

# APPLICATION PROCEDURE ALCOHOLIC BEVERAGE

**TO COMPLY WITH HOMELAND SECURITY LAWS AND VERIFICATION OF CITIZENSHIP NO ALCOHOL BEVERAGE LICENSE WILL BE CONSIDERED UNTIL THE OCCUPATIONAL TAX FOR THE ESTABLISHMENT HAS BEEN PAID AND THE CERTIFICATE HAS BEEN ISSUED**

1. The following items must be completed and submitted to City Hall for all new applicants, prior to processing the application:
  - A. One signed and notarized City of Helen alcoholic beverage license application including SAVE affidavit
  - B. One signed and notarized personnel statement (all 3 pages) per applicant, partner/corporate officer;
  - C. One signed and notarized background investigation consent form per applicant, partner/corporate officer;
  - D. One copy of drivers license of per partner/corporate officer
  - E. Fingerprints are done at the Police Department
  - F. Payment in full of license fees (must be paid by certified check);
  - G. Payment of \$40.00 for advertisement of public hearing; and,
  - H. Payment of \$100.00 per partner/corporate officer for background investigation.
2. All lines of the application and personnel statement must be completed. If a question does not apply, "N/A" or "does not apply" must be written on the line. An incomplete application or personnel statement will not be accepted
3. Original personnel statement and original notarized background investigation consent form and a copy of the application go to the Police Chief with a copy of the fingerprint receipt go to the Police Chief
4. Original application including executed SAVE affidavit with verifiable identification, copy of personnel statement, copy of background investigation authorization and copy of fingerprint registration receipt go into a blue file.
5. If any applicant, partner, owner or corporate officer checks any thing other than U.S. Citizen on the SAVE Affidavit their information must be run thru the U.S. Citizen and Immigration Services' SAVE Verification Information System.
6. A public hearing is scheduled with the City Manager. The City Clerk publishes the notice of public hearing two times prior to the hearing in the legal section of the legal organ (White County News).
7. The Police Chief conducts a background investigation. Applications and/or personnel statements submitted with discrepancies or inaccuracies shall be remedied with submittal of an amended application provided by the City Clerk and an additional \$100.00 as stated in item "1.G." above.
8. Public hearing is held to receive comments from the public about issuance of the proposed license(s).
9. Application, information received at the Public Hearing, and information revealed during the background investigation is formally presented to the Commission for approval at their next regularly scheduled meeting.
10. After approval by the City Commission, City Clerk will issue the license(s).
11. Prior to selling alcoholic beverages, applicant must be licensed by the State of Georgia Department of Revenue Alcohol and Tobacco Taxes Unit, (706) 542-6058. The State will require a copy of the City of Helen Alcoholic Beverage License(s)

**Please read and familiarize yourself with the City of Helen Official Code Section governing Alcohol Beverage Licenses.**

**CITY OF HELEN**  
**ALCOHOLIC BEVERAGE LICENSE/RENEWAL**  
 The City of Helen is an equal opportunity employer and provider.

