



Town of Talking Rock
4675 HWY 136 W
Talking Rock GA 30175
706-253-5515

APPLICATION FOR ALCOHOL BEVERAGE LICENSE

This application must be signed by the applicant and notarized. Every question must be fully answered with the answer typewritten or printed. If the space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed, the application must be dated, signed, and verified under oath by the applicant and submitted to the Town of Talking Rock, together with the license fee(s) and the administrative/investigative fee (separate checks). All fees are payable to the Town of Talking Rock in cash or certified funds (bank check, certified check, or money order). **The applicant must not be less than 21 years of age.**

NOTICE: Any false answer to any question could result in the denial of a license, or in the event a license is issued, in the revocation or suspension of the license.

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Name of Business: _____

Date Received: _____ License Fee Enclosed: \$ _____

Approved: _____ Denied: _____

State License Number: _____ Local License Number: _____

Administrative/Investigative Fee Enclosed: \$ _____

1. **Type of License:** New New Ownership Change in Management

2. **License Category:**

Malt beverages for sale by the package over 20,000 sq. ft. under 20,000 sq.ft.

Wine for sale by the package over 20,000 sq. ft. under 20,000 sq. ft.

Malt beverages for consumption on the premises

Wine-consumption on premises Distilled Spirits on premises

Wine and craft beer only by the package, with growler sales, and with ancillary wine and craft beer tasting

Microbrewery-Craft Beer for consumption on premises, with growler sales

Farm winery license

Wholesale dealer license (with principle place of business in the Town of Talking Rock)

3. **Type of Business:**

- | | |
|---|--|
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Farm Winery Tasting Room | <input type="checkbox"/> Other* |

* Please explain _____

4. Is the place of business more than 100 yards from any alcoholic treatment center and more than 200 yards from any school building, educational building, school grounds or college campus as measured by the most direct route of travel on the ground?

Yes, it is more than 100 yards from any alcoholic treatment center and more than 200 yards of any school building, educational building, school grounds or college campus.

5. Name to Which the License Will Be Issued, If Approved

Business Name: _____

Business Location Address _____

City _____ State _____ Zip Code _____

6. Residency/Age Requirement:

Is the Applicant and Registered Agent at least 21 years of age or older?
(check one)

- Yes No

Is the Applicant:
(check one):

- A United States citizen
 A legal permanent resident
 A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

Is the Registered Agent:
(check one)

- A United States citizen
 A legal permanent resident
 A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

7. Applicant

(Must be at least 21 years of age.)

Company Name _____ EIN _____

Individual Name _____ SSN _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Fax No. _____

Email _____ Date of Birth _____

8. Registered Agent – If different than applicant

***Registered Agent must be a resident of Pickens County, if Applicant is not a resident of Pickens County.**

Name: _____ SSN _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Alternate Phone No. _____

(Note: If the Registered agent changes, the licensee shall notify the Town within 30 days of the change. A fee of \$100 will be charged for the processing of an application for the change of the Registered agent and such applicant must be approved by the Town Council.)

9. Type of Ownership (Please mark appropriate box and fill out section a or b):

- Sole Proprietorship (a) Partnership (b)
 Limited Liability Company (b) Other (Please explain) _____
 Corporation (c)

a) For Individual:

Full Legal Name _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

b) For Partnership or LLC:

Partnership or LLC Name _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Partners or LLC members having a 10% or greater interest shall list the names, addresses and ownership interest of each:

➤ Full Legal Name _____ % Interest _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Age _____ Length of Residency _____

➤ Full Legal Name _____ % Interest _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Age _____ Length of Residency _____

➤ Full Legal Name _____ % Interest _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Age _____ Length of Residency _____

c) For Corporation:

Name of Corporation _____
(Name must be shown exactly as in Articles of Incorporation or Charter)

Date of Incorporation _____ Place of Incorporation _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Officers:

➤ Full Legal Name _____

% Stock Owned _____ Office Held _____

Home Address _____ Phone _____

City _____ State _____ Zip Code _____

Age _____ Length of Residency _____

➤ Full Legal Name _____

% Stock Owned _____ Office Held _____

Home Address _____ Phone _____

City _____ State _____ Zip Code _____

Age _____ Length of Residency _____

➤ Full Legal Name _____
% Stock Owned _____ Office Held _____
Home Address _____ Phone _____
City _____ State _____ Zip Code _____
Age _____ Length of Residency _____

10. Property:

(Evidence of ownership of the building or proposed building must be attached to application. If property is leased, you must attach copy of lease or if a franchise, attach copy of franchise agreement or contract.)

