

**Alcohol License Guidelines**

1. Confirm with the City of Griffin that the proposed business is located inside the City limits.
2. Applicants are required to read and acknowledge the City of Griffin Alcoholic Beverage Ordinance. A copy of the City of Griffin Alcoholic Beverage Ordinance is enclosed in this packet. Licensees and employees of the business shall be familiar with the alcoholic beverage ordinance.
3. Any changes that occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, shall be reported to the City of Griffin, Tax and License Department in writing within 10 days. Failure to make such report shall be cause for revocation of any license issued pursuant to this application.
4. No license shall be issued to any applicant if any person holding a beneficial interest in the business to be licensed owes any delinquent taxes or assessments to the city.
5. The application's designated licensee is required to complete and submit the original application in person to the Tax & License office.
6. New businesses must apply for a City of Griffin Occupational Tax Certificate before an alcohol application will be accepted. The alcoholic beverage license issued is not transferable; change of ownership applicants will require a new alcohol license to operate.
7. Submit the completed application and the non-refundable processing fee of **\$150.00**, to the City of Griffin, Tax and License Division located at 100 South Hill Street, 3<sup>rd</sup> Floor, Griffin, GA 30223. A portion of the fee is inclusive to the remaining balance due at the completion of the application. Partially completed applications will not be accepted.
8. Each owner or officer is required to complete the application for the Authorization of Release of Information for a criminal background check. A copy of a current government issued identification card and social security card will be required for all individuals submitting authorization for the release form. The designated licensee is required to hold a State of Georgia issued identification card (Georgia Driver's License). Non US Citizens are required to submit a secure and verifiable document in accordance with OCGA 50-36-2.
9. An individual who owns less than ten percent of the shares of a corporation (whose stock is publically traded) is not required to complete the application. A list including all individuals and percentage of beneficial interest should be included with the application.
10. Submit evidence of ownership of the building or submit a copy of the executed lease agreement, if applicant is leasing the building
11. **Before fingerprinting, submit your completed alcohol license application to the Tax & License office.** All applicants are required to complete a finger print screening and personal history statement and consent for background check. Each owner/officer and licensee will be required to register online with the Georgia Applicant Processing Service (GAPS) website. Please see Finger Printing Instructions on page 3 of this application packet. You will be charged a fee for this service in addition to the fee mentioned in step #6. Print your registration receipt and take to a GAPS print site.

12. Provide a certified scale drawing showing the location and the distance of the location premises from a registered land surveyor. Please adhere to the City of Griffin Code of Ordinances for survey format and distance requirements. See Page 4 of this application for more details regarding land survey.
13. Provide a scaled drawing of the interior floor plan and a life safety plan for all bar and public clubs
14. A state license must be obtained through the GA State Department of Revenue (DOR) before any alcoholic beverages can be served or sold in the City of Griffin. The DOR may be contacted at (404) 417-4490. A copy of the state license will need to be submitted to the City of Griffin Tax & License office within 10 days of receipt. You may email a copy of your state license to Karen Bennett at [kbennett@cityofgriffin.com](mailto:kbennett@cityofgriffin.com).
15. Copies of all form ATT-17, Personnel Statements filed with the GA State Department of Revenue (DOR) shall be submitted with the application.
16. In addition to license fees, all retail alcoholic beverage dealers for consumption on the premises are imposed an excise tax. Monthly excise tax reports can be obtained in the Tax & License office or on our city's website. Reports and tax payments are due by the 20<sup>th</sup> day of the month next succeeding each respective calendar month. Failure to file monthly report and pay excise tax will be grounds for non-renewal of the alcohol license.
17. Retail package dealers for off-premises consumption are required to install and maintain in proper working order security cameras. An acknowledgment affidavit is included in the application.
18. The application process can take up 90 days to be reviewed and approved. If the City Manager denies an application for a license, the applicant will be provided written notice.
19. Applicants for renewal licenses must meet all qualifications of applicants for original licenses. Loss of qualifications during the term of a license shall be grounds for revocation or for denial of renewal. Licenses in suspension on the date of expiration shall not be subject to renewal until the terms of the suspension have been lifted.
20. If license is issued after July 1 the amount of the license is prorated by one-half (50%) of fee except the background check fees.
21. Each alcoholic beverage license expires on December 31 of each year regardless of the original license date. All renewal applications and required fees are due on or before November 1.

