



City of Ball Ground  
 Office Use Only  
 Business License Department  
 P. O. Box 285  
 Ball Ground, Georgia 30107  
 Phone 770-735-2123  
 Fax 770-735-4575

Agenda Date \_\_\_\_\_  
 AD Dates \_\_\_\_\_  
 Signs Posted \_\_\_\_\_  
 Decision \_\_\_\_\_  
 License No \_\_\_\_\_

**Application for New Alcoholic Beverage License  
 APPLIATION FEE - \$375.00**

Sole Proprietorships  Partnership/Corporation

**Type of license: (Check Appropriate Spaces)**

- Malt Beverages, Wine & Distilled Spirits Consumption on Premises **\$2,000.00**
- Retain/Package Distilled Spirits **\$2,500.00**
- Retail Package malt beverage & Wine- **\$1,825.00**
- Wine/Low Volume Alcohol Content Liquors Consumption on Premises **\$ 625.00**
- Retail Package Wine Only **\$ 435.00**
- Growler **\$ 435.00**
- Ancillary Tasting Room **\$ 435.00**
- Brewery **\$ 435.00**

**Business Type:**  Convenience Store  Package Store  Grocery Store  
 Restaurant  Other \_\_\_\_\_

1. Full name of business \_\_\_\_\_  
 a) Under what trade name is the business to be operated? \_\_\_\_\_
2. Business Location \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email \_\_\_\_\_
3. Is business within the designated distance of any of the following? (By a Registered Engineer Survey Plat)  
 Yes  No - 300 ft. radius – Church, Public Park, School Ground, Public Library or Alcohol Treatment Facility  
 Yes  No – 100 ft. radius of a property line of a private residence
4. How is the proposed location zoned? \_\_\_\_\_
5. Full name of Licensee \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 SS# \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

6. If Sole Proprietor – Owner’s Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

7. List full name and other required information for spouse, parents, stepparents, parents-in-law, brothers, sisters, step-brothers, step-sisters, brothers-in-law, sisters-in-law, children and step children, if such relatives are related to the licensee or any owner and have, or have had in the past any license or any financial or ownership interest whatsoever in any business dealing in alcoholic beverages

Name/Relationship	Resident Address	Business Name & Address	% Interest

8. Type of Ownership: ( ) Partnership ( ) LLP Corporation ( ) LLC ( )

**9. If Partnership or Limited Liability Partnership – All members of the partnership must be qualified to obtain a license and must make sworn statement of the qualifications.**

Partnership or LLP Name: \_\_\_\_\_  
 Name of Partner/Member: \_\_\_\_\_ Title \_\_\_\_\_  
 SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Partner/Member \_\_\_\_\_ Title \_\_\_\_\_  
 SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Include additional partners/members on separate attachment\***

**10. If Corporation or Limited Liability Corporation – All officers of the corporation must be qualified to obtain a license and must make sworn statement to the qualifications.**

Name of Corporation or LLC \_\_\_\_\_  
 President/Member \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Vice President/Member \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Include additional partner/members on separate attachment\***

9. List all stockholders by name, date of birth, social security number, address, phone number, and number of shares owned by each. Attach all stocks (front & back) to application.

Name	DOB	SS#	Address	Phone#	#Shares

10. Does the applicant, spouse of applicant, partner, registered agent/officer or stockholder hold any alcohol beverage license in any other jurisdiction? Yes ( ) No ( )  
 If yes, give complete name(s), business name and jurisdiction

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. List full name, date of birth, social security number, address and percentage of ownership for each individual including all "limited" and "silent" partners, having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	DOB	SS#	Address	Phone#	% of Ownership

12. List full name, address, and percentage of ownership for each firm or corporation having any interest in this application.

Corporation Name	Address	% Owned

13. List full name position held social security number, address and percentage of ownership for each board member of each corporation.

Name	Position Held	SSN	Resident Address	% Owned

14. Is or has the licensee or any owner listed in question ten (10) and or eleven (11) currently holding interest or ever been associated with any alcoholic beverage establishment?  
If yes, list below.

