

CITY OF WINDER
ALCOHOLIC BEVERAGE LICENSE APPLICATION

Date: _____

- Check all that apply:
- | | |
|--|---|
| <input type="checkbox"/> Wholesale license
Fee \$5000.00 | <input type="checkbox"/> Manufacturing license
Fee \$5000.00 |
| <input type="checkbox"/> Liquor by the package
Fee \$5000.00 | <input type="checkbox"/> Liquor by the drink (Consumption on premises)
Fee \$2500.00 |
| <input type="checkbox"/> Beer by the package
Fee \$500.00 | <input type="checkbox"/> Beer by the drink (Consumption on premises)
Fee \$500.00 |
| <input type="checkbox"/> Wine by the package
Fee \$500.00 | <input type="checkbox"/> Wine by the drink (Consumption on premises)
Fee \$500.00 |
| <input type="checkbox"/> Downtown Overlay District
Fee \$100.00 | <input type="checkbox"/> Special Event Facility
Fee \$50.00 |
| <input type="checkbox"/> Brew Pubs
Fee \$500.00 | <input type="checkbox"/> Caterer
Fee \$50.00 |

Full name of applicant (No initials-spell out all names):

Address of legal residence: _____

Length of time at legal residence: _____

City: _____ State: _____ Zip Code: _____

County: _____ Date of Birth: _____

SS#: _____ Georgia DL#: _____

(Copy of License Required)

Name of Corporation: _____

Trade name of business: _____

Physical business address: _____

Mailing address (if different from above): _____

City: _____ County: _____ State: _____ Zip Code: _____

Business Phone: _____ Home Phone: _____ Cell Phone #: _____

EIN #: _____ Ga. Sales Tax #: _____ (Copy of Certificates Required)

THE ALCOHOLIC BEVERAGE ORDINANCES MAY BE FOUND AT THE CITY OF WINDER WEBSITE www.cityofwinder.com IN CHAPTER 3 OF THE CODE OF ORDINANCES. A COPY IS ALSO AVAILABLE AT THE CITY OF WINDER LICENSE AND PERMIT OFFICE UPON REQUEST.

Please answer "yes" or "no" to the following questions.

Is the business listed above a restaurant, which derives at least fifty (50) percent of its monthly gross food and beverage sales from the sale of prepared meals and food? Yes _____ No _____

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Are you a legal resident of the United States? Yes _____ No _____

Have you or any person listed in section 4 of the next page been convicted or pled nolo contendere of a felony or a crime involving moral turpitude or of any ordinance of a City or County governing alcoholic beverages within a previous five (5) year period or convicted or pled nolo contendere of any violation of any state laws or federal laws pertaining to the manufacture, possession, transportation, or sale of alcoholic beverages or the taxability thereof, all within the last five (5) years? Yes _____ No _____

If answer is "yes", please provide details on a separate sheet of paper.

Have you been convicted or pled nolo contendere for selling alcohol to underage persons within a previous five (5) year period? Yes _____ No _____

If answer is "yes", please provide details on separate sheet of paper.

Does any person as close kin as brothers or sisters of the applicant, by blood or marriage, hold an Alcoholic Beverage License?

Yes _____ No _____ *If yes, state the type of license and number held by each on a separate sheet of paper.*

Has a business at this location or anyone connected therewith been cited or charged at any time, with any violation of state or federal law or regulation of the City or County? Yes _____ No _____

List the full name and address of the owner(s) of the building and the name and address of all lessees and sub lessees. (Attach copy of lease as exhibit)

Name	Address	Relationship
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Name the manager(s) of the business for which this application is filed and state how he is compensated.

Name	Address	Type Interest and Amount
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What is the distance from this business to the **NEAREST**: (Attach Surveyor Statement)

<p>A. School Ground _____ <small>(K-4 through College to All Package Sales)</small></p>	<p>Name of School _____ Street Address _____</p>
<p>B. Church Ground _____ <small>(All Package Sales)</small></p>	<p>Name of Church _____ Street Address _____</p>
<p>C. Package Store _____ <small>(Distilled Spirits Package Sales)</small></p>	<p>Name of Package Store _____ Street Address _____</p>
<p>D. Alcohol Treatment Center _____ <small>(All Package Sales or Sales by the Drink)</small></p>	<p>Name of Center _____ Project Adam Street Address _____ 112 Lanthier Street</p>
<p>E. Housing Authority Property _____ <small>(Sales by the Drink Only)</small></p>	<p>Name of Area <u>Smith Heights / Hardegree Terrace / Glenwood Terrace</u> <u>Fort Yargo Apartments / Capitol Homes / Oakwood Homes</u> Street Address _____</p>

This application is filed by: Individual: _____ Partnership: _____
 Corporation: _____ Club: _____

For an individual answer question 1-3; for partnership, corporation, or club answer all 5 questions.

1. Has the applicant ever had an Alcoholic Beverage License revoked by any U.S. State or subdivision thereof, or by the Federal Government? Yes _____ No _____ **If yes, state the reason.**
2. Have you or any of the persons listed in # 4 below ever applied for an Alcoholic Beverage License? Yes _____ No _____ **If yes, identify and state disposition.** (Attach exhibits if necessary)
3. Have you or any of the persons listed in # 4 below ever been convicted of a crime other than violation of traffic laws? Yes _____ No _____
4. List full name, social security number and other pertinent information for all partner members of a partnership applicant or for each corporate applicant, include all officers.

Name	Age	SS#	Address	Length of Residency at such address	Business Name

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5. List all other businesses engaged in the sale of distilled spirits that any of the persons, firms or corporations listed above are interested in, employed by or associated with in any way whatsoever. (Attach exhibits if necessary)

Name	SS#	Address	Business Name	Interest
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<hr/>				
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OATH: I (We) do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a City license as a dealer in beer and/or wine and/or spirituous liquors are true and complete and no false or fraudulent statement or answer is made herein to procure granting of license, 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 shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application, which would require a different answer to any questions contained in this application, such change must be reported as an amendment to this application within two days. The failure to make such amendment shall be cause for the revocation of any license. I understand that the above information will be checked by the City of Winder and further authorize for my criminal and driving records to be checked also. I further certify that the Alcoholic Beverage License being applied for herein, is not at a location considered to have adult amusement, adult entertainment, or a sexually oriented business as defined in Chapter 3.5 of the City of Winder Code of Ordinances.

Signature

Date

Signature

Date

Signature

Date

Signature of Applicant Under Oath

Date

Sworn to and subscribed before me on this _____ day of _____, _____.

Notary Signature

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Do Not Write Below This Line
For City of Winder Use Only

Recommend to: Approve: _____ Reject: _____ Date: _____

Police Department Signature: _____

Zoning of Property: _____ Is Zoning Compatible with Proposed Business? _____

Is property located in the Downtown Overlay District defined by the Downtown Overlay District Map? _____

Planning Department Signature: _____ Approved / Denied

FOG Department Signature: _____ Approved / Denied / NA

Fire Department Signature: _____ Approved / Denied

City Administrator Signature: _____ Approved / Denied

City Council Approval: _____ (Date) City Council Denial: _____ (Date)