



**City of Ball Ground**  
**215 Valley St. / P. O. Box 285**  
**Ball Ground, GA 30107**  
**Phone 770-735-2123**

**City of Ball Ground Alcohol License**  
**Renewal Application**  
**Payments delinquent after December 31, 2023**

Retail/Package  Consumption on the premises

**Business Type:**

- |  |  |
|--|--|
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Package Store |
| <input type="checkbox"/> Grocery Store     | <input type="checkbox"/> Restaurant    |
| <input type="checkbox"/> Farm Winery       | <input type="checkbox"/> Brewery       |

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> \$2,000.00 | Malt Beverages, Wine, and Distilled Spirits for Consumption on Premises Only |
| <input type="checkbox"/> \$625.00   | Wine/Low Volume Alcohol Content Liquors Consumption on Premises Only         |
| <input type="checkbox"/> \$5,000.00 | Distilled Spirits Package Sales Only   |
| <input type="checkbox"/> \$1,825.00 | Malt Beverages & Wine Package Sales Only                                     |
| <input type="checkbox"/> \$435.00   | Wine Sales Package Sales Only  |
| <input type="checkbox"/> \$500.00   | Growler Permit   |
| <input type="checkbox"/> \$500.00   | Ancillary Wine Tasting Room Permit   |
| <input type="checkbox"/> \$500.00   | Brewery  |

**Distilled Spirits consumed on premises are required to remit 3% Excise tax to the City of Ball Ground monthly on the Liquor Pouring Tax Form.**

- If license application is received after January 1, such application shall be treated as an initial application and the application and the applicant shall be required to comply with all rules and regulations for the granting of license as if no previous license had been held.**

Has ownership changed? Yes  No  (If yes, you will need to apply for a new alcohol license.)

Has the licensee changed? Yes  No

How many owners? \_\_\_\_\_

How many full-time employees? \_\_\_\_\_

How many part-time employees? \_\_\_\_\_

How many managers? (only for on premise consumption) \_\_\_\_\_

**BUSINESS INFORMATION**

Full Name of Business: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Street Address of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Web Site Address \_\_\_\_\_

\_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Limited Liability Company

**LICENSEE INFORMATION**

Licensee Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

During the previous twelve (12) months have you, or any other person having interest in the business for which this application has been made, ever been detained, arrested, indicted or convicted for any offence by any state, county, city or any other government authority?

Yes \_\_\_ No \_\_\_

If yes, give full details (if necessary attach additional sheets)

---

---

---

Does the licensee, corporation, owner, or any other partner have an interest in, or control over any other alcoholic beverage business in the State of Georgia Yes\_\_\_ No\_\_\_

**Alcohol Managers (Only applies to on premise consumption)**

**Please list all alcohol managers below, current or new. If you are adding a new alcohol manager, please remember that they will need to complete a manager application and consent form.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**PLEASE LIST ALL CURRENT EMPLOYEES HOLDING A POURING PERMIT**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_



**City of Ball Ground Alcohol License Renewal**  
**215 Valley St./P.O. Box 285**  
**Ball Ground, Georgia 30107**  
**Phone: (770-735-2123)**

**SIGNATURE SECTION**

Before signing this application, check all answers and explanations to make sure that all questions are answered fully and correctly. This application is to be executed and notarized, subject to the penalties of false information and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension, revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application, or any personnel statement which is made a part of this application, such change must be reported as an amendment to this application as specified by the Ball Ground Code of Ordinances. Failure to make such amendment shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood. If there has been change in the information during the past year, do not complete this form, but call Karen Jordan, City Clerk at 678-454-5075 and request a complete application packet. It may be necessary for fingerprinting or background checks if personnel, officers, stockholders, ownership has changed. *Your signature on this form indicates that there have been no changes, other than those previously reported since your initial application and that all information contained herein is true and correct.*

I declare under penalty and perjury, this statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete.

---

Signature of Licensee	Title	Date
-----------------------	-------	------

---

Printed Name

\*Licensee may be the owner, manager, partner or an authorized officer of the corporation

SUBSCRIBED AND SWORN BEOFRE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

---

Notary Public

My Commission Expires: \_\_\_\_\_





## Alcohol Renewal Application

**PLEASE LIST ALL WHOLESALE DISTRIBUTORS/SUPPLIERS DELIVERING ALCHOLIC BEVERAGES TO YOUR BUSINESS.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

---

Business Name

---

Licensee Name

**City of Ball Ground Alcohol License Renewal**

215 Valley St./P.O. Box 285  
Ball Ground, Georgia 30107  
Phone: (770-735-2123

**THIS PAGE FOR OFFICE USE ONLY**

**BUSINESS NAME** \_\_\_\_\_

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

**Application received** \_\_\_\_\_

**Amount paid \$**\_\_\_\_\_ **Check #** \_\_\_\_\_ **CC approval #** \_\_\_\_\_

**CONSENT FORM(S) ATTACHED**     **YES**     **NO**