



Instructions: Complete the application in its entirety (fill in the blanks). 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 applicant and filed in person by the applicant with the City of Griffin Tax and License Department by October 1, 2014.

General Information

Business Name: _____
Business Location: _____

CONTACT THE TAX & LICENSE OFFICE IF THERE HAVE BEEN ANY CHANGES

Business Phone #: _____ - _____ - _____ **Email Address:** _____ @ _____
Licensee/Agent: _____
Address of Licensee: _____
 Street _____ Apt _____ City _____ State _____ Zip _____
County of Residency: _____ **Length of Residency:** _____

GA Sales and Use Tax Number **GA State Alcohol License Number**
Federal Employee ID Number **City Occupational Tax Certificate Number**

Type of Business / License & Fees

To expedite the application process, include payment with application. Make checks payable to the City of Griffin.
 To avoid penalty and interest, payment must be received by December 31, 2014.

Type of Business:

- | | |
|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Eating Establishment | <input type="checkbox"/> Super Market/Grocery |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Public Club |
| <input type="checkbox"/> Bona Fide Private Club | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Package Store | <input type="checkbox"/> Other: _____ |

Type of License & Fees: (check all that apply)

- | | | | |
|------------------------------------------------------|---------|---------------------------------------------------------|---------|
| Off-Premises Consumption | | On-Premises Consumption | |
| <input type="checkbox"/> WHOLESALE: Beer/Wine/Liquor | \$3,750 | <input type="checkbox"/> Liquor/Beer/Wine | \$3,750 |
| <input type="checkbox"/> Beer and Wine | \$1,500 | <input type="checkbox"/> Beer Only | \$500 |
| <input type="checkbox"/> RETAIL: Beer/Wine/Liquor | \$6,500 | <input type="checkbox"/> Beer/Wine Combination | \$750 |
| | | <input type="checkbox"/> Private Club: Beer/Wine/Liquor | \$1,250 |

Supplemental Licenses: (add the supplemental license fee to the alcohol license fee listed above)

- Catering License \$100

Business Name: _____
Business Location: _____

Business Information

- ◊ Has this place of business or anyone connected therewith cited or charged at any time within the last twelve months, with any violation of State or Federal law or regulation or any rule of regulation of the City or County? _____ If yes, give details _____
- ◊ Has the licensee or anyone connected with this application been convicted of a felony within the past year? _____ If yes, what jurisdiction and explain offense and disposition: _____
- ◊ Has the licensee or anyone connected with this application been convicted of a misdemeanor within the past year? _____ If yes, in what jurisdiction, and explain offense and disposition: _____
- ◊ Has the licensee or anyone connected been denied an Alcoholic Beverage License? _____ If yes, give date, location and reason for denial: _____
- ◊ Has the licensee or anyone connected received medical assistance for treatment of alcohol or drug abuse? _____ If yes, give date and situation: _____

Oath / Affirmation

I, _____ Licensee, do solemnly swear or affirm that the statements made and answers given to the questions in this Alcoholic Beverage License Application and all documents attached thereto are true and complete. I understand that any license issued in conditioned on the truth of the information I have provided and that any false answers and statements shall constitute just cause for the cancellation, revocation or suspension of any license issued pursuant to this application.

Should any changes occur during the period of time covered by the license which would require a different answer to one of the question contained in this application, I understand that such change must be reported as an amendment to this application within ten (10) days, and I acknowledge that failure to make such amendment shall be just cause for the cancellation, revocation or suspension of any license issued.

I hereby verify that the copy of the lease, if one is submitted with this application, contains the entire agreement between the parties and that no variable rent system whereby the property owner shares the profits from the business is in place or will be utilized.

I swear or affirm that this business will be conducted according to the laws of the United States and the State of Georgia and the Code of the City of Griffin, Georgia.

Signature: _____ Date: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, _____

NOTARY SEAL/STAMP

Notary Public

My Commission Expires: _____

Business Name: _____
Business Location: _____

Authorization for Release of Background Information

TO WHOM IT MAY CONCERN: I am an applicant for an Alcoholic Beverage License with the City of Griffin. The City needs to investigate my background and personal history to evaluate my qualifications to hold such a license. It is in the public's interest that all relevant information concerning my personal history be disclosed. I hereby authorize any duly accredited representative of the City of Griffin Police Department bearing this release to obtain information in your files pertaining to my records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records concerning me, whether said records are of public, private or confidential nature.

I consent to your release of any and all public and private information that you may have concerning me, my work records, efficiency ratings, background and reputation, military service records, educational records, financial status, criminal history including any arrest records, any information contained in investigatory files, complaints or grievances filed by me or against me, attendance records, polygraph examinations and/or any internal affairs investigations and discipline, including any files which are deemed to be confidential, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest. I hereby release you, as the custodian of such records, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of a duly accredited representative of the City of Griffin Police Department regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the City of Griffin's acceptance and processing of my application for an Alcoholic Beverage License, I agree to hold the City, its agents and employees harmless from any and all claims or liability associated with my application for an alcohol beverage license or in any way connected with the decision whether or not to issue me an alcohol beverage license with the City of Griffin. I understand that should information of a serious criminal nature be learned as a result of this investigation, such information may be turned over the proper authorities. I understand my rights under Title 5, United States Code Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Griffin in conjunction with employment procedures. A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, I may be contacted at the address listed below.

*** Attach a copy of your driver's license and social security card to this document ***

Applicant Signature: _____ **Date:** _____

Printed Name: _____

Other names/aliases: _____

Social Security #: _____ **Date of Birth:** _____ **Sex:** _____ **Male** _____ **Female**

Address/Residence:
Street _____ Apt _____ City _____ State _____ Zip _____

Telephone Number: _____ **Contact Number:** _____

Note: This form is sent to Griffin Police Department for background checks on all licensees. To prevent any delays in processing the application, please provide copies of your driver's license and social security card with this form