**New Alcoholic Beverage License & Change of Ownership Checklist**

All applicants applying for a new alcoholic beverage license must submit a completed application in person.

The new application must be completed in its entirety to include the following:

- Valid picture ID or Driver's License from the State of Georgia
- Social Security card
- Current Lease Agreement or Property Deed
- Federal Tax ID Number
- Sales & Use Tax Number
- Secretary of State, certificate of corporation and articles
- Signed and Notarized Residency Affidavit
- Copies of form ATT-17, Personnel Statement filed with the Georgia Department of Revenue
- Certified Survey, depicting distance requirements
- Sketch or Drawing, if applicable
- Fire Marshal Certificate of Compliance, if applicable
- Certificate of Occupancy, if applicable
- \$150 application fee (cash, check, certified funds, all major credit cards accepted)

**Inventory Requirements:**

- Convenience Store: Minimum Wholesale Inventory - \$10,000 which excludes beer/wine, candy and tobacco products:
- Supermarkets: Minimum Wholesale Inventory - \$30,000 which excludes beer/wine and tobacco products:
- Retail Package w/Distilled Spirits: Minimum Wholesale Inventory \$50,000

**Public Clubs & Bars, Special Requirements:**

- Location only licensed in the Special Entertainment District
- Certified Compliance by the Fire Marshal for the seating capacity for not less than 40 person
- Certificate of Occupancy, obtain certificate from the City of Griffin building official

**On-Premises Consumption:**

- Sketch or Drawing to identify portions of the premises, including any outside porches or patios, where alcoholic beverages may be sold and/or consumed

**Finger Printing & Criminal History Check:**

- The authorization of release must be completed and submitted with your application for a criminal history check for all persons having any interest in the alcohol license.
- Finger Printing is a requirement for all initial licenses issued. Finger printing is not a requirement at renewal.
- All applicants are required to complete a fingerprint screening and personal history statement and consent for background check.

## Instructions for Finger Printing

1. Each owner/officer will be required to register online at the Gemalto/Cogent website at <https://www.aps.gemalto.com/ga/index.htm> (or you may register by phone with the Registration Call Center by calling 1-888-439-2512).
2. For online registration, select APPLICANT REGISTRATION.
3. Select CITY/COUNTY GOVERNMENT, LAW ENFORCEMENT AGENCIES
4. Select ALCOHOL AND LIQUOR LICENSE
5. Read terms and Privacy Act Statement, select READ and select CONTINUE.
6. Enter the REVIEWING AGENCY ID: **GA923219Z**
7. Select reason: ALCOHOL/LIQUOR LICENSE and complete all data fields.
8. Verify your information, if correct select Submit
9. Complete the Online Payment Information
10. Once you have registered, print the receipt.
11. Take receipt to a GAPS Site location for electronic fingerprinting.

**\*Applicants that are out of state**, unable to visit an electronic fingerprinting location, or are otherwise unable to be electronically fingerprinted may submit hardcopy fingerprint cards to Gemalto Cogent. Applicants who are submitting ink cards for a required Georgia background check should follow the steps below:

**(a.) Register** – online or by calling the Registration Call Center (see steps above for more information).

**(b.) Payment** – Payment may be made online or a money can be sent with your fingerprint card. All applicants are given a registration ID. Write this number on the back of your fingerprint cards.

**(c.) Submission** – Mail the cards and payment to:

**Gemalto Cogent, Georgia CardScan  
639 N Rosemead Blvd  
Pasadena CA 91107**

**(d.) Results** – Background check results will be sent directly to the agency. Gemalto Cogent does not have access to background check results or make determinations regarding questions about your background check results.

