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

City of Ball Ground Alcohol License

2026 Renewal Application

Payments will be considered delinquent after December 31, 2025

Business Type:

- ☐ **Retail/Package**
- ☐ **Convenience Store**
- ☐ **Grocery Store**
- ☐ **Farm Winery**
- ☐ **Consumption on the premises**
- ☐ **Package Store**
- ☐ **Restaurant**
- ☐ **Brewery**

☐ **$2,000.00**	**Malt Beverages, Wine, and Distilled Spirits for Consumption on Premises Only**
☐ **$625.00**	**Wine/Low Volume Alcohol Content Liquors Consumption on Premises Only**
☐ **$5,000.00**	**Distilled Spirits Package Sales Only**
☐ **$1,825.00**	**Malt Beverages & Wine Package Sales Only**
☐ **$435.00**	**Wine Sales Package Sales Only**
☐ **$500.00**	**Growler Permit**
☐ **$500.00**	**Ancillary Wine Tasting Room Permit**
☐ **$500.00**	**Brewery**

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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

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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. _____

Current Employees Holding a Pouring Permit

---

1 _____

2 _____

3 _____

4 _____

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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 as 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 Kaylyn Bush City Clerk, at 770-735-2123 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

_____

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: Alcohol License Renewal

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

_____
Street Address Apartment Number

_____
City State Zip County

_____
Sex Race Height Weight Eyes Hair

_____
Date of Birth Place of Birth Social Security Number

_____
Driver's License Number State Expiration Date

_____
Signature Date

***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.

Subscribed and sworn before me on this _____ Day of_____, 20_____._____

_____
Notary Public

My Commission Expires:_____

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

_____

Business Name

_____

Licensee Name

Cherokee Sheriff's Office

Name-Based Criminal History Record Information Consent/Inquiry Form – NCJ

Section 1: Authorization - I authorize the Cherokee Sheriff's Office to process my criminal history record information and release any information pertaining to me which may be in the file of any state, national, or local criminal justice agency to the individual I have specified below. If this information is being released to a business, agency, or organization, the Cherokee Sheriff's Office must have a specific person's name at the business, agency, or organization and the address and the title of the business, agency, or organization. If this information is being released to an individual, the Cherokee Sheriff's Office must have the individual's name and address. (O.C.G.A.§35-3-34) For the Cherokee Sheriff's Office to better serve you, please fill out this form neatly and in its entirety. Do not change, strikethrough, or white out any information. This form is for the Cherokee Sheriff's NCJ consent form for employment, personal inspection, and other NCJ reasons as allowed by O.C.G.A. §35-3-34.

I, _____ hereby authorize the CSO to conduct an inquiry for Company/Individual (name releasing record to) City of Ball Ground Attn: Kaylyn Bush- City Clerk the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law. This authorization is valid for 90 days from date of signature.

_____
Full Name: (Last, First, and Middle – Please Print Legibly)

_____
Street Address **City** **State** **Zip Code**

_____ _____ _____ _____
Date of Birth (MM/DD/YY) **SEX (M/F)** **RACE**** **Social Security Number**

****Race Abbreviations****
Asian/Pacific Islander - **A**
Black – **B**
Alaskan Native/American Indian – **I**
White – **W**
Unknown – **U**

_____ _____
Authorizing Signature **Date (MM/DD/YY)**

_____ _____ _____
Attorney for Individual (Purpose Code E and U Only) **Bar Number** **Date (MM/DD/YY)**

_____ _____ _____
Notary Signature & Stamp **Date (MM/DD/YY)** **Driver's License Number (Notary Use Only)**

Notary Stamp

Purpose Code Used (check one):
Note: *Only one inquiry may be performed per consent form.*

NON-CRIMINAL JUSTICE PURPOSES		
	E	Adoption
	E	Apartment
	E	Employment _____
	E	Licensing _____
	E	Raffle Permit
	E	Volunteer _____
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment direct care with Elderly
	W	Employment direct care with Children
	U	Personal Copy (stamp return "personal copy")

_____AGENCY USE ONLY BELOW_____

Date of Inquiry: _____ **Time of Inquiry: _____** **Operator's Initials: _____**

This inquiry resulted in the following: _____ No criminal history available _____ Criminal history available (attached/released)