

**CITY OF BALL GROUND
BALL GROUND, GEORGIA 30107
PHONE 770-735-2123**

**CHECKLIST AND APPLICATION FOR AN
ALCOHOLIC BEVERAGE LICENSE**

****The application and all attachments must be typed or legible printed in black/blue ink****

- () 1. A \$375.00 application fee must be paid at the time the application is submitted. This fee is non-refundable. Provide one original and one duplicate of the completed application and all attachments.
- () 2. The application must be completed in its entirety and a copy of the State of Georgia Application attached before being accepted by the City Clerk. State applications can be obtained by contacting the Georgia Dept. of Revenue Alcohol Division.
- () 3. Fingerprints and Background form must be filled out with the completed application.
- () 4. Applicants must upload completed application to the Department of Revenue Centralized Alcohol Licensing Portal.
- () 5. Personal information must be submitted for the licensee and owner. The City of Ball Ground reserves the right to request personal information on owners and licensees.
- () 6. No license for the sale of alcoholic beverages shall be granted to any person who is not a citizen of the United States, or an alien lawfully admitted for permanent residence. The applicant must not be less than 25 years of age; and must be a resident of the state for not less than six consecutive months before filing the application, unless the applicant specifically designates a resident of the city or county who has resided within the city or county for at least six months before filing the application, which resident shall be responsible for any matter relating to the license.
- () 7. **City of Ball Ground Code Sec. 4-234.** - Excise tax on sales of distilled spirits by the drink.
 - (a) In addition, an excise tax of three percent is hereby levied and imposed on the sale of distilled spirits by the drink on charges to the public for the beverages.
 - (b) The excise tax imposed in subsection of this section shall not apply to the sale of fermented beverages made in whole or in part from malt or any similar fermented beverage.
 - (c) Each person responsible for the payment of the excise tax levied under this section shall remit payments and file reports as provided in this division; however, persons collecting the tax authorized by this section shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting, and paying the amount due if the amount is not delinquent at the time of payment. The rate of the deduction shall be three percent of the amount due, only if the amount due was not delinquent at the time of payment. Failure to submit timely reports will result in the imposition of a ten percent penalty. After 30 days, interest will accrue at the rate of five percent per month, or fraction thereof, from the due date of the taxes. The City of Ball Ground Finance Officer will provide the necessary forms.
- () 8. Persons that are not U.S. Citizens must provide original Immigration Card I-551 to the City Clerk for verification and copying. Naturalized citizens must provide their original certificate of naturalization for verification by Business License Staff. This applies to the licensee, each owner, each partner, and each stockholder with 20% or more ownership. (Pass ports will not be accepted) If none of the above exists, please provide original documents that authorize you to legally be in the United States.
- () 9. A signed and notarized consent form must be provided for the licensee and owner.

() 10. NOTICE – Any material omission or untrue or misleading information contained in or left out of an original, renewal or transfer application shall be cause for the denial thereof, and if any license has previously been granted under these circumstances, such shall constitute cause for revocation of same.

11. Once the license is approved, all fees must be paid within fourteen (14) days from the date of approval, or the permit shall be void. No license shall be issued until the applicant has paid the required fee.

12. No licensee shall employ on any premises for the retail package sale of malt beverages, wine, or distilled spirits, for the retail sale of malt beverages or wine at restaurants for consumption on the premises any person in any capacity whatsoever who has been convicted in this state or any other city or state of any felony within five (5) years immediately prior to the application for appointment. **Each employee must submit an application and undergo an investigation by the Ball Ground Police Department prior to employment.**

13. **Sec. 4-111. - Hours of operation.**

a) Retail licensees for the sale of malt beverages or wine shall not engage in the sale of alcoholic beverages except between the hours of 6:00 a.m. and 2:00 a.m., Monday through Saturday and between the hours of 12:30 p.m. and 11:30 p.m. on Sunday. The hours of operation of wholesalers for the distribution of malt beverages or wine shall be between the hours of sunup and sundown.

b) Licensees for the sale of malt beverages, wine or distilled spirits by the drink for consumption on the premises shall not engage in the sale of alcoholic beverages except between the hours of 6:00 a.m. and 2:00 a.m., Monday through Saturday and between the hours of 12:30 p.m. and midnight on Sunday. Licensees shall not allow members of the public to remain on the premises for more than one hour beyond the prohibited hours of sale.

c) Licensees shall not engage in the package sale of distilled spirits except from the hours of 10:00 a.m. to 11:55 p.m., Monday through Saturday and from 12:30 p.m. to 11:30 p.m. on Sunday.

