## SECTION I

### ROCKDALE COUNTY PRIVILEGE LICENSE APPLICATION

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 licensee and filed with the Department of Planning and Development, 958 Milstead Ave, Conyers, Georgia 30012, together with all supporting papers and the fee 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.

Check One:

☐ New Location ☐ New Licensee ☐ New Ownership

Type of Business-Check all that apply:

☐ Package Store
☐ Restaurant
☐ Country Club
☐ Liquor Store
☐ Gas Station w/ Grocery Store
☐ Supermarket

| | FEE DUE | FEE PAID |
|---|---|---|
| ☐ Liquor Package | $ 5,750 | $ _____ |
| ☐ Consumption on premise | $ 3,250 | $ _____ |
| ☐ Beer ***or*** Wine *(Package or consumption on premise)* | $ 500 | $ _____ |
| ☐ Beer ***and*** Wine *(Package or consumption on premise)* | $ 750 | $ _____ |

***Licenses are issued only for number of months remaining in calendar year. License fees are not refundable.**

**LICENSE APPLICANT INFORMATION:**

Name: _____

Social Security Number: _____

Home Phone #: _____

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

Date of Birth: _____

Email Address: _____

**BUSINESS INFORMATION**

Name: _____

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

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

Business Phone #: _____

Federal Employer Identification Number: _____

GEORGIA SALES TAX #: _____

STATE WITHHOLDING #: _____

**Note:** Before signing this application, 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. Licensee 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 suspension or revocation of any license issued pursuant to this application.

I hereby certify that _____ signed his 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, have sworn that said statements and answers are true.

This ____ day of _____.

_____

Notary Public

State of Georgia _____ County

I, _____, licensee, as 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)

## SECTION II

1. Will you have entertainment? _____. 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? _____. If so, give name, business name, and business location.

_____

_____

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

Name _____

Address _____

Social Security # _____ Date of Birth _____ % Interest _____

4. List the name and address of the owners of the building and land.

_____

_____

5. Name and address of the owners of the manager of the business for which this application is filled.

_____

_____

6. Have you attached a copy of the floor plan of the establishment showing entrances, exits, and location of alcoholic beverages?

_____

7. Have you received a copy of the Rockdale County Alcoholic Beverage Ordinance? *(Application cannot be processed until you acknowledge receipt of a copy of this ordinance)*

_____

Signature of Applicant

**SECTION III**

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

| START DATE | END DATE | OCCUPATION/POSITION | EMPLOYER |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Place of residences for the past ten years: *(Most recent first)*

| START DATE | END DATE | ADDRESS | CITY | STATE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.)*

_____

_____

_____

_____

If consumption on premises, are you currently open for business on Sundays? _____ If yes, are you in compliance with code section 7-2080, 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.

What percent of food/lodging was the annual gross income for the previous year? _____

**Note:** Before signing this statement, check all answers and explanations to see that you have answered the questions fully and correctly. This statement is to be executed under oath and subject to the penalties for false swearing, and it includes all attached sheets submitted herewith. By signing this statement, 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 renewal time, and at any time the Board of Commissioners may deem it necessary.

State of Georgia, _____, county.

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 application are true and correct.

_____
Applicant's signature

I hereby certify that _____signed his name to the foregoing application stating to me that he knew and understood all statements and answers made therein and has sworn that said statements and answers are true and correct.

This _____ day of _____, _____.

Notary Public _____.

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

By executing this affidavit under oath, as an applicant for a Building Permit or Alcohol License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, 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 in Conyers, Georgia.

_____

Signature of Applicant Date

_____

Printed Name of Applicant

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

_____

Notary Public
My Commission Expires:

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 non-criminal 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).

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-record-information).

I received a copy of the Applicant's Privacy Rights.

_____

Print Name

_____ _____

Signature Date

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 and associated information/biometrics 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 repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics 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 and associated information/biometrics 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.

I received a copy of the Privacy Act Statement.

_____

Print Name

_____ _____

Signature Date

ATT - 14 Rev 03/03
GEORGIA DEPARTMENT OF REVENUE
ALCOHOL & TOBACCO TAX UNIT

EXHIBIT A

## CERTIFICATE OF RESIDENCE
## FOR RETAIL LICENSE APPLICANTS ONLY

STATE OF GEORGIA, _____ COUNTY:

I, _____, Judge of the Probate Court for _____ County, Georgia, hereby certify that _____ _____ is now, and has been a bona fide resident of the State of Georgia for one year and the County of _____ for one year immediately preceding the date of this affidavit, based upon the affidavit of applicant, and the evidence submitted therewith.