**Land Survey:**

A land survey by a professional surveyor of the proposed business, showing its location with respect to all streets within 800 feet in every direction; a 600 foot radius circle with the proposed business' main entrance as the center point. All such distances shall be measured by the most direct route of travel on the ground. In order to identify distance requirements are met, the land survey should depict the address of each required location as well as the exact distance from the proposed business location to each required building and/or property listed below:

***Off-premise consumption, beer & malt beverages:***

Minimum distance of 300 feet or 100 yards:

- any school building/college campus/educational building and/or school grounds

***Off-premise consumption, distilled spirits:***

Minimum distance of 300 feet or 100 yards:

- any governmentally owned and operated alcohol treatment center
- church

Minimum distance of 600 feet or 200 yards:

- any school building/college campus/educational building and/or school grounds

***On-premise consumption, beer & malt beverages:***

Minimum distance of 300 feet or 100 yards:

- housing authority property

***On-premise consumption, distilled spirits:***

Minimum distance of 300 feet or 100 yards:

- housing authority property
- any governmentally owned and operated alcohol treatment center

**Local Land Surveyors:**

Scanlon Engineering – 678-967-2051

Paragon Consulting Group – 770-412-7700

SL Colwell & Associates – 770-358-9905

If you have any further questions, please contact our office

Tax and Licensing Department  
P.O. Box T  
100 South Hill Street, 3<sup>rd</sup> Floor  
Griffin, Georgia 30224  
Office Phone: 770-229-6402  
Email: [kbennett@cityofgriffin.com](mailto:kbennett@cityofgriffin.com)  
[www.cityofgriffin.com](http://www.cityofgriffin.com)



PLEASE TYPE OR PRINT LEGIBLY. EACH QUESTION MUST BE ANSWERED FULLY. THE STATEMENTS AND ANSWERS CONTAINED WITHIN THIS APPLICATION ARE FURNISHED TO THE CITY OF GRIFFIN UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING.

OWNER/CORPORATION: \_\_\_\_\_

BUSINESS NAME / DBA: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_  
City State Zip Code

MAILING ADDRESS: \_\_\_\_\_  
City State Zip Code

Business telephone: \_\_\_\_\_ Other contact number: \_\_\_\_\_

Georgia Sales Tax No.: \_\_\_\_\_ Federal Tax ID No.: \_\_\_\_\_

Has alcohol been sold at this location previously? \_\_\_\_ Yes \_\_\_\_ No If yes, how long ago? \_\_\_\_\_

Is this location within a commercial zoning district? \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ PCD (Planned Commercial District) \_\_\_\_ CBD (Commercial Business District)

Do you lease, sublease the building or land where this business will be located? \_\_\_\_ Yes \_\_\_\_ No  
*Attach copies of all related lease agreements.*

Property Owner(s): \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Amount and frequency of rental payment: \$ \_\_\_\_\_ / \_\_\_\_\_ (ex. weekly, monthly, or annually)

Paid to: \_\_\_\_\_  
(Property owner/company) City State Zip Code



Please see the definitions section of Griffin Code, Chapter 6, and Section 6-1 for detailed descriptions of each business type:

**TYPE OF BUSINESS** (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Bar  | <input type="checkbox"/> Eating Establishment               |
| <input type="checkbox"/> Brew Pub   | <input type="checkbox"/> Food Caterer                       |
| <input type="checkbox"/> Bona Fide Private Club   | <input type="checkbox"/> Grocery Store                      |
| <input type="checkbox"/> Convenience Store  | <input type="checkbox"/> Growler                            |
| <input type="checkbox"/> Hotel  | <input type="checkbox"/> Public Club                        |
| <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distillery <input type="checkbox"/> Brewery <input type="checkbox"/> | <input type="checkbox"/> Tasting Room                       |
| Winery  | <input type="checkbox"/> Wholesaler, located in City Limits |
| <input type="checkbox"/> Package Store  | <input type="checkbox"/> Other _____                        |

**TYPE OF LICENSE & FEES:** (check all that apply):

**Wholesale:**

- Manufacturer, Brewery/Winery/Distillery (\$5,000)
- Wholesale, Malt Bev/Wine (\$100)  
*\*Located within the City*
- Wholesale, Distilled Spirits (\$3,500)  
*\*Located within the City*
- Brewpub (Beer Only) (\$1,500)  
*\*In conjunction with On Premises license*

