



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
2025 Renewal Application**
Payments will be considered delinquent after
December 31, 2024

Business Type:

- | | |
|--|--|
| <input type="checkbox"/> Retail/Package | <input type="checkbox"/> Consumption on the premises |
| <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 must remit 3% Excise tax to the City of Ball Ground monthly on the Liquor Pouring Tax Form.

- If a license application is received after January 1, such application shall be treated as an initial application. The applicant shall be required to comply with all rules and regulations for the granting of a 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

Number of owners? _____

Number of full-time employees? _____

Number of part-time employees? _____

Number of managers? (only for on-premises 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 an interest in the business for which this application has been made, ever been detained, arrested, indicted, or convicted of any offense 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 _____



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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. Applicants understand 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 or 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 an 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 a 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, or 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 the information contained herein is true and correct.*

I declare under penalty of perjury that I have examined this statement and that, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Licensee	Title	Date
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Printed Name

*The 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: _____



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Criminal History Consent Form
Purpose of Request: Malt/Beverage/Wine/Distilled Spirits License

Please Duplicate As Needed

I hereby authorize the City of Ball Ground, Georgia to receive any criminal and/or driver's history pertaining to me which may be in the files of any state, federal or local criminal justice agency.

PLEASE TYPE/PRINT

Last Name	First Name	Middle Name	Maiden
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Street Address	Apartment Number
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City	State	Zip	County
------	-------	-----	--------

Sex	Race	Height	Weight	Eyes	Hair
-----	------	--------	--------	------	------

Date of Birth	Place of Birth	Social Security Number
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Driver's License Number	State Expiration Date
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Signature	Date
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***Note – ONLY Valid Sex Codes are M=Male, F=Female, U=Unknown / ONLY Valid Race Codes are W=White, B=Black, A=Asian or Pacific Islander, I=American Indian or Alaskan Native, U=Unknown**

This authorization is valid for 90 days from the date of signature.

Signature	Date
-----------	------

Subscribed and sworn before me on this _____ Day of _____, 20____

Notary Public

My Commission Expires _____



**2025 City of Ball Ground
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