Name	SS#	Business Name	Address	% Interest

15. List the full name and address of each property owner on which this business is to be conducted.

Name of Property Owner	Address	Relation to applicant or owner(s)

16. List the full name and address of each owner of the building within which this business is to be conducted.

Name of Building Owner	Address	Relation to applicant or owner(s)

17. List the full name and address of every lesser and sub-lesser of the property where the business is to be conducted.

Name	Lesser or Sub-lesser	Address	Relation to applicant or owner(s)

18. List the person(s) that will be manager(s) of this business.

Name	SS#	Address

19. Has this or any place of business associated in any form with the Corporation, LLC, Partnership, LLP, individual ownership, for which this application is submitted, or any owner, partner, shareholder, stockholder, licensee, officer, or employee of any owner, shareholder or entity of a shareholder in this application ever been cited, charged, indicted, have a pending charge, or been convicted at any time, for any violation of Georgia Law, Federal Law, or any rule or regulation of the State Revenue Commissioner or any rule, regulation, or ordinance of the City of Ball Ground, Cherokee County or other Governmental unit?  
( ) Yes ( ) No If yes, give full details of the violation.

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20. Have you, our spouse, the licensee, licensee's spouse, or any person having interest in this business or their spouse, ever been

Arrested	Yes ( ) No ( )	Convicted	Yes ( ) No ( )
Detained	Yes ( ) No ( )	Indicted	Yes ( ) No ( )
Pled Guilty	Yes ( ) No ( )	Pled Nolo Contendre	Yes ( ) No ( )
On Probation	Yes ( ) No ( )	Any Pending Criminal Charge	Yes ( ) No ( )

**If you answered "Yes" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charges(s). Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.**

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21. Have any of the following people ever, you or your spouse, the licensee or spouse, any person or spouse having any interest in this business ever been a licensee or ever been an officer in any business that was been cited, had an employee of any business cited, detained, arrested, indicated, or convicted for any offense by any federal, state, county or city government or has any Business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, or city government? **(Failure to make full disclosure of all details in response to this application will result in denial of the application or revocation of the license).**

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22. Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employee owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the number of hours required for each and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required.

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23. What type of materials (written materials, signs, badges, etc.) is provided with the training of employees? Please enclose those materials.

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24. Have you read and do you understand all the provisions of the City of Ball Ground and State of Georgia Alcoholic Beverage requirements as stated in the City of Ball Ground Code of Ordinances and Title Three of the Official Code of Georgia? **Yes ( ) No ( )**

25. Are you aware that the sale of alcoholic beverages to an underage person(s) by you or your employees may result in the suspension or revocation of the alcoholic beverage license? **Yes ( ) No ( )**

26. What procedures do you have in place to ensure that alcoholic beverages are not sold in violation of the City of Ball Ground Code of Ordinance and State Law? Please attach all documentation relating to such procedures and include an explanation as to their usage.

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27. What technology, equipment and products have been or will be implemented in this location to ensure compliance with The City of Ball Ground Ordinance and State Law? (Example: cash registers that require date of birth, cameras, signs, etc....)

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**Owner/Licensee Personal Statement**

1. Full name of licensee (Do not Use Initials) \_\_\_\_\_  
Include maiden name(s), alias(s), etc.
2. Social Security # \_\_\_\_\_ Cell Phone \_\_\_\_\_
3. Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_
4. Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_
5. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
U. S. Citizen \_\_\_\_\_ By Birth \_\_\_\_\_ Naturalized \_\_\_\_\_ (Submit Original Naturalization Card)  
Date, Place, and Court \_\_\_\_\_ Certificate # \_\_\_\_\_  
Petition # \_\_\_\_\_ Derived Parents Certificate's # \_\_\_\_\_  
Date and Port of Entry \_\_\_\_\_
6. How long have you resided in the City of Ball Ground or Cherokee County? \_\_\_\_\_
7. Number of years you have resided at your present address? \_\_\_\_\_
8. What has been your occupation for the past five (5) years? \_\_\_\_\_
9. What is your position/title with the business submitting this license application? \_\_\_\_\_
10. Do you or your spouse have any financial interest, or are you or your spouse employed in any wholesale or retail alcoholic beverage business other than the business submitting the license application of which this personal statement is a part? If yes, please give name location, amount of interest, and/pr type of employment in each.

