



MCINTOSH COUNTY BOARD OF COMMISSIONERS

1200 NORTH WAY, DARIEN, GA 31305/ P O BOX 584

912-437-6671 PHONE/912-437-6416 FAX

ALCOHOLIC BEVERAGE LICENSE APPLICATION

APPLICANTS FULL NAME_____

SOCIAL SECURITY NUMBER_____

BUSINESS NAME_____

BUSINESS LOCATION (STREET)_____

APPLICANTS MAILING ADDRESS_____

CITY_____STATE_____PLACE OF BIRTH_____

APPLICANTS DATE OF BIRTH_____CELL PHONE_____HOME PHONE_____

LICENSE APPLIED FOR:

() BEER/WINE-**OFF** PREMISES **\$500**

() COMBINED LIQUOR, BEER/WINE-**OFF** PREMISES **\$1250**

() BEER/WINE-**ON** PREMISES **\$750**

() COMBINED LIQUOR, BEER/WINE-**ON** PREMISES **\$1750**

FEDERAL EMPLOYER IDENTIFICATION NUMBER:_____

GEORGIA SALE TAX NUMBER:_____

STATE WITHHOLDING NUMBER:_____

TYPE BUSINESS: () PACKAGE SHIP () STORE () TAVERN () RESTAURANT () CLUB () GROCERY

() LIQUOR STORE () SERVICE STATION

TYPE OWNERSHIP: () SINGLE PROPRIETOR () PARTNERSHIP OR CORPORATION

CORPORATION NAME:_____

DATE OF INCORPORATION_____PLACE IN CORPORATION_____

PARTNER(S) CORPORATION OFFICERS NAME AND ADDRESS %INTEREST SOCIAL SECURITY NUMBER

APPLICANTS HOME ADDRESS FOR PAST THREE (3) YEARS

STREET_____CITY_____STATE ZIP CODE_____

STREET_____CITY_____STATE ZIP CODE_____

STREET_____CITY_____STATE ZIP CODE_____

ARE YOU EMPLOYED ELSEWHERE?_____IF YES, WHERE_____

LIST EMPLOYMENT AND ADDRESS FOR THE PAST THREE (3) YEARS

Have you, the applicant, or any other person having interest in business for which this application has been made, ever been arrested, indicted, or convicted for any offenses (excluding minor traffic violations) by any City, County, State, Federal or Foreign officer or any other governmental authority with in the last twelve (12) months? _____

If yes give full details (failure) to make full disclosure in response to this question will result in a denial of the application or revocation of the licenses, if information should have been given, but was not for any reason whatsoever, is forthcoming subsequent to the granting of the license. _____

I, _____, APPLICANT, DO SOLEMENLY SWEAR/AFFIRM SUBJECT TO CRIMINAL PENALTIES FOR FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME TO THE FORGOING QUESTIONS IN THIS APPLICATION FOR MCINTOSH COUNTY LICENSE ARE TRUE AND NO FALSE OR FRAUDULENT STATEMENT OR ANSWER AND NO FALSE OR FRAUDULENT STATEMENT OR ANSWER IS MADE HERETO TO PROCURE THE GRANTING OF SUCH LICENSE

THIS _____ DAY OF _____, 20____ APPLICANT'S SIGNATURE (FULL NAME) _____

CONSENT FORM

I hereby authorize the McIntosh County Board of Commissioners to receive any criminal history record information pertaining to me, which may be on file of any State and /or Local Criminal Agency in Georgia

FULL NAME (PRINT): _____

ADDRESS: _____

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ DATE OF BIRTH _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY # _____ - _____ - _____

EMPLOYER: _____

ADDRESS OF BUSINESS: _____

******DISCLOSURE OF CRIMIAL HISTORY CHECK******

IF THE CONTENTS OF THIS RECORD HAVE AN ADVERSE EFFECT ON A DECISION TO GRANT AN ALCOHOL LICENSE TO APPLICANT, THEN THE CONTENTS OF THIS RECORD AND THE EFFECT IT HAD UPON THE DECISION MUST BE DISCLOSED.

APPLICANTS SIGNATURE _____

DATE _____

TO BE COMPLETED BY SHERIFF'S OFFICE PERSONNEL

YES/NO (PLEASE CIRCLE) RECORD AS OF _____ Comments: _____

SIGNATURE _____

TO BE COMPLETED BY OFFICE PERSONNEL

PLANNING AND ZONING (Circle one)

Address Correct **Yes No** Inspection Required **Yes No**
Zoned Correctly **Yes No** Inspection completed **Yes No**

ADMINISTRATION OFFICE (Circle One)

Restaurant Permit Secured **Yes No**
Approved **Yes No**

SIGNATURE BUILDING INSPECTOR/Date

SIGNATURE COUNTY MANAGER/Date

Sworn and subscribed before me this
_____ day of _____, 20____

Notary Public
My Commission Expires: _____