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

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<tr>
<th>FEE DUE</th>
<th>FEE PAID</th>
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<tbody>
<tr>
<td>☐ Liquor Package $ 5,750</td>
<td>$ ______</td>
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<tr>
<td>☐ Consumption on premise $ 3,250</td>
<td>$ ______</td>
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<tr>
<td>☐ Beer or Wine (Package or consumption on premise) $ 500</td>
<td>$ ______</td>
</tr>
<tr>
<td>☐ Beer and Wine (Package or consumption on premise) $ 750</td>
<td>$ ______</td>
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*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).*

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<thead>
<tr>
<th>START DATE</th>
<th>END DATE</th>
<th>OCCUPATION/POSITION</th>
<th>EMPLOYER</th>
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Place of residences for the past ten years: *(Most recent first)*

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<tr>
<th>START DATE</th>
<th>END DATE</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
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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.)*

|            |          |         |      |       |
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|            |          |         |      |       |
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 __________________________

6 of 6
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
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
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
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.

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<th>Parcel # (s):</th>
<th>Acreage:</th>
<th>Project #:</th>
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<th>Current Use of Property:</th>
<th>Proposed Use of Property:</th>
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Applicant

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Proposed Project Information

How would you like this letter delivered: □ 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 LEAST 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