CITY OF ADEL APPLICATION FOR ALCOHOLIC BEVERAGES LICENSE INDIVIDUAL APPLICANT – MANAGEMENT OF DAY-TO-DAY OPERATIONS

Check one:New Ap	plication	_Renewal Ap	plication	Amend	ed Application	
NAME OF APPLICANT	DATE			_		
CURRENT RESIDENCE A	DDRESS		Street, P. O. Box)			
(City	State	Zip Code		Cour	ity)	
SOCIAL SECURITY NO	CIAL SECURITY NO		DATE OF BIRTH			
SEXHEIGHT	WEIGHT	TI	ELEPHONE #			
APPLICANT'S PREVIOUS	RESIDENCE ADD	RESSES WI	THIN THE LAST	TEN YEARS:		
(Street	City	State	Zip Code)	From	То	
(Street	City	State	Zip Code)	From	То	
(Street	City	State	Zip Code)	From	То	
APPLICANT'S CURRENT	OR PREVIOUS BU	SINESS AD	DRESSES WITHI	N THE LAST	TEN YEARS:	
(Name of Business	Address			From	То	
(Name of Business	Address			From	То	
(Name of Business	Address			From	То	
NAME, ADDRESS AND N	ATURE OF BUSIN	ESS FOR W	HICH APPLICAT	ION IS DESI	RED:	
NAME AND ADDRESS OF	F OWNER OR OWN	IERS OF BU	SINESS FOR WH	ICH LICENSI	E IS DESIRED:	

HAS APPLICANT AT ANY PREVIOUS TIME **APPLIED** TO A GOVERNMENTAL ENTITY FOR AN ALCOHOLIC BEVERAGE LICENSE? (NO)_____ (YES)_____ IF SO, PLEASE PROVIDE DETAILS AS TO THE GOVERNMENTAL ENTITY APPLIED WITH AND THE CURRENT STATUS OF THAT APPLICATION______

HAS APPLICANT EVER HELD AN ALCOHOLIC BEVERAGE LICENSE ISSUED BY ANY GOVERNMENTAL ENTITY? (NO)_____ (YES)_____ IF SO, PLEASE PROVIDE DETAILS AS TO THE CIRCUMSTANCES OF THAT LICENSE AND THE PRESENT STATUS OF SUCH LICENSE._____

HAS APPLICANT EVER HELD AN ALCOHOLIC BEVERAGE LICENSE ISSUED BY ANY GOVERNMENTAL ENTITY WHICH HAS BEEN SUSPENDED OR REVOKED? (NO)_____ (YES)_____ IF SO, PLEASE PROVIDE DETAILS AS TO THE CIRCUMSTANCES THEREOF______

HAS APPLICANT EVER BEEN CONVICTED OF, ENTERED A PLEA OR NOLO CONTENDERE TO, OR FORFEITED A BOND ON ANY CRIME OTHER THAN TRAFFIC VIOLATIONS? (NO)_____ (YES)_____ IF SO, PLEASE PROVIDE DETAILS AS TO THE NATURE AND CIRCUMSTANCES THEREOF______

WILL APPLICANT BE EITHER DIRECTLY OR INDIRECTLY INTERESTED IN THE PROFITS OR LOSSES OF THE BUSINESS IN WHICH THE LICENSE APPLIED FOR WILL BE UTILIZED? (NO)______ (YES)______ IF SO, PLEASE PROVIDE DETAILS AS TO THE CIRCUMSTANCES THEREOF______

TYPE OF LICENSE DESIRED:

(1)	WHOLESALE MALT BEVERAGE LICENSE	
(2)	RETAIL MALT BEVERAGE PACKAGE LICENSE	
(3)	RETAIL MALT BEVERAGE CONSUMPTION LICENSE	
(4)	WHOLESALE WINE LICENSE	
(5)	RETAIL WINE PACKAGE LICENSE	
(6)	RETAIL WINE CONSUMPTION LICENSE	
(7)	RETAIL DISTILLED SPIRITS CONSUMPTION LICENSE	

THE APPLICANT HEREBY AGREES THAT HE/SHE IS FULLY QUALIFIED IN ALL RESPECTS TO BE THE HOLDER OF AN ALCOHOLIC BEVERAGE LICENSE ISSUED BY THE CITY OF ADEL AND THAT SUCH APPLICANT IS ENTITLED TO HAVE THE LICENSE REQUESTED ISSUED IN ACCORDANCE WITH THE ALCOHOL ORDINANCE OF THE CITY OF ADEL. APPLICANT FURTHER AGREES THAT THE LOCATION WITH RESPECT TO WHICH THE LICENSE IS SOUGHT MEETS ALL CONDITIONS, QUALIFICATIONS AND CRITERIA ESTABLISHED FOR THE LOCATION OF A BUSINESS UTILIZING THE ALCOHOLIC BEVERAGE LICENSE APPLIED FOR. THE APPLICANT HEREBY PROVIDES WRITTEN CONSENT THAT THE CITY OF ADEL HAS THE CONTINUING PERMISSION AND AUTHORITY TO MONITOR THE PUBLIC RECORDS OF THE CITY, COUNTY, THE STATE AND OF THE UNITED STATES TO ENSURE ON-GOING COMPLIANCE WITH THE STATEMENTS SET FORTH IN THIS APPLICATION. ANY LICENSE GRANTED UPON AN APPLICATION THAT DOES NOT CONTAIN SUCH WRITTEN CONSENT SHALL AUTOMATICALLY EXPIRE AT MIDNIGHT ON DECEMBER 31 OF THE YEAR IN WHICH ISSUED. SUCH LICENSE CANNOT BE RENEWED UNDER THE PROVISION OF SECTIONS 6-77 AND 6-79 OF THE ALCOHOL ORDINANCE OF THE CITY OF ADEL. RATHER, THE CITY SHALL TREAT THE REQUEST FOR RENEWAL FOR SUCH LICENSE AS AN APPLICATION FOR A NEW LICENSE UNDER SECTION 6-66.

APPLICANT

I DO SOLEMNLY SWEAR THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER SWEAR THAT, IN THE EVENT THIS APPLICATION IS APPROVED AND A LICENSE ISSUED TO ME, I WILL AT ALL TIMES COMPLY WITH ALL THE PROVISIONS OF THE ORDINANCE OF THE CITY OF ADEL FOR THE REGULATION OF BEER, WINE AND DISTILLED SPIRITS AND I WILL AT ALL TIMES COMPLY WITH THE LAWS OF THE STATE OF GEORGIA REGULATING THE SALES OF BEER, WINE AND DISTILLED SPIRITS. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT ANY VIOLATION OF SAID ORDINANCE BY ME OR ANY EMPLOYEE OF MINE SHALL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING REVOCATION OF MY LICENSE.

DATE

APPLICANT

ATTEST:

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____, DAY OF_____, 20___.

NOTARY PUBLIC OR CITY CLERK

ADDITIONAL REQUIREMENTS:

- (1) A COMPLETE SET OF FINGERPRINTS WITH RESPONSE INFORMATION OF THE APPLICANT ADMINISTERED BY THE COOK COUNTY SHERIFF'S DEPARTMENT UPON PROPER PAYMENT OF ALL FEES.
- (2) A HEAD AND SHOULDER PHOTOGRAPH OF THE APPLICANT, SUCH AS IS CONTAINED ON A STATE DRIVER'S LICENSE, TAKEN WITHIN THE PAST THREE YEARS SHALL BE PROVIDED UPON SUBMITTAL OF THE APPLICATION.