



CITY OF ARAGON
2814 Rome Highway,
Aragon, Georgia 30104
City Hall: (770) 684-6563
Fax: (678) 685-6563
www.cityofaragon.com

ALCOHOL BEVERAGE RETAIL PACKAGE LIQUOR STORE APPLICATION

ATTACH ADDITIONAL PAGES IF NECESSARY. ALL ATTACHMENTS MUST BE NUMBERED. INDICATE THE PAGE NUMBER OF ATTACHMENT IN THE SPACES PROVIDED FOR EACH RELEVANT ANSWER.

LICENSE FEE: \$5000 RETAIL PACKAGE DEALER OF LIQUOR/BEER/WINE, **\$500** PROCESSING FEE, **\$50.00** FINGERPRINTING, AND **\$35.00** PER BACKGROUND CHECK. ALL FEES ARE NON REFUNDABLE.

ANY MISSTATEMENT OR CONCEALMENT OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE ISSUED AND SHALL MAKE THE APPLICANT LIABLE TO PROSECUTION FOR PERJURY. PLEASE DO NOT LEAVE ANY AREAS UNANSWERED.

Legal Business Name: _____

Physical Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please check all that apply to the type of business you intend to operate:

- Hotel/Motel/Bed & Breakfast
- Retail Package Liquor Store
- Private Club
- Restaurant
- Retail Consumption Dealer

Licensee/License Representative Name: _____

Relationship of Applicant to Business: _____

Other names used by applicant, including maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc.: _____

Phone: (Day) _____ (Evening) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Is the above address your legal and bona fide domicile? _____ If yes, for how long? _____

Are you a United States citizen? _____

If yes, are you a citizen by birth or a naturalized citizen? _____

If no, please state your native country, date and port of entry. If applicable, also state the date, place, and court of your naturalization: _____

Owner of the building and/or land in which the proposed business is to be located (you may skip this section if you are an owner/applicant): _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

Has the applicant entered into an agreement or contracted with either the owner or owners, lessors and sublessors, for either the building or the land or both, which provide payment of rent on a percentage or profit share basis? _____

If so, explain the nature of the agreement, including the name(s) and contact information of all parties: _____

What is the distance from the proposed premises to the nearest school _____, church _____, public library _____, publicly operated alcohol treatment center _____, other retail dealer _____?

Note: A certified survey will be required at the applicant's expense.

Are there other uses or businesses within the same property? _____ If so, please describe, and provide contact information for the shared users of the property:

Do you, alone or with others, hold (or have held) any other license for the sale of alcoholic beverages? _____ If so, please state the type of license, name in which the license was issued, the dates held, and the full address of the licensed premises for each license:

Do you currently own any property on which an alcoholic beverage licensed establishment is located? _____ If so, please provide the property address and business name for each property:

Have you ever had any financial interest in a liquor business which was denied a liquor license or had its license revoked or suspended for any reason? _____ If so, please give details:

Has any place of business, engaged in the sale of alcoholic beverages, with which you have

Has any place of business, engaged in the sale of alcoholic beverages, with which you have been associated, ever been cited or charged, at any time, with any violation of Georgia, Federal, or Municipal law or any rule, regulation, or ordinance concerning the sale of such products? _____ If so, please provide full details, including the date(s), alleged charge(s), citation issuing authority, and any legal action or result:

Has any business, with which you were affiliated as owner, manager, employee, stockholder, officer, director, partner, or any other capacity, or have any of your associates, partners, or employees ever been charged with violating any law or ordinance related to narcotics, prostitution, or gambling? _____ If so, please explain in detail: _____

Applicants cannot have been convicted of, nor entered a plea of nolo contendere to, any felony or misdemeanor relating to the sale or use of alcoholic beverages or illegal drugs within five (5) years prior to the date of this application. Applicants must read and understand the City of Aragon ordinance regarding the rules and regulations of the sale of alcoholic beverages. The licensee and/or the license representative must be a resident of the State of Georgia and an acting manager of the business. If the Licensee and/or License Representative have not been a resident of the State of Georgia for at least five years, then they must have a background investigation conducted by a law enforcement agency in their previous state(s) of residence. The background investigation report must include all arrests and convictions for misdemeanors, felonies and local ordinances. This report must be sent directly from the investigating agency to the City of Aragon, Chief of Police, 2814 Rome Highway, Aragon, Georgia 30104.

The Licensee and/or License Representative must also be fingerprinted or have on file at the Aragon Police Department.

Date last fingerprint taken: _____ File Verified by: _____

Is any person who owns an interest in this license an employee, or elected official, of the City of Aragon? If so, please explain whom and how the person(s) is affiliated with the City and this potential licensee:

Name, social security number, per cent interest and legal address of all stockholders owning 5% or more of the company.

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Are all of these stockholders U.S. Citizens? _____

If not, give permanent alien registration No. _____ and attach copy of green card.

Before signing this application, please check to make sure all answers and explanations are stated fully and correctly. The following statement is to be executed under oath and is subject to the penalties of false swearing. Be sure that it includes all attached sheets submitted herewith.

STATE OF GEORGIA, POLK COUNTY, CITY OF ARAGON

I, _____, do solemnly swear or affirm, subject to the penalties of false swearing, that the statements and answers made by me, as the applicant, in the foregoing application are true and correct. I am familiar with, have read, understand, and agree to abide by all applicable City Ordinances, local, state, and federal laws pertaining to the establishment and operation of a business inside the City of Aragon's City limits involved in the sale of alcohol and the proper conduct of its management. I understand that a violation of any applicable law, no matter how minor, may result in the permanent revocation of my liquor license.

Full legal name: _____

Date of Birth: ____/____/____ Social Security Number: _____

Drivers License Number: _____ Issuing State: _____

Applicant Signature: _____ Date: ____/____/20____

I hereby certify that _____ signed his or her name to the foregoing application stating to me that he or she knew and understood all statements and answers made therein, and other oath actually administered by me, has sworn or affirmed, that said statements and answers are true and correct.

This ____ Day of _____, 20____

[place notary seal here]

Notary Public Signature: _____



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Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit, as referenced in O.C.G.A. Section 50-36-1, from the City of Aragon, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

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 a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Aragon, Georgia.

Signature of Applicant:

Date

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

Printed Name of Applicant:

Notary Public
My Commission Expires:

*

Alien Registration number for non-citizens

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens 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", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number: _____

FOR OFFICE USE ONLY:

Date Received: ____ / ____ /20____

Type of License: _____

Fee Amount Enclosed: \$ _____

State License No.: _____

Date Approved: ____ / ____ /20____

State License No.: _____

Date Denied ____ / ____ /20____

Reason (if any): _____

Misc. Notes:

City Clerk Signature: _____ Date: ____ / ____ /20____