CITY OF BALL GROUND
BALL GROUND, GEORGIA 30107
PHONE 770-735-2123

Agenda Dates: _____
AD Dates: _____
Signs Posted: _____
Decision: _____
License #: _____

Application for New Alcoholic Beverage License
APPLICATION FEE - \$375.00

☐ Sole Proprietorships ☐ Partnership/Corporation

Type of license: (Check Appropriate Spaces)

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

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

Name	Lesser or Sub-lessor	Address	Relation to applicant or owner(s)
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18. List the person(s) that will be managing this business.

Name	SS#	Address
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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.

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 is not given for any reason.

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).

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.

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

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.

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....)

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. Does 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.

11. Are you or your spouse related to anyone who has ownership or is employed in 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.

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 ()	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.

GEORGIA, 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
INFORMAITON 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
PRIVELEDGED ALOCHOLOIC 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

CITY OF BALL GROUND
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
NOTICE OF INTENT TO ENGAGE IN BUSINESS

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 lease 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 and such notice shall contain the following:

<p>CITY OF BALL GROUND</p> <p>APPLICATION FOR _____</p> <p>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.</p>
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****A tear sheet or copy of the AD Proof must be provided to the City Clerk showing the Ad and the dates the Ads will be run on. ****

CITY OF BALL GROUND
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
SIGN TO BE POSTED AT LOCATION

Pursuant to Municipal Code Chapter 4 Section 4-49(c) relating to Advertising with the intent to engage in business states that the applicant shall be caused to be placed upon the location of the proposed business a sign or signs state the following:

<p>NOTICE ALCOHOLIC BEVERAGE LICENSE APPLIED FOR</p> <p>All interested persons take notice. A hearing before the Mayor and City Council of the City of Ball Ground shall be held on _____ and a 2nd Reading will be _____ located at 215 Valley Street Ball Ground, GA 30107 to hear the following request.</p> <p>TYPE OF APPLICATION: _____</p> <p>APPLICANT NAME: _____</p> <p>BUSINESS ADDRESS: _____</p>

The sign or signs shall not be less than twenty-four (24) inches by eighteen (18) inches and shall face toward all public streets, sidewalks or other public property, which adjoins in the locations as to be clearly legible by persons using such public areas. The notice required herein shall be placed on the property for two (2) consecutive weeks (fourteen (14) days) immediately prior to the hearing before mayor and council.

The following affidavit must be filled out and filed with the City Clerk along with a picture copy of the sign posted.

I, _____, do solemnly swear that the foregoing is a true and correct representation (picture) of the notice posted on the proposed location for a Malt beverage and Wine License in conformity with Chapter 4, Section 4-49(c), of the Malt Beverages and Wine License Ordinance of the City of Ball Ground, Georgia.

Signature of Applicant

Sworn to and subscribed before me this

_____ day of _____, 20____.

Notary Public, Georgia, State at Large

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) _____

Purpose Code Used (check one):

Note: Only one inquiry may be performed per consent form.

Notary Stamp

NON-CRIMINAL JUSTICE PURPOSES

<input type="checkbox"/>	E	Adoption
<input type="checkbox"/>	E	Apartment
<input type="checkbox"/>	E	Employment _____
<input type="checkbox"/>	E	Licensing _____
<input type="checkbox"/>	E	Raffle Permit
<input type="checkbox"/>	E	Volunteer _____
<input type="checkbox"/>	M	Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	N	Employment direct care with Elderly
<input type="checkbox"/>	W	Employment direct care with Children
<input type="checkbox"/>	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)