

City of Claxton

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Date: _____

Email: _____

This application is made pursuant to the terms and conditions of the City of Claxton alcoholic ordinance, chapter IV (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

To the City Council of Claxton, Georgia:

(1) Name of applicant: _____

DOB/SSN: _____

Driver's license number: _____

Present address: _____

(2) Applicant d/b/a: _____

Location: _____

(3) Are you a citizen of the United States? Yes: No:

(4) If the business was licensed last year, to whom? _____

(5) This application is being made for (check one):

off-premises consumption on-premises consumption

(6) Have you been convicted of a felony, or of any violation of the laws of this state, or any other state, relating to the state of alcoholic beverages or the sale of drugs within five years prior to the date of this application? Yes: No:

If yes, give details, attach additional sheet(s) if necessary

Applicant herewith submits the appropriate annual fee as set forth in the city of Claxton alcoholic beverage ordinance VIII. (a) (b) (c) and acknowledges that said fees are non-prorated and non-refundable. Applicant also acknowledges that said fees are due and payable on January 2nd of each year. All licenses shall be penalized twenty-five dollars (\$25.00) cost and ten (10) percent of the license fee per month or a fraction thereof, if paid, after January 2nd, and, if such license fee has not been paid by the thirty-first day of January of each year, together with the penalty, if any, a citation will be issued directed to the licensee, requiring him/her to appear before the recorder's court of the City of Claxton to be charged and tried for such offense and violation.

Upon renewal of said license, applicant will review this application and inform the mayor and city council of any changes to be made therein. Failure to do so will result in invalidation of the renewal application and revocation of the renewal license.

Applicant acknowledges receipt of a copy of the city of Claxton alcoholic beverage ordinance, as amended, and states that he/she has read same and hereby agrees to the terms and conditions set forth in same and agrees to operate under the guidelines in said ordinance.

Applicant hereby swears that the information set forth in the within and foregoing application is True and complete to the best of his knowledge and belief and acknowledges that any misstatement or concealment of fact shall be grounds for revocation or suspension of any license issued in response to this application and shall make applicant liable to prosecution for perjury under the laws of the State of Georgia.

(7) Employment record for the past ten (10) years. List most recent first. Describe Duties performed and salary received.

Name: _____

Complete address: _____

Telephone number: _____

Duties: _____

Salary: _____ per/ () hour () week () month () annual

Name: _____

Complete address: _____

Telephone number: _____

Duties: _____

Salary: _____ per/ () hour () week () month () annual

Name: _____

Complete address: _____

Telephone number: _____

Duties: _____

Salary: _____ per/ () hour () week () month () annual

- (8) List names, social security number, date of birth, driver's license number, and address of any other individual having in interest in this business. (Attach separate sheet if necessary)

Name: _____

Social security number: _____

Date of birth: _____

Driver's license number: _____

Address: _____

- (9) Are you the owner of the premises for which the license is being applied, or the holder of any lease thereon? Yes: No:

If yes, attach copy of lease (Attach additional sheets if necessary):

- (10) If you are the owner, are you actively involved, and solely responsible for the management and operation of the business for which the license is being applied? Yes: No:

(b) If the business is a partnership, are you the partner primarily responsible for the management and operation of the business? Yes: No:

(c) If the business is a corporation or unincorporated association, are you the president or vice president, or the person designated by appropriate resolution to be solely responsible for the management and operation of the business? Yes: No:

- (11) Have you furnished a complete set of fingerprints to the Georgia Bureau of investigation for the purposes as set forth in O.C.G.A. Section 3-3-2 (c)?

Failure to do so will render this application invalid. Yes: No:

I hereby certify that I have investigated the foregoing application.

Investigating officer

Title

Approved on this date: _____

Disapproved/Denied on this date: _____