**Retail, Off Premises:**

- Retail package, Malt Beverage & Wine (\$1,500)
- Retail package, Distilled Spirits (\$5,000)  
*\*Includes Malt Beverage & Wine*

**Retail, On-Premises:**

- Eating Establishment/GA Farm Winery Tasting Rooms/Hotels, Malt Beverage (\$500)
- Eating Establishment/GA Farm Winery Tasting Rooms/Hotels, Wine (\$500)
- Eating Establishment/GA Farm Winery Tasting Rooms/Hotels, Distilled Spirits (\$5,000)  
*\*Includes Malt Bev & Wine*
- Public Club/Bars, Malt Beverage (\$1,000)
- Public Club/Bars, Wine (\$1,000)
- Public Club/Bars, Distilled Spirits (\$5,000)  
*\*Includes Malt Beverage & Wine*
- Private Clubs/Fraternal Organization, Malt Bev/Wine (\$350)
- Private Clubs/Fraternal Organization, Distilled Spirits (\$1,000)

**Supplemental Licenses:**

- \*An active alcohol license required*
- Catering License (Malt Bev/Wine) (\$50)
- Catering License (Distilled Spirits) (\$100)
- Ancillary Tasting (Malt Bev/Wine) (\$150)



## BUSINESS PREMISES AND STRUCTURE INFORMATION

### BONA FIDE PRIVATE CLUB/FRATERNAL ORGANIZATION, ON-PREMISE CONSUMPTION:

- Is the club been in existence at least one year prior to the filing of its application for a license to be issued pursuant to this chapter?  Yes  No
- Does the club have at least 75 regular dues-paying members?  Yes  No  
If not how many? \_\_\_\_\_
- Does the Bona fide Private Club own, hire, or lease a building (or space) within a building for the reasonable use of its members, which building has?  Yes  No
- Is there a suitable kitchen and dining room space and equipment?  Yes  No
- Is the Bona fide Private Club staffed with a sufficient number of employees for cooking, preparing, and serving meals for its members and guests?  Yes  No
- Will any member, any officer, any agent, or any employee directly or indirectly receive any form of salary or other compensation, or any profits from the sale of alcoholic beverages beyond a fixed salary?  Yes  No
- Does the exterior of your building contain sufficient lighting so that all sides of the buildings and all entrances are clearly visible at all time when the premises are open for business? Will you offer an outdoor patio area where prepared food and alcoholic beverages will be sold?  Yes  No
- Does the interior of your building contain sufficient lighting including tables, booths and other areas where customers are service including passageways? Will you offer an outdoor patio area where prepared food and alcoholic beverages will be sold?  Yes  No

If the answer to any of the above questions is no, please explain:

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## BUSINESS PREMISES AND STRUCTURE INFORMATION

### EATING ESTABLISHMENTS, ON-PREMISE CONSUMPTION:

- Will your eating establishment derive at least 50% of its total annual gross food and beverage sales from the sale of prepared meals or food as its principal business purpose?  Yes  No

- What are the days and hours of operation?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- Will your eating establishment sell growlers?  Yes  No
- Will you offer an outdoor patio area where prepared food and alcoholic beverages will be sold?  
 Yes  No
- Have you attached a sketch or drawing, identifying portions of the premises, including any outside porches or patios, where alcoholic beverages will be sold and/or consumed?  Yes  No
- Will your establishment manufacture malt beverages?  Yes  No
- Number of square feet of total floor area: \_\_\_\_\_
- Number of square feet devoted to dining area: \_\_\_\_\_
- Total seating capacity (excluding bar area): \_\_\_\_\_
- Does the facility have a full service kitchen?  Yes  No
- Have you applied for your Food Service Permit with the Dept. of Environmental Health?  Yes  No
- Does the exterior of your building contain sufficient lighting so that all sides of the buildings and all entrances are clearly visible at all time when the premises are open for business?  Yes  No
- Does the interior of your building contain sufficient lighting including tables, booths and other areas where customers are service including passageways?  Yes  No