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11. Are you or your spouse related to anyone who has ownership or is employed any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and /or type of employment in each.

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12. List occupation(s), position, and dates of employment for the past ten (10) years.

From/To Month/Year	Company	City/State	Position

13. Have you or your spouse ever been

Arrested Yes ( ) No ( )

Detained Yes ( ) No ( )

Pled Guilty Yes ( ) No ( )

On Probation Yes ( ) No ( )

Convicted

Indicted

Pled Nolo Contendre

Any Pending Criminal Charge

Yes ( ) No ( )

Yes ( ) No ( )

Yes ( ) No ( )

Yes ( ) No ( )

**If you answered "Yes" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charges(s). Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.**

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City of Ball Ground

I, \_\_\_\_\_, Swear/Affirm that I am 25 years of age or over and the facts and statements stated by foregoing answers and me in the above and complete, and that no false or fraudulent statements are made herein, and no false or fraudulent statement or statements have or were made in order to produce the ranting of an Alcoholic Beverage License. I understand that any falsehoods are grounds for automatic dismissal of this application.

I further certify that I will notify the City of Ball Ground of any changes affecting my status and/or position with this company.

I further certify that I will notify the City of Ball Ground of any change in management, licensee or ownership immediately.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name, Signature and Title of Person other than applicant filling out this application

\_\_\_\_\_  
Address and Telephone Number

**THE APPLICANT OR AN AUTHORIZED REPRESENTATIVE IS REQUIRED TO BE PRESENT AT THE MEETING WHEN THIS APPLICATION IS HEARD.**

**ALL QUESTIONS MUST BE ANSWERED**

Date Received by City Clerk \_\_\_\_\_

Hearing Date Scheduled for \_\_\_\_\_



TO BE COMPLETED BY THE LICENSEE, OWNERS, PARTNERS, AND STOCKHOLDERS WITH 20% OR MORE OF SHARES.

### CONSENT FORM

I HEREBY AUTHORIZE THE CITY OF BALL GROUND POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD AND/OR DRIVERS HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA FOR THE PURPOSE OF OBTAINING A PRIVILEGED ALCOHOLIC BEVERAGE LICENSE.

\_\_\_\_\_  
NAME OF ESTABLISHMENT

\_\_\_\_\_  
FULL NAME PRINTED

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
SEX

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMISSION EXPIRES

**APPLICANT MUST CONTACT CITY CLERK  
FOR FINGERPRINTING INFORMATION**



**CITY OF BALL GROUND**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**  
**ADVERTISING NOTICES**

**MUST SEE CITY CLERK FOR THIS INFORMATION**

Pursuant to Municipal Code Chapter 4 Section 4-49(a) All applicants for license hereunder shall give notice for the purpose of making such application by advertisement at least one (1) time a week for four (4) consecutive weeks in the newspaper (**Cherokee Tribune**) circulating in the city in which legal advertisement of the city or county are carried. The applicant shall pay all publication and material cost. The cost is determined at the time of application by quote from the Cherokee Tribune.

Such notice shall contain the following:

**CITY OF BALL GROUND**  
**APPLICATION FOR ON PREMISE CONSUMPTION**  
**OF MALT BEVERAGES FOR A RESTAURANT**

Public notice is hereby given that \_\_\_\_\_ has petitioned The City of Ball Ground for an Alcohol License for on\_\_\_\_\_. A hearing before the Mayor and City Council of the City of Ball Ground shall be held on \_\_\_\_\_, in the Ball Ground City Hall located at 215 Valley St., Ball Ground Georgia 30107. All interested persons take notice.

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Pursuant to Municipal Code Chapter 4 Section 4-49(c) relating to Advertising The applicant shall cause to be placed upon the location of the proposed business a sign or signs shall face toward all public streets, sidewalks or other public property which adjoins the location so as to be clearly legible to persons using such public areas. The sign shall be posted on the property for two (2) consecutive weeks (fourteen (14) days) immediately prior to the hearing before mayor and council. The city will supply the applicant with a sign to post at the proposed location.