

**APPLICATION
MALT BEVERAGE, SPIRITS AND/OR WINE LICENSE
WALKER COUNTY, GEORGIA**

OUTLET INFORMATION:

Trade Name: _____

Location (Street & number): _____

City: _____ State: _____ Zip: _____

This application is for a license for the following: (Please check each that apply)

- | | |
|---|---|
| <input type="checkbox"/> Retail Package (Malt Beverage) | <input type="checkbox"/> On Premise Consumption (Malt & Wine) |
| <input type="checkbox"/> Retail Package (Wine) | <input type="checkbox"/> On Premise Consumption (Spirits) |
| <input type="checkbox"/> Retail Package (Spirits) | <input type="checkbox"/> Room Service Combo (Package/Retail & by the drink) |
| <input type="checkbox"/> Wholesale (Malt Beverage) | <input type="checkbox"/> Production (Malt Beverage) |
| <input type="checkbox"/> Wholesale (Wine) | <input type="checkbox"/> Production (Wine) |
| <input type="checkbox"/> Sample (S) (M) (W) | |

If application is for retail outlet, is the same for:

Package Store Only Convenience Store

Is existing building to be used or a new building erected? _____

If application is for an "On Premise Consumption License" please attach one of the following:

- a. If owner occupied, a copy of the deed.
- b. If leasing, a copy of the lease agreement
- c. If a franchise, a copy of the franchise agreement

Anyone having any financial interest in the outlet must submit a "Criminal History Consent Form". This includes but is not limited to property owner, or landlord. It is the responsibility of the applicant to submit these forms.

APPLICANT INFORMATION:

Full Name: _____ SSN# _____

Business Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Eye Color: _____ Hair Color: _____ Sex: _____

Place of Birth: _____ DOB: _____ Age: _____

Height: _____ Weight: _____ Eye Color: _____ Race: _____

Citizenship: _____ Name of Spouse: _____

List complete record of all convictions, guilty pleas, and nolo contendere for violations of all laws, City, State and Federal, of both applicant and spouse:

MANAGER INFORMATION:

Full Name: _____ SSN# _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Age: _____ DOB: _____ Place of Birth: _____

Name of Spouse: _____

List complete record of all convictions, guilty pleas, and nolo contendere for violations of all laws, City, State, and Federal of both applicant and spouse:

AFFIDAVIT:

The undersigned Applicant does hereby solemnly swear that all of the forgoing information is true and correct.

Applicant's Signature

Sworn to and subscribed before me.

This _____ Day of _____ 20_____

Notary Public

My Commission Expires: (Seal)

Along with this application the following will be required:

- 1.Crimianl History findings from Walker County Sheriff's Department
- 2.Affidavit Verifying Status for Walker County, Georgia Public Benefit Application
- 3.E-Verify Affidavit Form A – More than 10 employees (or)
E-Verify Affidavit Form B – Less than 11 employees.
- 4.Floor plan of dining and kitchen area, with dimensions, for "On Premise Consumption License"

**AFFIDAVIT VERIFYING STATUS FOR
WALKER COUNTY, GEORGIA PUBLIC BENEFIT APPLICATION**

Please complete, notarize, and return this affidavit with your license application or renewal.

By executing this affidavit under oath, as an applicant for a Walker County, Georgia Business Occupation Tax Certificate, Alcohol License, or other public benefit, as referenced in O.C.G.A& 50-36-1, I state the following with respect to my application for a (circle all that apply):

Business Occupation Tax Certificate
Alcohol License

Name: _____
(Name of natural person applying on behalf of individual, business, corporation, partnership, or private entity)

I hereby swear and affirm that:

_____ I am a United States citizen or legal permanent resident 18 years of age or older,
Or

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

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 violation of Code Section 16-10-20 of the Official Code of Georgia.

Date _____ Signature of Applicant: _____

Printed Name: _____

* _____
Alien Registration number for non-citizens

Sworn to and subscribed before me,
This _____ day of _____, 20 _____

Notary Public
My commission expires:

(Seal)

*Note: O.C.G.A 50-36-1(E)(2) requires liens under the federal Immigration and Nationality Act, Title 8, U.S.C., as amended, provide their alien registration number.. Because legal permanent residents are included in the federal definition of "alien," permanent legal residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.

E-Verify and Private Employers

Private Employers Affidavit Pursuant To O.C.G.A. &36-60(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 1st of the below-signed year, the individual, firm or corporation employed more than Ten (10) employees

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

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) Or fewer employees.

***** If you select 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 used identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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

Executed on _____, _____, 20____ 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

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

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

- you must be provided written notification that your fingerprints will be used to check the criminal history records of the Georgia Crime Information Center (GCIC) and the FBI when a federal record check is so authorized.
- If you have a criminal history record, the agency making a determination of your suitability for the license must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

• If you have a 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 license based on information in the criminal history record.

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 agency policy permits, the agency may provide you with a copy of your 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 criminal history may be obtained at <http://gbi.georgia.gov/obtaining-criminal-historyrecord-information>.

If you decide to challenge the accuracy or completeness of your 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 <http://gbi.georgia.gov/obtaining-criminal-history-recordinformation>.

If you need additional information or assistance, please contact the Georgia Crime Information Center at GAapplicant@gbi.ga.gov or 404-244-2639 option 2.

Criminal History Policy #504
Record Checks Attachment #1

**WALKER COUNTY BEVERAGE CONTROL BOARD
CONSENT FOR RELEASE OF INFORMATION**

Please indicate that you have read and accepted the terms of the Non-Criminal Justice Applicant Privacy Rights on page one:

Personal Data (Please Print)

Full Name: _____

Last First Middle (Maiden) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Date of Birth: _____ Place of Birth: _____

Please list any pending charges and all convictions:

My signature below evidences my understanding that I am applying for a license with the Walker County Beverage Control Board and that a criminal history record check will be conducted on me. I further understand that I am required to disclose all convictions for any crime.

I also understand that if I fail to disclose such information and falsify documents that I shall be denied a license.

I hereby authorize the Walker County Beverage Control Board to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, or local agency?

This authorization is valid for 90 days from date of signature.

Signature of Applicant/ Date _____