If the answer to any of the above questions is no, please explain:

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## BUSINESS PREMISES AND STRUCTURE INFORMATION

### BAR/PUBLIC CLUB, ON-PREMISE CONSUMPTION:

- Will your operation derive 75% or more total gross revenue from the sale of alcoholic beverage?  Yes  No
- Is your location located within the Special Entertainment District?  Yes  No
- How many bouncers will your establishment employ?  Yes  No
- What are the days and hours of operation?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- Is the principal purpose of your business to offer live music, dancing or theatrical productions?  Yes  No
- Will there be any other type of mercantile business, trade or profession in conjunction with the public club being operated or conducted at location?  Yes  No If yes, please explain:

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- Will you offer an outdoor patio area where prepared food and alcoholic beverages will be sold?  Yes  No
- Have you attached a sketch or drawing, identifying portions of the premises, including any outside porches or patios, where alcoholic beverages will be sold and/or consumed?  Yes  No
- Will your establishment manufacture malt beverages?  Yes  No
- Does the exterior of your building contain sufficient lighting so that all sides of the buildings and all entrances are clearly visible at all time when the premises are open for business? Will you offer an outdoor patio area where prepared food and alcoholic beverages will be sold?  Yes  No
- Does the interior of your building contain sufficient lighting including tables, booths and other areas where customers are service including passageways? Will you offer an outdoor patio area where prepared food and alcoholic beverages will be sold?  Yes  No

If the answer to any of the above questions is no, please explain:

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## BUSINESS PREMISES AND STRUCTURE INFORMATION

### SPECIALTY PACKAGE RETAILER, OFF PREMISE CONSUMPTION:

- What is the zoning district of the proposed location: CBD \_\_\_\_\_ PCD \_\_\_\_\_
- Is your location located within the Special Entertainment District? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Will you offer craft beer or wine for retail package sales? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Total floor area in square feet: \_\_\_\_\_
- Will 50 % of the floor space be devoted to sale of groceries and grocery related products?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain: \_\_\_\_\_

- Number of parking spaces: \_\_\_\_\_  
Number of handicapped parking spaces: \_\_\_\_\_
- Is the establishment devoted principally to the retail sale of groceries and food products?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Will you offer for sale gourmet food items not intended for consumption on the premises?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

- What type of items will you offer for sale in your store?

\_\_\_\_\_  
\_\_\_\_\_

- If the answer to any of the questions is no, please explain:

\_\_\_\_\_  
\_\_\_\_\_



## BUSINESS PREMISES AND STRUCTURE INFORMATION

### RETAIL PACKAGE, OFF-PREMISE CONSUMPTION:

- Total floor area in square feet: \_\_\_\_\_
- Total square feet devoted to sale of groceries and food products: \_\_\_\_\_
- Number of parking spaces: \_\_\_\_\_  
Number of handicapped parking spaces: \_\_\_\_\_
- Is the establishment devoted principally to the retail sale of groceries and food products?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Will your business operation include coin operated gaming machines or devices? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does the building have a security camera installed and in working condition? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does the security camera feature video cameras producing sharply detailed, still frame video images in color, and have a minimum specifications of 1 TB, 960 x 480 resolution, with 100' night vision?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- If still security camera, does the still camera have the following: Automatic still frame; capable of being concealed where feasible; remote activation; quiet activation; must be digital format of at least four megapixels quality; capable of producing good quality color photographs; automatic focus; easily accessible for film loading and maintenance; capable of showing signs or signals of activation covertly and have wide angle capability? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does the security camera have the capability of producing a retrievable e on film, tape or digital media that can be made a permanent record? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Can the image be enlarged through projection or other means? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are security cameras placed at all points of entry or egress of the building? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are security cameras placed on the front, rear and sides of the building to cover approaches to the building including parking areas? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are security cameras placed all cash registers or points of sale? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to any of the questions is no, please explain:

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## APPLICANT INFORMATION

### LICENSEE INFORMATION

License Name: \_\_\_\_\_ SSN # \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ SSN #: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a United State citizen? \_\_\_\_\_ Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_

Naturalized:

Date, Place & Court: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Does licensee have any financial interest in any manufacturer or wholesale of alcoholic beverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does licensee have any financial aid or assistance from any manufacturer of alcoholic beverages? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to either of the above questions, please explain:

\_\_\_\_\_

### LICENSEE RESIDENCY INFORMATION

Beginning with the most recent, list all of your residences for the past five (5) years.

