERAGE AND WINE PACKAGE/POURING LICENSE APPLICATION

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**THIS IS A PRIVILEGE LICENSE OF THE CITY OF ADAIRSVILLE, AND AS SUCH, MUST BE APPROVED BY THE CITY COUNCIL IN A REGULARLY SCHEDULED MEETING.**

### **INSTRUCTIONS:**

1. Read the Copy of the Ordinance Chapter 4 and the Applications of the City of Adairsville, Georgia, concerning the sale of malt and wine beverages within the City Limits. Do not hesitate to ask any questions that you may have. **Sec. 4-22 (d)** Each pouring licensee shall keep a copy of this chapter in the licensed establishment and shall instruct any person working there in respect to the terms hereof, and each licensee, the licensee's agents and employees selling, pouring or serving alcohol shall at all times be familiar with the terms thereof.
2. Fill out regulation and investigative reports carefully. Return completed forms to the office of Community Development, 116 Public Square, Adairsville. Make sure that all necessary attachments are included and that all blanks are filled in. If not applicable, write N/A in blank.
3. Investigation fee must be paid before fingerprint appointment can be scheduled. Each owner will be required to complete fingerprint process. **Sec. 4-24 (d)** Each new applicant and renewal shall pay an investigation fee in the amount provided in the city fee schedule at the time or filing the application for a license.
4. Council meetings are held the second Thursday of each month. In order for the Council to review the license application, it must be listed on the Council Agenda. Therefore, completed applications, reference letters, license fees, and police reports must be submitted in a timely manner to at least two (2) weeks prior to the City Council Meeting at which the application is to be considered. ***Example: Application turned in May 12, 2014 will be eligible for June Council Agenda; Application turned in May 20, 2014 will be eligible for July Council Agenda.***
5. If the application is approved, the license can be obtained from the Community Development at 116 Public Square on the Monday after the Council Meeting. The local license must be obtained in order to obtain the State license.

**COMPLIANCE WITH REGULATIONS:**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, being a person of good moral character, hereby make application for a license to engage in the sale of Malt Beverages at retail in the City of Adairsville, Georgia.

I am a resident of the United States, and/or have been a resident of the County of Bartow for a period of \_\_\_\_\_ Next preceding the date of this application.

**CHECK ( ) IF YOU CAN COMPLY WITH THE REGULATION:**

\_\_\_\_\_ I have not been convicted within five years of the date of this application of violation of the laws of this State, or any other state, relating to the sale of alcoholic beverages.

\_\_\_\_\_ I have not had revoked, for cause such as a violation of regulations or improper operation, within ten years next preceding this application, any license issued to me by the City of Adairsville, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

\*\*\*\*\* I am the \_\_\_\_\_ owner, \_\_\_\_\_, operator, \_\_\_\_\_ manager, or \_\_\_\_\_ officer in charge (if corporation) of the business making application for license. (Check correct title.)

\_\_\_\_\_ I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested and shall be responsible for qualifications and conduct of my employees.

\_\_\_\_\_ I understand that a violation of any of the ordinances of the City of Adairsville, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, shall subject my license to immediate revocation.

SIGNATURE OF APPLICANT \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_

(SEAL)

**INVESTIGATIVE REPORT:**

Date: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**TYPE OF LICENSE FOR WHICH YOU ARE APPLYING:**

**(CHECK ALL THAT APPLY)**

**PACKAGE:**

_____ Retail Malt Beverage <b><u>ONLY</u></b> – <u>Package</u>	<b>\$500.00</b>
_____ Retail Wine <b><u>ONLY</u></b> – <u>Package</u>	<b>\$400.00</b>
_____ Retail Malt Beverage & Wine – <u>Package</u>	<b>\$900.00</b>
_____ Investigation Fee Package	<b>\$200.00 <u>NON-REFUNDABLE</u></b>

**POURING:**

\_\_\_\_\_ Retail Malt Beverage & Wine – Pouring      **\$900.00**

\_\_\_\_\_ Investigation Fee Pouring      **\$200.00 NON-REFUNDABLE**

**APPLICANT'S POSITION WITH BUSINESS: (CHECK ONE)**

\_\_\_\_\_ Owner

\_\_\_\_\_ Manager

\_\_\_\_\_ Operator

\_\_\_\_\_ Asst. Manager

\_\_\_\_\_ Officer in Charge  
(Corporation Only)

\_\_\_\_\_ Employee

**BUSINESS QUALIFICATIONS OF APPLICANT:**

Please list your past employment or the firms that you been connected with or operated for the past ten years, in reverse order, starting with your present employment, including the name of the business, dates of employment, owner, address and phone number.