**DATE OF APPLICATION:** \_\_\_\_\_

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

**STREET ADDRESS OF BUSINESS:** \_\_\_\_\_

**Yearly renewals are due by November 15 to avoid penalty. Sec. 6-26b.**

**LICENSE FEE: Please place a check beside all applying for or renewing**

<b>BEER PACKAGE</b>	<b>\$1000.00</b>	<input type="checkbox"/>
<b>WINE PACKAGE</b>	<b>\$ 500.00</b>	<input type="checkbox"/>
<b>LIQUOR PACKAGE</b>	<b>\$5000.00</b>	<input type="checkbox"/>
<b>ANCILLARY TASTING LICENSE</b> (Available only with Qualifying Beer and Wine Package Licenses)	<b>\$ 100.00</b>	<input type="checkbox"/>
<b>GROWLERS LICENSE</b> (Sec 6-71 in the City Code on regulations)	<b>\$ 100.00</b>	<input type="checkbox"/>
<b>BEER ON PREMISES</b>	<b>\$1000.00</b>	<input type="checkbox"/>
<b>WINE ON PREMISES</b>	<b>\$ 500.00</b>	<input type="checkbox"/>
<b>LIQUOR POURING ON PREMISES</b>	<b>\$2500.00</b>	<input type="checkbox"/>
<b>FARM WINERY LICNESE</b> FARM WINERY – INCLUDING ON PREMISES CONSUMPTION OF NON-FARM WINERY PRODUCTS MUST PAY SAME ON PREMISES FEES AS THE ON PREMISES CONSUMPTION FEES IDENTIFIED ABOVE (example +Beer on Premises = \$1000.00)	<b>\$ _____.00</b>	<input type="checkbox"/>
<b>SUNDAY SALES</b> (Available only with qualifying food sales.) Not required for Package sales.	<b>\$ 600.00</b>	<input type="checkbox"/>
<b>DISTILLERY LICENSE</b> (Must comply with all Federal & State regulations as well.)	<b>\$5000.00</b>	<input type="checkbox"/>
<b>BREWERY LICENSE</b> (Must comply with all Federal & State regulations as well.)	<b>\$1000.00</b>	<input type="checkbox"/>
<b>IN ROOM SERVICE LICENSE (HOTELS ONLY)</b> (Available only with additional Package or On Premises License)	<b>\$ 600.00</b>	<input type="checkbox"/>
<b>ADMINISTRATION FEE (required with all license)</b>	<b>\$15.00</b>	<input type="checkbox"/>

**TOTAL DUE**                      \$ \_\_\_\_\_

**All Alcohol License fees must be paid by CERTIFIED CHECK ONLY.**

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_

Social Security# \_\_\_\_\_ Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Operating Name: \_\_\_\_\_

Business Address(physical) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

(Please include City, State and Zip Code on all addresses)

Employer ID #: \_\_\_\_\_

Type of Ownership: \_\_\_\_\_ Single Proprietor  
(Check One) \_\_\_\_\_ Partnership or Association  
\_\_\_\_\_ Corporation (Name of Corporation if applicable)  
\_\_\_\_\_

Date and State Incorporation: \_\_\_\_\_ Date last registered in Georgia: \_\_\_\_\_

Persons listed below are Required to Complete the Background/Fingerprinting consent requirement prior to Alcohol License Issue or Renewal if listed as the Registered Agent. Anyone that has already completed the Background/Fingerprinting requirement shall not be required for renewal. Any person listed below that has not completed the Background/Fingerprinting or is added new to the license and is listed as the Registered Agent will be required to do so before Alcohol License is Issued or Renewed.

Partner(s)/Corporate officer's names and resident address, plus % interest:

NAME	COMPLETE ADDRESS	% INTEREST

**REGISTERED AGENT INFORMATION**

(There must be a registered agent if the applicant is an entity and not a person)

Registered Agent: \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

employer ID#: \_\_\_\_\_

Drivers License # \_\_\_\_\_

State of Issue \_\_\_\_\_(provide copy)

**ALL APPLICANTS MUST ANSWER AND COMPLETE ALL COMPONENTS OF THE APPLICATION BELOW:**

Have you, the applicant or any other person having any interest in business for which this application has been made, ever been arrested, indicted or convicted for any offense, by any State, County or Foreign Officer, or any other Governmental authority?  Yes  No.

**If yes please state charges, date** \_\_\_\_\_.

**Applicant is aware that if applying for a Liquor pouring license that remittance of a Mixed Drink report is due and payable by the 20th of the following month on which report is given. A copy of the current form is included with application and is also available at the front counter or on the City's website under forms.  Yes \_\_\_\_\_ initials.**

**Applicant has received and/or read a copy of the City of Helen Alcohol Ordinance  Yes, \_\_\_\_\_ initials.**

**NOTE: Before signing this application, check all answers and explanations to see that all questions are answered fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands 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 herein shall constitute cause for the denial, 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 question contained in this application, or any personnel statement which is made a part of this application, such change must be reported as an amendment to the application. The failure to make such change or amendment shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood.**

STATE OF GEORGIA, \_\_\_\_\_ COUNTY

I, \_\_\_\_\_ applicant, do solemnly swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license. That I have received a copy of the Noncriminal Justice Applicant's Privacy Rights and a copy of the Privacy Act Statement. I also realize and give consent for my fingerprints to be taken by the Helen Police Department and my Criminal History Record Information (CHRI) will be obtained from the FBI for an Alcohol License under ORI "GA923270Z and the reason fingerprinted as to the Official Code of Georgia Annotated (OCGA), Section 3-3-2."