Owner of the property (land and building) where the business will be located:

Name _____
Address _____
City _____ State _____ Zip Code _____

Is the space where the business is to be located rented or leased? Yes No

If yes, please state name of landlord or lessor and address:

Name _____ Address _____
City _____ State _____ Zip Code _____

If the space is rented or leased, is the rent for the premises to be paid to the landlord or lessor on a percentage of the business or contingent upon the amount of business done? Yes No

Names and addresses of all entities having any whole, partial, beneficial or other interest in and to the land and building on and in which the store is located:

Name _____ Address _____
City _____ State _____ Zip Code _____
Name _____ Address _____
City _____ State _____ Zip Code _____

(Attach additional pages if necessary)

Is the building within the town limits of Talking Rock, Georgia? Yes No

11. Disclosure of previous denials:

Is there any person, Registered agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who has applied for a beer, wine, and/or liquor license from the Town of Talking Rock or any other City or County in the State of Georgia or other state or political subdivision?

Yes No If yes, please give full details of disposition on separate sheet.

Is there any person, Registered agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who has had an alcoholic beverage license revoked or suspended by or to any federal, state or local authority?

Yes No If yes, please give full details of disposition on separate sheet.

12. Disclosure of licenses held:

Is there any person, Registered agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who holds another alcohol license in any retail category or any license under any wholesale category?

Yes No If yes, please give full details on separate sheet.

14. Disclosure of felony/other convictions or offenses:

Is there any person, registered agent, or anyone holding a five percent (5%) interest or more in this business who:

- Has been convicted under any federal, state or local law of any felony or a misdemeanor involving moral turpitude within the past three years? Yes No
If yes, please give full details on separate sheet including dates, charges and disposition.
- Has been convicted under any federal, state or local law of a misdemeanor, particularly, but not limited to, those involving alcoholic beverages, gambling or tax law violations within the last three years immediately prior to filing of this application?
 Yes No If yes, please give details on separate sheet including dates, charges and disposition.
- Has been found in violation of the ordinances or resolutions of the Town of Talking Rock, or any other county or municipality, governing alcoholic beverages licenses within the last three years immediately prior to the filing of this application?
 Yes No If yes, please give full details on separate sheet.
- Who has remaining any delinquent ad valorem taxes due the Town of Talking Rock or has any outstanding fines, assessments, liens, fi fa's, penalties, or judgments due to the Town of Talking Rock or is currently in any violation of any Town of Talking Rock ordinance or resolution?
 Yes No If yes, please give full details on separate sheet.

All of the foregoing information is hereby given and all of the foregoing statements are hereby made under oath, willfully, knowingly and absolutely, and the same is and are hereby sworn to be true under penalty for false swearing as provide by law.

Sworn to and subscribed before me,

This ___day of _____, 20__.

Notary Public

My Commission Expires

Applicant Signature

Printed Name of Applicant

Title of Applicant

NOTE:

- **This application will not be accepted until it is completed with all required attachments.**
- **This written application for the license shall be a permanent record which the licensee must maintain current as required by the Town of Talking Rock Alcohol Ordinance. Failure to maintain a current application shall be grounds for revocation of the license.**
- **The Town of Talking Rock shall act within 45 days from the date of the filing of the completed application.**
- **If the applicant is denied a City or a state license, the deposit representing the initial license fee shall be refunded, but the cost paid for the application, investigation and administrative cost shall be retained.**
- **Any applicant for a license who has in existence at the time of making the new application an existing license shall pay a standard application fee and an administrative fee of one-half the regular administrative fee, but shall pay a separate full initial license fee for each license.**
- **When an applicant is making applications for more than one license at the same time, the applicant shall pay only one administrative fee of 125% of a normal administrative fee but shall pay a separate full license fee for each license.**
- **There shall be an annual license fee for each license payable in advance for the entire year, beginning January 1 and ending December 31, of each year.**
- **In the event a license is revoked, surrendered or suspended, there shall be no refund whatsoever.**

FOR OFFICIAL USE ONLY:

BUILDING INSPECTION REVIEW:

_____ Date

APPLICANT HAS OBTAINED ALL NECESSARY PERMITS

_____ City Clerk

FOR OFFICIAL USE ONLY:

SHERIFF DEPARTMENT REVIEW:

_____ Date

APPLICANT HAS COMPLETED ALL REQUIREMENTS FOR FEDERAL AND STATE BACKGROUND CHECK AND RESULTS COMPLY WITH THE ORDINANCE REQUIREMENTS

_____ City Clerk