



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
ALCOHOLIC BEVERAGE APPLICATION CHECKLIST
(UDO Part II, Subpart A, General Ordinances, Chapter 10)

Name of License Applicant:
Name of Establishment:
Establishment Address:

Please return the following as a package:

- County Application form
- Copy of State Application form (filed online)
- Copy of Beer and Wine Bond
- Plat of Survey showing that the site is in compliance with distance requirements
- Floor plan of the establishment showing entrances, exits, and location of alcoholic beverages
- Character Verification (*Finger Prints & Background Check*)
- Proof of Residence
- Proof of advertisement in The Rockdale Citizen Newspaper
- Processing fee of \$50.00
- Payment of the Licensee Fee
- Fingerprint Processing Fee (\$ 42.50)

Fees are payable by exact cash, check, credit card or money order

APPROVED BY:

Sheriff: _____ Date: _____
Director, Planning & Development: _____ Date: _____
Board of Commissioners: _____ Date: _____

Department of Planning and Development contact information:

| | |
|---|---------------------|
| In person: 958 Milstead Avenue, Conyers GA 30012 ◦ Monday through Friday, 8:00am to 5:00pm | |
| Mail: P.O. Box 289, Conyers GA 30012 | Phone: 770 278-7100 |
| Email: businesslicense@rockdalecountyga.gov | Fax: 770 278-8940 |



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
PRIVILEGE LICENSE APPLICATION
 SECTION I

INSTRUCTIONS:

Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in that space that a separate sheet is attached.

When completed, it must be dated, signed, and verified under oath by the license applicant and filed with the Department of Planning and Development, 958 Milstead Ave, Conyers, Georgia 30012, together with all supporting papers and fees due.

In the case of a corporation, the license shall be issued jointly to the corporation and to the majority stockholder if an individual. If the majority stockholder is not an individual, the license shall be issued jointly to the corporation and its registered agent. In the case of a partnership, the license shall be issued to one of the partners.

| | |
|---|--|
| Type of application (check all that apply): | |
| <input type="checkbox"/> New license | <input type="checkbox"/> New ownership |
| <input type="checkbox"/> New location | <input type="checkbox"/> Other, explain: |

| | |
|--|---|
| Type of business (check one): | |
| <input type="checkbox"/> Package Store | <input type="checkbox"/> Gas Station w/ Grocery Store |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Country Club | |

Type of License (check all that apply):

| | | Annual Fee Due | Fee Paid |
|--------------------------|--|----------------|----------------|
| <input type="checkbox"/> | Liquor Package | \$ 5,750.00 | \$ |
| <input type="checkbox"/> | Consumption on Premise | \$ 3,250.00 | \$ |
| <input type="checkbox"/> | Beer <u>or</u> Wine (Package <i>or</i> consumption on premise) | \$ 500.00 | \$ |
| <input type="checkbox"/> | Beer <u>and</u> Wine (Package <i>or</i> consumption on premise) | \$ 750.00 | \$ |
| | Processing fee | \$50.00 | \$50.00 |
| | Fingerprinting fee | \$42.50 | \$42.50 |
| | TOTAL: | | \$ |

NOTE: Applications fees filed on or after July 1 of the license year shall be prorated to one-half (1/2) of a full license fee. Fees are non-refundable and licenses are non-transferable.



LICENSE APPLICANT INFORMATION:

Name: _____

Social Security Number: _____

Home or mobile phone number: _____

Home address (Street, City, State, Zip): _____

Date of birth: _____

Email address: _____

BUSINESS INFORMATION:

Name of establishment: _____

Business location (Street, City, State, Zip): _____

Mailing address (Street, City, State, Zip): _____

Business phone number: _____

Federal Employer Identification Number: _____

Georgia Sales Tax Number: _____

State Withholding Number: _____

Rockdale County Business License Number: _____



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
PRIVILEGE LICENSE APPLICATION
SECTION I

1. Will you have entertainment? Yes No
If yes, describe in detail:

2. Does the licensee, partner, corporation or owner have any ownership interest in any other licensed alcoholic beverage business in the State of Georgia? Yes No
If so, give name, business name, and business location.

3. List the full name, address, and other pertinent information for each additional person having any interest in the application and the percentage of interest. Use additional sheets if necessary.

Name:
Address:
Social Security Number:
Date of Birth: % Interest:

4. List the name and address of the owners of the building and land.
Building owner's name:
Address:

Land owner's name:
Address:

5. Name and address the manager of the business for which this application is filled.
Manager's name:
Address:

6. Have you received a copy of the Rockdale County Alcoholic Beverage Ordinance? Yes No
(Application cannot be processed until you acknowledge receipt of a copy of this ordinance)

Signature of Applicant



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
PRIVILEGE LICENSE APPLICATION
 SECTION I

Employment Record for the past ten years: *(Most recent first)*

| Start date | End date | Occupation/Position | Employer |
|------------|----------|---------------------|----------|
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Places of residence for the past ten years: *(Most recent first)*

| Start date | End date | Address | City, State |
|------------|----------|---------|-------------|
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Have you ever been arrested or held by federal, state or other law enforcement authorities for any violation of federal law, state law, county or municipal law, regulation, or ordinance? *(All charges must be included even if they were dismissed. Give reason charged or held, date, place where charged, and disposition. After last arrest is listed, please write "NO OTHER ARRESTS". If no arrests, write "NO ARRESTS".)*



| | Reason | Place where charged (City, State) | Disposition |
|--|--------|--------------------------------------|-------------|
| | | | |
| | | | |
| | | | |

1- If alcohol will be consumed on premises, are you open for business on Sundays? Yes No

2- Are you in compliance with Chapter 10, which states:

“Distilled spirits, beer and wine may be sold for consumption on premises on Sunday from 12:30 PM until 12:00 AM in any licensed establishment which derives at least 50 percent of its total annual gross sales from the sales of prepared meals or food in all of the combined retail outlets of the individual establishments where food is served and in any licensed establishments where food is served and in any licensed total annual gross income from the rental of rooms for overnight lodging.”

Yes No



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
PRIVILEGE LICENSE APPLICATION
NOTARIZED STATEMENT

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions 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. Any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. By signing this statement, the applicant also grants consent to Rockdale County to have a criminal background check performed by the Sheriff's Department for the original application, at each time of renewal, and at any time the Board of Commissioners may deem it necessary.

I, _____, license 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 for county license, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

License Applicant Signature (*Full Name*)

I hereby certify that _____ signed his/her name to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20_____ .

Notary's Seal:

Notary Public Signature

State of Georgia, _____ County.