I further certify that _____ is a resident of a municipality or a county wherein the sale of distilled spirits is authorized.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Probate Court, this _____ day of _____, 20 ___.

_____
JUDGE OF THE PROBATE COURT

_____
COUNTY, GEORGIA

(AFFIX SEAL)

## CRIMINAL HISTORY CONSENT FORM

I hereby authorize Rockdale County Sheriff's Office to receive any Criminal History record pertaining to me, which may be in the files of any State or Local Criminal Agency in Georgia for the purpose of complying with Rockdale County Unified Development Ordinance Chapter 10.

_____

Print Full Name

_____

Complete Address

_____ _____ _____ _____

Sex Race Date of Birth Social Security Number

_____

Signature Date

_____

Notary Date

Seal

**BOARD OF COMMISSIONERS**
OSBORN NESBITT, SR., CHAIRMAN
SHERRI L. WASHINGTON, ESQ., COMMISSIONER POST I
DR. DOREEN WILLIAMS, COMMISSIONER POST II

**DEPARTMENT OF PLANNING & DEVELOPMENT**
KC M. KRZIC, DIRECTOR
PHONE: (770) 278-7100
FAX: (770) 278-8940

# ZONING VERIFICATION REQUEST APPLICATION

I hereby request verification of the zoning for the property described in this application.
All letters will be available within 5 to 7 business days.

| | | | |
|---|---|---|---|
| Parcel # (s): | Acreage: | Project #: | Date Received: |
| Address: | City , State: | Zip: | |
| Current Use of Property: | Proposed Use of Property: | | |

Applicant

| | | |
|---|---|---|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Cell: | |
| Email: | | |

Proposed Project Information

| |
|---|
| How would you like this letter deliver: □ US Mail □ Email |
| Please list any additional comments or requests. |

Applicants are required to submit a deed or registered survey of the property.

Signature of Applicant

Date

ADVERTISEMENT

NOTICE IS HEREBY GIVEN THAT AN APPLICATION FOR AN ALCOHOL BEVERAGE LICENSE HAS BEEN FILED WITH THE DIRECTOR OF PLANNING AND DEVELOPMENT FOR ROCKDALE COUNTY.

THE APPLICATION IS FOR: **(CIRCLE ALL THAT APPLIES)**

BEER COMBINATION BEER & WINE COMBINATION BEER, WINE & LIQUOR

PACKAGE SALES CONSUMPTION ON PREMISES

THE PROPOSED BUSINESS SHALL BE LOCATED AT THE FOLLOWING ADDRESS:

_____

_____

THE APPLICANT'S NAME: _____

ALL PERSONS INTERESTED IN SAID APPLICATION SHOULD FORWARD THEIR WRITTEN COMMENTS TO:

DIRECTOR, PLANNING AND DEVELOPMENT
ROCKDALE COUNTY
P.O. BOX 289
CONYERS, GA 30012

THIS LEGAL ADVERTISEMENT MUST RUN IN THE ROCKDALE CITIZEN AT LEASE ONCE. YOU MUST PROVIDE PROOF OF THE ADVERTISEMENT WITH YOUR APPLICATION. IF THE APPLICANT IS A PARTNERSHIP, BOTH PARTNERS MUST BE LISTED. IF THE APPLICANT IS A CORPORATION, THE NAMES AND TITLES OF ALL CORPORATE OFFICERS MUST APPEAR IN THE LEGAL AD IN THE SPACE PROVIDED FOR "APPLICANT".

**ANNUAL FEE SCHEDULE**

## PACKAGE SALES:

| | |
|---|---|
| Beer: | $ 500.00 |
| Wine: | $ 500.00 |
| Beer & Wine combination: | $ 750.00 |
| Beer, Wine & Liquor combination: | $5,750.00 |

## CONSUMPTION ON PREMISES FOR RESTAURANTS:

| | |
|---|---|
| Beer: | $ 500.00 |
| Wine: | $ 500.00 |
| Beer & Wine combination: | $ 750.00 |
| Beer, Wine & Liquor combination: | $3,250.00 |