This \_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

\_\_\_\_\_  
**Signature of Notary** NOTARY PUBLIC  
Commission Expires: \_\_\_\_\_

## **SUNDAY SALES OF ALCOHOL BY THE DRINK**

Georgia Law provides that in order to sell alcoholic beverages by the drink on Sunday, a licensed establishment must derive at least 50 percent of its total annual gross sales from the sale of prepared meals or food. Helen Municipal Code Section Sec. 6-5 provides that with regard to Sunday Sales Licenses: The sale of distilled spirits, wine and malt alcoholic beverages for consumption on the premises shall be permitted with food service at tables and booths in dining facilities at specially licensed establishments between the hours of 11:30 p.m. and 12:00 midnight on Sundays. The applicant for Sunday Sales licenses shall submit such documentation as may be required by the city manager to satisfy the city that the statutory mandate respecting food sales has been met at the establishment for the preceding 12 months collectively or, in the alternative, such applicant may elect to submit within 20 days following the conclusion of each calendar quarter after issuance of such special license, a certificate from a certified public accountant that said statutory mandate was obtained within the preceding calendar quarter; the failure to submit as aforesaid being grounds sufficient for refusal or revocation.

### **For New Applicants for Sunday Sales License ONLY: (Additional Information may be required)**

The applicant certifies, under penalty of perjury, and penalty of revocation of all applicable licenses as issued by the City of Helen, that Applicant will meet the requirement of state and municipal law at his establishment that at least 50% of total gross sales will be from the sale of prepared meals or food, and that the requirements of Municipal Code Section 6-5 will be met. Upon request, Applicant understands that he will be required to submit documentation in the first year of his license, following each calendar quarter, as may be required by the City Manager, or applicant may submit certification from applicant's CPA that such statutory mandate was met.

\_\_\_\_\_(SEAL)  
**Signature of Applicant**

### **For Renewal of Sunday Sales License ONLY: (Additional Information may be required)**

The following information **must** be provided for the last twelve months the business was open. If the business has been open less than twelve months, please provide actual sales for time open.

1. Period for which information is provided. \_\_\_\_\_
2. Gross receipts/sales from food and food service. \$ \_\_\_\_\_ = ( )%
3. Gross receipts/sales from beer, wine and/or liquor. \$ \_\_\_\_\_ = ( )%
4. Total of food and beverage sales (lines 2 + 3) for this period \$ \_\_\_\_\_ = ( )%

Briefly describe the method by which sales are totaled daily into the food and beverage service amounts.

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**FOR ANCILLARY TASTING LICENSE ONLY**

**Available only to qualified beer and/or wine package licensees pursuant to Chapter 6 of the Helen Municipal Code. (Additional Information may be required)**

**Ancillary Beer, Wine & Malt Beverage Tasting License Affidavit**

Applicant agrees to operate their business according to the law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another. The applicant agrees to notify the City of Helen of any change as it applies to this application within 30 days of the change. Failure to make such notice shall be cause for the revocation of any license issued pursuant to this application.

Further, the applicant agrees to abide by all laws, rules and regulations of the United States, the State of Georgia and the City of Helen tasting provisions. The applicant understands that the granting of and issuing of this license constitutes only a privilege and not a right. Therefore, this license may be revoked or suspended by the City Commission of Helen, Georgia. All license fees are nonrefundable.

The undersigned, swears under oath, and says that he/she is the person named in the foregoing application; that the applicant must also have a license to sell beer and wine by the package. The undersigned further avers that he or she has read Sections 6-72 and 6-126 of the Municipal Code regarding Ancillary Tasting Licenses, meets the requirements therein, and will comply therewith.

The undersigned further understands that any license issued contrary to state law and/or city ordinance shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statement and affidavits in connection with this application.

(Sign only if Ancillary Tasting License applied for)

**Applicants Signature** \_\_\_\_\_

.....  
**FOR OFFICAL USE ONLY-DO NOT WRITE BELOW THIS LINE**  
 .....

DOCUMENT	DATE RECEIVED	DOCUMENT	DATE COMPLETED	DOCUMENT	DATE APPROVED
Drivers License		Background		Hearing Date	
Registered Agent		Fingerprints		Comm Approval	
Corporation Name		Newspaper Ad x2		Occupational Tax Pd	
Corporation Number		SAFE verification		CO Certificate Issued	

**CITY OF HELEN  
 ALCOHOLIC BEVERAGE LICENSE APPLICATION / RENEWAL  
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## **FOR IN ROOM SERVICE LICENSE**

Available only to hotels, inns, or other establishment which offers overnight accommodations to the public for hire and intend to provide for in-room service of alcohol to guests. In order to obtain a license to provide "in-room service" of alcoholic beverages, the licensee must also hold a valid city retail package or a valid city consumption on the premises license. The State Department of Revenue will also require a separate license for "in room service".