1. 20\_\_\_\_ To \_\_\_\_ Firm: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner: \_\_\_\_\_
  
2. 20\_\_\_\_ To \_\_\_\_ Firm: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner: \_\_\_\_\_
  
3. 20\_\_\_\_ To \_\_\_\_ Firm: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner: \_\_\_\_\_

4. 20\_\_\_\_ To \_\_\_\_ Firm: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner: \_\_\_\_\_

#### **REFERENCES:**

List the Names, Addresses, and Phone #'s of three (3) persons who can attest to your good moral character and fitness to have this license in the spaces below. Attach letters from these persons affirming your good moral character.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

#### **FINANCES:**

**THE INVESTIGATION FEE IS DUE AND PAYABLE WHEN THE COMPLETED APPLICATIONS ARE RETURNED TO THE COMMUNITY DEVELOPMENT.** The fee will be deposited when the application is turned in to the Community Development. The license fee is due after council approval. The investigation fee is non-refundable. **THE INVESTIGATION FEES MUST BE PAID BEFORE THE APPLICANT IS REVIEWED BY THE CITY COUNCIL.**

Type of License: \_\_\_\_\_ Applicable Fee: \_\_\_\_\_

**\*\*NOTE that since a license is obtained in the name of a person, not the business, if that person leaves the firm, it will be necessary to reapply for another license and pay another license and investigation fee. The fees are not annual charge; how many fees a business has to pay within a year depends on how often the license must be changed. \*\***

**THE APPLICANT MUST NOT HAVE ANY PAST DUE CITY TAXES, BILLS, BUSINESS LICENSE OR OTHER FEES, ASSESSMENTS, OR ANY OTHER CHARGES. IF THERE ARE UNPAID OBLIGATIONS, THE LICENSE WILL NOT BE PROCESSED UNTIL SUCH TIME AS THE CHARGES ARE PAID.**

Do you owe any debts to the City? If so, state what and why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEES:**

**Sec. 4-23 (d)** The applicant may not employ any person who has been convicted of or pled guilty or nolo contendere to a felony or other crime involving the sale or possession of alcohol within the past five years when that conviction or plea constituted a second offence, or who has been convicted or plead guilty or nolo contendere to three or more felonies or other crimes involving the sale or possession of alcohol where the third or subsequent such violation occurred after September 12, 2019.

Has any employee of this business pled guilty or been convicted of any felony, any crime involving moral turpitude, or any crime relating to the manufacture or sale of intoxicating beverages? Yes \_\_\_\_\_ No \_\_\_\_\_.

**Sec. 4-54 (b)** Any person, including the licensee, who works in pouring or package establishment selling, pouring or serving alcoholic beverages shall apply to the city or designee for an identification card, which card shall expire on the persons birthday and be renewable on or before the time. The fee for initial card, renewal or replacement shall be twenty-five dollars (\$25.00).

Number of Employees: \_\_\_\_\_

**\*\* New Employees who will be involved in the handling of the Malt Beverage must also be cleared by the Adairsville Police Department. \*\***

**ENTERTAINMENT:**

Do you plan to have entertainment? Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, please fill out attached application form for Live Entertainment and provide the following information:

Dates/Days the entertainment will be scheduled:

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Times at which the entertainment is to begin and end: \_\_\_\_\_

Maximum capacity of building: \_\_\_\_\_

Applicant signature: \_\_\_\_\_



## **CONSENT FORM**

I HEREBY AUTHORIZE ADAIRSVILLE POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY FEDERAL, STATE, OR LOCAL LAW ENFORCEMENT AGENCY.

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SIGNATURE

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DATE