Address #1: \_\_\_\_\_

Address #2: \_\_\_\_\_

### LICENSEE EMPLOYMENT RECORD

Beginning with the most recent, give your employment history for the past three (3) jobs held, either part time or full time:

Employer	Position	Date	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### LICENSEE PROFESSIONAL REFERENCES

List three business or professional references, excluding relatives or former employers, who are of reputable character and who have known you for at least five years. (Do not leave this section blank; your application will not be completed)

Name	Company	Telephone No	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## APPLICANT INFORMATION

### LICENSEE BACKGROUND

Within ten years prior to filing of this application, has any owner, partner or stockholder\* or the spouse of any owner, partner or stockholder been convicted, or plead guilty or nolo contendere to any felony? \_\_\_\_\_ If yes, when?

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Within ten years prior to filing of this application, has any owner, partner or stockholder\* or the spouse of any owner, partner or stockholder been convicted, or plead guilty or nolo contendere to any law or regulation governing gambling, narcotics, or the sale, manufacture or distribution of alcoholic beverages? \_\_\_\_\_ If yes when?

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Within ten years prior to filing of this application, has any owner, partner or stockholder\* or anyone having a beneficial interest in the business been convicted, or plead guilty or nolo contendere to a charge of driving under the influence? \_\_\_\_\_ If yes, when?

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Is the application for on-site consumption, i.e., sale by the drink? \_\_\_\_\_ If yes, within ten years prior to filing of this application, has any owner, partner or stockholder\* or the spouse of any owner, partner or stockholder been convicted, or plead guilty or nolo contendere to any sex offense? \_\_\_\_\_ If yes, when?

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Is any owner, partner or stockholder or the spouse of any owner, partner or stockholder an employee of the City of Griffin whose official duties include issuance or regulation of alcohol licenses or the enforcement of alcoholic beverage laws? If yes list below:

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Does any City Commissioner, or the spouse, child, parent or sibling of any City Commissioner hold any interest in this business? (This includes a partnership or corporation in which such person owns more than ten (10) percent controlling interest.) If yes, list:

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Are there any debts owed by the licensee, owner, partner or stockholder, spouse of any licensee, owner, partner or stockholder to the City of Griffin? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list below any debts owed to the city (including property tax, utility, occupational tax, misc billing, etc):

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## APPLICANT INFORMATION

### OWNERS/STOCKHOLDER INFORMATION

\*Provide information on any additional owners/partners/spouses on an attached sheet of paper or make an additional copy of this form. A stockholder is defined as any stockholder of privately owned corporations or a stockholder of publically owned corporations who holds in excess of ten (10) percent of outstanding stock.

#### OWNER/PARTNER #1

Name: \_\_\_\_\_ SSN # \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ SSN #: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Percent of Interest in Business: \_\_\_\_\_ State how compensated: \_\_\_\_\_

#### OWNER/PARTNER #2

Name: \_\_\_\_\_ SSN # \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ SSN #: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Percent of Interest in Business: \_\_\_\_\_ State how compensated: \_\_\_\_\_

Does any owner and /or individual partner, shareholder, director or officer have any financial interest in any manufacturer or wholesale of alcoholic beverage?  Yes  No

Does any owner and/or individual partner, shareholder, director or officer have any financial aid or assistance from any manufacturer of alcoholic beverages?  Yes  No

If yes to either of the above questions, please explain:

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## APPLICANT INFORMATION

### OATH / AFFIRMATION

I \_\_\_\_\_ 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 is 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 questions 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

SEAL

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Notary Public





**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**\*Complete for each individual (licensee, owner, partner and officer)**

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.