The applicant agrees to notify the City of Helen of any change as it applies to this application within 30 days of the change. Failure to make such notice shall be cause for the revocation of any license issued pursuant to this application.

Further, the applicant agrees to abide by all laws, rules and regulations of the State of Georgia and the City of Helen which apply to the service of alcohol, including, but not limited to, the room license provisions. The applicant understands that the granting of and issuing of this license constitutes only a privilege and not a right. Therefore, this license may be revoked or suspended by the City Commission of Helen, Georgia. All license fees are nonrefundable.

The applicant acknowledges that for purposes of this license, "in-room service" consists of:

- (1) The delivery of alcoholic beverages in unbroken packages by an employee of the hotel to a registered guest's room when such alcoholic beverages have been ordered by the guest and when the guest shall be billed for the cost of such alcoholic beverages at the time of delivery and when the sale of such alcoholic beverages is completed at the time of delivery; and
- (2) The provision of a cabinet or other facility located in a hotel's guest room which contains alcoholic beverages and which is provided upon request of the guest and which is accessible by lock and key only to the guest and for which the sale of alcoholic beverages contained therein is final at the time requested except for a credit which may be given to the guest for any unused portion.

The undersigned, swears under oath, and says that he/she is the person named in the foregoing application; that he or she has read Sections 6-176 of the Municipal Code regarding In Room Service Licenses, meets the requirements therein, and will comply therewith. The undersigned further understands that any license issued contrary to state law and/or city ordinance shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statement and affidavits in connection with this application.

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**Signature of Affiant for In Room Service License**  
**(Sign only if In Room Service License applied for)**

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one:**

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 2.**

**The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_ Date of  
Authorization

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**I hereby declare under penalty of perjury that the foregoing is true and correct.**

**Executed on \_\_\_\_\_, \_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



**O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT**

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, 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 this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_ 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:

\_\_\_\_\_

*\*This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

**FOR OFFICIAL USE ONLY**

DATE \_\_\_\_\_ CITY OF HELEN LICENSE NUMBER \_\_\_\_\_

**New Alcohol License Application**

**PERSONAL STATEMENT**

**INSTRUCTIONS: EACH QUESTION MUST BE FULLY ANSWERED OR ANSWERED WITH N/A FOR NOT APPLICABLE OR NONE.** This personal statement must be executed under oath, by person having ownership interest for a license from the City Clerk of Helen, Georgia, to sell or deal in alcoholic beverages or liquors. Please type or print clearly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such sheet is attached. A personal statement for all persons being licensed or as Registered Agent must be submitted with every application.

**ANY FALSE ANSWERS OR OMISSION IS GROUNDS TO DENY APPLICATION**

1. Full name of applicant: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Full name of dealer and trade if any submitting applicant of which this statement is a part:  
\_\_\_\_\_
4. Position of applicant in dealer's business: \_\_\_\_\_
5. State ownership, or profit-sharing interest, if any, in this business: \_\_\_\_\_
6. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business? Are alcoholic beverages sold and consumed on premises? (Yes or No) \_\_\_\_\_ If Yes, give details.  
\_\_\_\_\_
7. Do you have any financial interest, or are you employed, in any wholesale or retail liquor business other than the business submitting the license application of which this personal statement is a part? (Yes or No) \_\_\_\_\_ If Yes, give details.  
\_\_\_\_\_
8. Do you have any financial interest, or are you employed in any business engaged in distilling, bottling, rectifying, or selling (wholesale or retail) alcoholic beverages in this state or outside which has not otherwise been disclosed in this statement? (Yes or NO) \_\_\_\_\_ If Yes, give details.  
\_\_\_\_\_
9. Other names used by applicant: (i.e. aliases, nicknames, etc.,)  
Maiden Name: \_\_\_\_\_  
Former Marriages: \_\_\_\_\_  
Former Names Legally: \_\_\_\_\_  
\_\_\_\_\_

