Application Fee $50

240 Pine Avenue, Suite 150, Post Office Box 447
Albany, Georgia 31702-447

ALCOHOL LICENSE APPLICATION

Date of Application:_____ ☐ New Applicant ☐ Transfer of Ownership

INSTRUCTIONS: Every question must be answered, typewritten or printed legibly in ink. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed the application must be dated, signed and verified, under oath by the applicant and filed with the License Inspector, City of Albany, 240 Pine Ave, Ste 150, Albany, Georgia 31701. with all supporting documents and a money order, cashier's or certified check for the exact fee. **Please schedule an appointment with the Chief Licensing Inspector by calling 229-431-2118.** Appointments are scheduled Tuesdays and Thursdays from 10 a.m. to 2 p.m.

Check Appropriate Block(s):

☐ BEER, Consumption	$600	☐ WINE, Consumption	$410	☐ LIQUOR, Package/Consumption	$3,000
☐ BEER, Package	$600	☐ WINE, Package	$410	☐ LIQUOR, Wholesale/Manufacture	$3,000
☐ BEER, Brewers	$3,000	☐ WINE, Manufacture	$1,000	☐ PACKAGE-Liquor, Beer, and Wine	$3,775
☐ BEER, Wholesale	$750	☐ WINE, Wholesale	$500	☐ CONSUMPTION-Liquor, Beer and Wine	$4,100

CORPORATION NAME:			
TRADE NAME OF BUSINESS:			
BUSINESS ADDRESS:			BUSINESS PHONE:
CITY:	STATE:	ZIP CODE:	COUNTY IN WHICH BUSINESS IS LOCATED:

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS

MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE NUMBER:

THIS APPLICATION IS FILED BY:

☐ **SINGLE PROPRIETOR** ☐ **PARTNERSHIP** ☐ **COPORATION (Documents Required)** ☐ **PRIVATE CLUB (Documents Required)**

GENERAL INFORMATION LICENSEE

1. FULL NAME OF LICENSEE:				
ADDRESS OF LEGAL RESIDENCE:				
CITY:	STATE:	ZIP CODE:	COUNTY OF RESIDENCE:	
HOME PHONE:		MOBILE PHONE:		AGE:
2. FULL NAME OF LICENSEE:				
ADDRESS OF LEGAL RESIDENCE:				
CITY:	STATE:	ZIP CODE:	COUNTY OF RESIDENCE:	
HOME PHONE:		MOBILE PHONE:		AGE:

(A). If applicant resided at current residence less than 2 years list past address:

_____

3. ☐ Manager/ Responsible Person Information (Agent): ☐ Managed by Applicant (Go to question #4)

Name: _____ Age: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

CERTIFICATION OF APPOINTMENT

I,_____the applicant of this alcohol application do hereby appoint the above agent who resides within the County of Dougherty, in the State of Georgia as my lawful and true manager/responsible person who conducts business for this establishment. This certification becomes a part of this application for the business known as _____at _____.

_____ _____ _____ _____

Agent Signature Date Applicant Signature Date

4. List all Corporations or firms associated with this business or its principal officers and their percentages of ownership (attach list If necessary):

	Name	Address	Percentage
A			
B			
C			

5. List the owner of the property or the property manager & company who issued the lease (include address & phone number): Check one: ☐ Leased____ # of Months ☐ Purchased/Owner

_____

_____

6. Has the applicant or any person listed in this application ever been convicted of any felony under federal or state law? YES ☐ NO ☐. If yes, please provide details for each instance.

_____

_____

7. Has the applicant or any person listed in this application ever been convicted of any violation of federal or state law or regulation respecting to the manufacture, possession or sale of alcoholic beverages or who has forfeited his or her bond to appear in court to answer charges for any such violations?

YES ☐ NO ☐. If yes, please provide details for each instance.

_____

_____

8. Have you ever been denied or had an alcohol license that has been revoked?
YES ☐ NO ☐. If yes give date, location, and reasons.

_____

_____

9. TYPE OF BUSINESS: **(Check One)**

- ☐ RESTAURANT
- ☐ PUB/TAVERN
- ☐ NIGHTCLUB/LOUNGE/BAR
- ☐ HOTEL/MOTEL
- ☐ PRIVATE CLUB (NON-PROFIT)
- ☐ CONVENIENCE/GROCERY STORE
- ☐ PACKAGE STORE
- ☐ MULTI-PURPOSE FACILITY
- ☐ MUNICIPAL FACILITY
- ☐ OTHER (SPECIFY_____)

OATH

10. I,_____(The Applicant), being duly sworn according to law, do swear or affirm that the facts stated in the above application are true and correct. Further that any false information that I have provided and should have known to be false may lead this application to be denied or revoked if it is discovered at a later date. Notwithstanding having criminal charges brought against me for false statements. I will promptly notify the License Inspector of any changes to the above information. I have read, understand, and also agree to abide by the Ordinances for the City of Albany, and any State or Federal Laws or regulations governing the service or sale of alcoholic beverages. I further swear or affirm that this application is made in order to procure an alcoholic beverage license in the City of Albany, Georgia.

I am aware of the age requirement for the admittance to alcoholic establishments, Days and Hours of Sale, and the requirement for Alcoholic Beverage Handlers Cards. I further certify that my business meets the required specifications and qualifications for the type of business as indicated above.

SIGNATURE OF APPLICANT(S):

1. _____

2. _____

Sworn to and subscribed before me this

_____day of_____,20____.

_____

NOTARY PUBLIC

OFFICE USE ONLY _____

PROXIMITIES **(LEAVE BLANK IF A TRANSFER OF OWNERSHIP):**

A. Nearest School: _____+ Feet From: _____
(Must be greater than 300 ft. for beer and wine, 600 ft. for distilled spirits)

B. Nearest Church: _____+ Feet From: _____
(Must be greater than 300 ft.)

C. Other Distances:

1. _____ _____feet.
(Distance between Bars, Nightclubs, Taverns, Lounges within 1,000 feet of this applied location.)
2. _____ _____feet.
(If requested location is within 300 feet of Government owned or operated Alcohol Treatment Center.)
3. _____ _____feet.
(If requested location is within 300 feet of any Housing Authority Property.)

D. Package Stores_____feet from existing package store _____

located at_____. (Must be greater than 1,500 ft.)

Is this location or has this location been licensed for alcohol? ☐ Yes ☐ No

If Yes, License Number: _____ Last Year Licensed: _____

Business Name: _____

Licensee: _____

Lic. No. _____

Fee _____

ABC Date _____

Accepted by: _____

ADDITIONAL INFORMATION

COPY OF ADVERTISEMENT

WORK SESSION DATE: _____

COMMISSION DATE: _____

ZONING: _____ WARD: _____ STREET: _____

Applicant(s) meet criteria: ☐ Yes ☐ No

Location meets criteria: ☐ Yes ☐ No

Director/License Inspector Date

City Attorney Date Reviewed

Remarks:

Chief of Police/Designee Date

City Mayor/Vice Chair Date

Remarks:

☐ Approved ☐ Disapproved

COMMENTS: