



ALCOHOL BEVERAGE LICENSE APPLICATION

NAME OF APPLICANT (applicant must be the owner-operator-manager of the business)

LEGAL MAILING ADDRESS OF APPLICANT

SSN

DOB

HOME PHONE

WORK PHONE

EMAIL

TYPE OF OWNERSHIP: INDIVIDUALLY OWNED PARTNERSHIP CORPORATION
(circle one)

*Partnerships must provide information on all partners (see Attachment A)

*Corporations must provide information on all officers of the corporation (see Attachment B)

Will someone other than the applicant be responsible for the management of the establishment? ___(Y/N)

* If yes, complete information for this individual on attached sheet (see Attachment A)

*A background check is required for each person except officers of publicly held corporations

NAME OF BUSINESS (where the alcohol license will be held)

PHYSICAL ADDRESS

MAILING ADDRESS, IF DIFFERENT

PHONE NUMBER

TYPE OF BUSINESS

FEDERAL TAX ID NUMBER

SALES TAX ID NUMBER

PLEASE CHECK ALL THAT APPLIES

CONSUMPTION OFF PREMISES

_____	BEER & WINE, PACKAGE ONLY	\$1,500.00
_____	LIQUOR, PACKAGE ONLY	\$2,300.00

CONSUMPTION ON PREMISES

CLASS I: RESTAURANT WITH FULL KITCHEN AND NO BAR

_____	BEER & WINE, CONSUMPTION ON PREMISES	\$1,500.00
_____	LIQUOR, CONSUMPTION ON PREMISES	\$2,245.00

CLASS II: RESTAURANT WITH FULL KITCHEN AND BAR

_____	BEER & WINE, CONSUMPTION ON PREMISES	\$1,500.00
_____	LIQUOR, CONSUMPTION ON PREMISES	\$2,590.00

CLASS III: BAR / NIGHT CLUB / TAVERN

_____	BEER & WINE, CONSUMPTION ON PREMISES	\$1,500.00
_____	LIQUOR, CONSUMPTION ON PREMISES	\$2,875.00

Applicant Signature

The City of Glennville will advertise the proposed request for sale of alcohol in the legal organ of Tattnall County for two weeks prior to the next scheduled City of Glennville Council Meeting. Applicants will be responsible for the advertising fee. Applicant is also responsible for all costs related to a criminal background investigation. Please contact Glennville Police Department at (912) 654-2103 for more information.

***APPLICATIONS MUST BE FILED 30 DAYS PRIOR TO THE REGULARLY SCHEDULED MEETING OF THE GLENNVILLE CITY COUNCIL.**

Please attach the following items with your application:

1. For off-premise consumption sales: State Alcohol License Application (Form CRF-009) and Federal Application for Special Tax Registration for Alcohol and Tobacco (Form OMB #1512-0472).
2. For on-premise consumption sales: State Alcohol License Application (Form CRF-009), Federal Application for Special Tax Registration for Alcohol and Tobacco (Form OMB #1512-0472), and Food Service Permit from the Tattnall County Health Department.
3. Copy of Driver's License or State issued Identification Card
4. Affidavit

By signing below, I authorize the Glennville Police Department to utilize my fingerprints as required to complete the criminal background as required. I swear that I have not been convicted of a felony within the last twelve months, and that I shall be responsible for the management and operation of the business for which the license is granted. If granted a license, I shall abide by all laws and regulations that pertain. I understand that license applied for is non-transferrable and that any false statement on this application shall be grounds for license revocation. I hereby depose and say that all statements are true and correct. Sworn and subscribed before me this ____ day of _____, 20__.

Applicant Signature

Notary Public

LOCATION ANALYSIS

PROXIMITY TO: Schools _____ Playgrounds _____ Churches _____

CHARACTER OF NEIGHBORHOOD: _____

SITE CONSIDERATIONS:

Available Parking ____ (Y/N) Number of Spaces _____ Zoning District _____

Does the applicant have an adequate location for the sale of Alcohol? _____ (Y/N)

Is the applicant recommended for a license under location criteria? _____ (Y/N)

OTHER COMMENTS: _____

City Manager or Code Enforcement Officer Signature

PUBLIC SAFETY REVIEW

Does the applicant have a criminal history? _____ (Y/N)

Has the applicant ever held a Municipal Alcohol License which has been revoked? _____ (Y/N)

Does the applicant appear to have good moral character? _____ (Y/N)

Is the applicant recommended for a license under public safety criteria? _____ (Y/N)

OTHER COMMENTS: _____

Chief of Police Signature

LICENSING REVIEW

Check all that has been completed:

- State Alcohol License Application
- Federal Application for Special Tax Registration for Alcohol and Tobacco
- Criminal Background
- Valid Driver's License or State Issued Identification Card

City Clerk Signature

APPLICATION PROCESS

1. APPLICATION COMPLETED AND SUBMITTED BY APPLICANT
2. APPLICANT PAYS LICENSE FEES AND ADVERTISING FEES
3. APPLICANT TAKES A COPY OF APPLICATION PACKET TO GLENNVILLE POLICE DEPARTMENT TO BE FINGERPRINTED
4. IF BACKGROUND MEETS REQUIREMENTS AS PER ORDINANCE, A DATE WILL BE SET FOR A PUBLIC HEARING AND A PUBLIC HEARING NOTICE AD WILL BE RAN IN THE LOCAL NEWSPAPER FOR TWO WEEKS.
5. ONCE PUBLIC HEARING IS HELD, THE CITY CLERK WILL PLACE A REQUEST FOR AN ALCOHOL LICENSE ON THE COUNCIL MEETING AGENDA FOR THE NEXT SCHEDULED COUNCIL MEETING
6. IF APPROVED AT THE COUNCIL MEETING, A LICENSE WILL BE ISSUED TO THE APPLICANT



“ATTACHMENT A”

PARTNER / MANAGER INFORMATION

FULL NAME

MAILING ADDRESS

SSN

DATE OF BIRTH

HOME PHONE

BUSINESS PHONE

*PLEASE USE ONE SHEET FOR EACH PARTNER / MANAGER

*PLEASE ATTACH A COPY OF DRIVER’S LICENSE OR STATE ISSUED IDENTIFICATION CARD



“ATTACHMENT B”
CORPORATE OFFICERS INFORMATION

FULL NAME

MAILING ADDRESS

SSN

DATE OF BIRTH

HOME PHONE

BUSINESS PHONE

FULL NAME

MAILING ADDRESS

SSN

DATE OF BIRTH

HOME PHONE

BUSINESS PHONE

FULL NAME

MAILING ADDRESS

SSN

DATE OF BIRTH

HOME PHONE

BUSINESS PHONE

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 predicted 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 purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system (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.

Signature

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 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 535-335(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 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>).

Signature