10. Home Address: \_\_\_\_\_

11. Business Address: \_\_\_\_\_

12. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

United States Citizen? \_\_\_\_\_ By Birth? \_\_\_\_\_

Naturalized? \_\_\_\_\_ Date, Place/Court: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Petition Number: \_\_\_\_\_

Derived parents certificate number: \_\_\_\_\_

Alien Registration Number: \_\_\_\_ \_ Native Country: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

13. How many consecutive years and months have you been a legal resident of the City of Helen?

Be sure to include years and months: \_\_\_\_\_

14. Marital Status:

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_

Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_

15. If married, widowed, or divorced YOU MUST PROVIDE THE FOLLOWING INFORMATION:

Spouse's full name: \_\_\_\_\_

Spouse's maiden name: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

Name of spouse's employer: \_\_\_\_\_

16. Give names and addresses of all children and stepchildren: (Regardless of age)  
YOU MUST PROVIDE THE FOLLOWING INFORMATION:

A. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

B. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

C. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

17. Are you a registered voter in the state of Georgia? (Yes or No): \_\_\_\_\_

In what county: \_\_\_\_\_ How many years? \_\_\_\_\_

18. Have you ever had any financial interest in a liquor business which was denied a liquor license? (Yes or

No) \_\_\_\_\_ If yes, give full details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. Has any liquor business in which you hold, or have held, any financial interest, or are employed or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of distilled spirits?

\_\_\_\_\_  
\_\_\_\_\_

20. Of the persons listed under questions 15 & 16 indicate which, if any, are engaged in any business handling alcoholic beverages as an owner, stockholder, or employee. Provide the name of such business. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Does blood, marriage, or adoption relate you to any person engaged in any business handling alcoholic beverages, whiskies, or liquors in Georgia? (Yes or No): \_\_\_\_\_

If Yes, to whom and where does this apply?

\_\_\_\_\_

22. During the past 10 years you have applied for any local or state liquor license, GIVE FULL DETAILS:

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

Name of Business & Location: \_\_\_\_\_

License Number: \_\_\_\_\_

Is license still active? \_\_\_\_\_

Person/persons involved: \_\_\_\_\_

Considerations involved: \_\_\_\_\_

23. Employment Record: (Give most recent employment first. If self-employed, give full details)

From (month/year) -	To (month/year)	Occupation and description
_____ -	_____	_____
_____ -	_____	_____
_____ -	_____	_____
_____ -	_____	_____

24. List in order all your residences for the past ten years, beginning with the most recent:

From	To	Include complete address, city, state, zip code

25. References: Give three personal references. They should be responsible, reputable adults, business or professional men or women, who have known you well during the last five years.

**(Please do not use relatives, former employers, fellow employees, or former schoolteachers)**

A. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Number of years you have known this reference: \_\_\_\_\_

B. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Number of years you have known this reference: \_\_\_\_\_

C. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Number of years you have known this reference: \_\_\_\_\_

26. Have you ever been **arrested**, or held by Federal, State, or other law-enforcement authorities for any violation of any Federal law, State law, County or Municipal law, regulation, or ordinances? All other charges must be included even if they were **dismissed**. Give reason charged or held, date, place where charged and disposition.

**IF NOT CORRECT, APPLICATION MAY BE REJECTED**

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**NOTE:** Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

VERIFICATION

STATE OF GEORGIA, COUNTY OF WHITE, CITY OF HELEN,

I, \_\_\_\_\_ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personal statements are true.

\_\_\_\_\_  
Applicant's signature (full name, in ink)

I hereby certify that \_\_\_\_\_, Applicant is personally known to me, or showed valid photo identification, that he/she signed his/her name to the foregoing application stating that he/she knew and understands all statements and answers made therein, and under oath actually administered by me, has sworn that said statements and answers are true.

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

\_\_\_\_\_  
Date

My Commission expires: \_\_\_\_\_

SEAL





## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia-only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website \(http://gbi.georgia.gov/obtaining-criminal-history-record-information\)](http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website \(http://gbi.georgia.gov/obtaining-criminal-history-recordinformation\)](http://gbi.georgia.gov/obtaining-criminal-history-recordinformation).

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints, palm prints, photos or future biometrics as associated with the fingerprint collection may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint/biometric repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints, palm prints, photos or future biometrics as associated with the fingerprint collection in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints, palm prints, photos or future biometrics as associated with the fingerprint collection are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.