**\*\*\*\*PLEASE PROVIDE A COPY OF A VALID DRIVER'S LICENSE AND ORIGINAL SOCIAL SECURITY CARD\*\*\*\***

Printed Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names or aliases: \_\_\_\_\_

Sex: Male Female Race: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact/Cell Telephone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Notary Public

SEAL \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_



**AFFIRMATION OF SECURITY CAMERA REQUIREMENT**  
**\*Retail Package Dealer, Off Premises Consumption Only**

- All retail business establishments licensed by the city to engage in the sale of alcoholic beverages by the package for off-premises consumption are required to install and maintain in proper working order security cameras in accordance with this section.
- To meet the requirements of this section, cameras must be capable of producing a retrievable image on film, tape, or digital media that can be made a permanent record and can be enlarged through projection or other means. Cameras and video equipment, whether digital or analog, shall be maintained in proper working order at all times and shall be periodic inspection by order of the chief of police or his designee. Initial location and placement of all such cameras shall be approved by the chief of police or his designee.
- Cameras shall be placed at all points of entry/egress of the building, and at all cash registers or points of sale. Where feasible cameras shall also be placed on the front, rear, and sides of the building to cover approaches to the building, including parking areas.
- Video cameras shall be capable of producing sharply detailed, still frame video images in color, and have minimum specifications of 1 TB, 960 × 480 resolution, with 100' night vision.
- Still cameras shall meet the following minimum specifications:  
(1) Automatic still frame; (2) Capable of being concealed where feasible; (3) Remote activation; (4) Quiet activation; (5) Must be digital format of at least four megapixels quality; (6) Capable of producing good quality color photographs; (7) Automatic focus; (8) Easily accessible for film loading and maintenance; (9) Capable of showing signs or signals of activation covertly; and (10) Have wide-angle capability.
- Upon the occurrence of a criminal act at or near the licensee's business establishment, the licensee (as a condition of its license) shall make accessible to law enforcement the film, video, or digital media upon request and under procedures established to assure the chain of custody of such film or video in a manner that it may be used as evidence in a case. The licensee shall cooperate with law enforcement to confirm the authenticity of such evidence for use at trial.
- For purposes of this section only, when a licensee is required by this Code section to install security cameras, and maintain the same in proper working order, the failure to install such cameras or the failure to maintain cameras in proper working order shall be a violation of this section, returnable upon citation to municipal court, and upon conviction, punishable by a monetary fine only. The police department shall conduct periodic inspections of all premises of licensed retail establishments subject to this section; upon finding a violation, the licensee shall be issued a citation and have 20 days from the date of citation to install or maintain security cameras in accordance with this section; should the licensee fail or refuse to comply with such period, for a first offense the maximum fine shall be \$50.00; the second offense within a two-year period shall be \$100.00; and a third or subsequent offense within the two-year period shall be \$250.00; provided, however, each day following the 20 day grace period from which citation issues in which cameras are not installed or placed in proper working condition shall be deemed a separate offense of this section, resulting in a maximum fine of \$1,000.00 per day. Violation of this section shall also constitute grounds for revocation or non-renewal of a license.

I \_\_\_\_\_ do solemnly 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.

Licensee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_ Notary Public



## Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration and Compliance Act

By executing this affidavit under oath, as an applicant for the City of Griffin, Georgia Occupational Tax Certificate or Alcohol License, as referenced in the Georgia Security and immigration Compliance Act (O.C.G.A. Section 50-36-1), I am stating the following with respect to my application for a City of Griffin Business License.

**Name of Business in Griffin, GA:**

\_\_\_\_\_

**Name of the Applicant:**

\_\_\_\_\_

\_\_\_\_\_ I am a United States citizen and 18 years of age or older

**OR**

\_\_\_\_\_ I am a legal permanent resident of the United States and 18 years of age or older or I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States\*

In making the above statement 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 Code Section 16-10-20 of the Official Code of Georgia.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Applicant:** \_\_\_\_\_

\*Alien Registration Number for Non-Citizens: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE  _____ DAY OF _____, _____  _____ Notary Public	SEAL
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## APPLICANT 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) (<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) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

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Signature

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Date Signed