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

License Type:

( ) Retail/Package	**( ) Consumption on the premises**
( ) Convenience Store	**( ) Package Store**
( ) Grocery Store	**( ) Restaurant**
( ) Farm Winery	**( ) 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**

Distilled Spirits consumed on premises must remit 3% Excise tax to the City of Ball Ground monthly on the Liquor Pouring Tax Form. Questions regarding Excise Tax, please contact Donna England at 770-735-2123.

Renewals and all supporting documentation must be submitted to the city and the Georgia Centralized Alcohol Licensing Portal before license expiration on December 31 of each year. 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. Questions regarding current or renewal license, please contact Kaylyn Bush at 770-735-2123.

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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: DBA:

_____
Business Address:

_____
Mailing Address:

_____
Business Phone Number:

_____
Name of Business Owner:

___Sole Proprietorship ___Partnership ___Corporation ___Limited Liability Company

Number of owners? _____ Number of managers? _____

Number of full-time employees? _____ Number of part-time employees?_____

LICENSEE INFORMATION

_____
Licensee Full Name

_____
Home Address City State Zip Code

Phone Number _____ Email Address _____

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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 (Current and New)

1._____

2._____

3._____

4._____

Active Pour Permit Holders:

1._____

2._____

3._____

4._____

List all Wholesale Distributors/Suppliers delivering alcoholic beverages:

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

_____

Notary Expiration