



## 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**  
 BEER/WINE-ON PREMISES **\$750**

COMBINED LIQUOR, BEER/WINE-OFF PREMISES **\$1250**  
 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 within 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 SOLEMNLY 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 PROCUER 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 CRIMINAL 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.

APPLICANT'S 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  
Zoned Correctly  Yes  No

Inspection Required  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: \_\_\_\_\_