ALCOHOLIC BEVERAGE INFORMATION SHEET
FOR NEW APPLICANTS

PER CITY OF LOVEJOY ALCOHOL ORDINANCE NUMBER 01-10

Terms and phrases used in this application have the meaning assigned to them by the regulations.

Print or type the requested information and complete each section fully.

If there is inadequate space provided, attach a separate sheet with the additional information and corresponding question number.

This application, together with all supporting documentation, and a money order or certified check in the amount of $250.00, payable to "City of Lovejoy", must be submitted to the City of Lovejoy, City Clerk. Be certain to date and sign the forms in all spaces provided. An application will not be accepted nor will processing begin until all requested information has been submitted.

Before signing the application, check all answers, explanations and attachments to insure that each is completed fully and correctly.

ALCOHOLIC BEVERAGE LICENSE APPLICATION

FOR OFFICE USE ONLY

Investigation Fee: _____

Paid by: _____

Date Received: _____

License Fee: _____

Received: _____

License Number: _____

Application for
Calendar Year _____

Received _____

Reviewed by: _____

Approved: _____

Denied: _____

REVIEWED BY:	APPROVED
Police Department	_____
Fire Department	_____
Commercial Building Insp.	_____
Business License	_____
Zoning Administrator	_____
Approved Retail Consumption Dist.	_____
Environmental Health Dept.	_____
Traffic Engineering	_____
Other	_____

****

APPLICANT/LICENSEE

1. Full Name: _____ SS#_____

   Address _____ DOB_____

   City_____ State_____ Zip Code_____

   Sex_____ Race_____ Drivers License #_____ State_____

   Telephone Number (Business) _____ (Home)_____

   Position/Title_____

2. Business for which the license is applied for:
   Business/Corporate Name or Other _____

   DBA Name_____

   Mailing Address_____

   City_____ State_____ Zip Code_____

   Business Location_____ Suite_____

   City_____ State_____ Zip Code_____

   Telephone Number _____

Type of Ownership:
Sole Ownership_____ Partnership_____ Corporation_____

Name
Address
Date of Birth
of all employees (PLEASE ATTACH SHEET)

4. Type of Alcohol License you are applying for:

_____Sales by the drink, malt beverages only, $1,250.00
_____Sales by the drink, malt beverages and wine, $2,000.00
_____Sales by the drink, malt beverages, wine and distilled spirits, $5,000.00
_____Package Sales, $2,000.00

5. Indicate what types of alcoholic beverages will be for sale or consumption at your place of business:
Malt Beverages (Beer)_____ Wine_____

6. Ownership information: Name each person that has ownership or interest in this business, and indicate percentage of ownership:

_____

_____

7. General Manager of particular business location:

_____

8. If applicant is a corporation, was the corporation incorporated in the State of Georgia or is it registered to do business in the State of Georgia? _____, Give the following information of the corporation's registered agent to receive process:
Name: _____
Address: _____
City: _____State_____Zip Code____
Telephone Number: _____

9. If application is for a corporation, have any of the stockholders owning 5 percent or more of the corporation's stock been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude?
If yes, explain.

_____

10. Does the business operation or, where applicable, corporation have any interest in a wholesale license or retail consumption?
If so, explain.

_____

11. Has any person, firm, partnership or corporation, which would have an interest in the license ever violated a Federal, State, County, or City law, statute, or ordinance, or any regulation regarding alcoholic beverage, their sale distribution or manufacture? If so, explain.

_____

12. Has any person, firm, partnership, or corporation, which would have an interest in the license, ever had an alcoholic beverage or business license suspended or revoked by the State of Georgia, or any political subdivision thereof?
    If so, explain.

_____

13. Describe the business operation.

_____

14. If this application is for a retail consumption license indicate the seating capacity for the premises as established by the Clayton County Fire Marshal._____

15. If this application is for a retail dealer license, indicate the monetary amount of inventory of food, tobacco products, household supplies and periodicals. (Note: Automotive supplies are not to be considered in determining this amount.)_____

16. Is the business located less than:

Retail Dealer	Retail Consumption
100 Yards from a church _____	100 Yards from a church _____
200 Yards from a school building or grounds, educational building or college campus._____	200 Yards from a school building or grounds, educational building or college campus._____
100 Yards from an alcoholic treatment center._____	100 Yards from an alcoholic treatment center._____

17. Provide Blue Print or scale drawing of building. Also, survey of property.

1. FULL NAME: _____ S.S.# _____
ADDRESS: _____ DOB _____ RACE _____
CITY: _____ STATE: _____ ZIP _____ SEX _____
COUNTY OF _____, GEORGIA D.L.# _____ STATE _____
TELEPHONE NO. (BUSINESS) _____ (HOME) _____

2. Indicate whether you are the owner, co-owner, corporate officer, other _____
   Indicate percentage of ownership: _____

3. Are you a citizen of the United States of America? _____
   If not, are you a permanent, registered alien? _____
   Registration No. _____ Native Country: _____

4. Are you and have you been a resident of the State of Georgia for one year preceding the date of the application: _____ Attach Certificate of Residence from the Probate Court of your county of residence.

5. List, in reverse chronological order, your legal residences for past 10 years:

FROM	TO	ADDRESS

6. Within the 10 years immediately preceding the date of the application, have you been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude? If yes, explain.

   _____

7. Do you have an interest in any wholesale dealer license? If so, explain.

   _____

8. Do you have an interest in any retail dealer license? If so, explain.

   _____

9. Do you have an interest in any retail consumption license? If so, explain.

   _____

CERTIFICATE OF RESIDENCE
FOR CONSUMPTION ON PREMISES APPLICANTS ONLY

STATE OF GEORGIA
COUNTY OF _____

I, _____, Judge of the Probate Court for _____ County, Georgia, hereby certify that _____ is now a bona fide resident of the State of Georgia for one year and the County of _____ for one year immediately preceding this date based upon the affidavit of applicant and the evidence submitted therewith.

IN WITNESS, WHEREOF, I have herewith set my hand and affixed the seal of said Probate Court, this _____ day of _____, 20_____.

_____
Judge of the Probate Court
_____ County, Georgia

VERIFICATION

State of Georgia
County of Clayton

I, _____, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that I have a copy of the alcoholic regulations from the City of Lovejoy, that I have read and understand these regulations and that the statements, answers and information given by me as the Applicant in this application for a City of Lovejoy Malt Beverage and/or Wine Consumption License are true and correct.

_____
Applicant's Signature

Sworn to and subscribed before me this _____
day of _____, 20_____.

_____
Notary Public

VERIFICATION

STATE OF GEORGIA
COUNTY OF CLAYTON

I, _____, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that the statements, answers and information given by me on this form and any attachments thereto are true and correct.

_____
Proposed Licensee's Signature

Sworn to and subscribed before me
this _____ day of _____, 20___.

_____
Notary Public

CITY OF LOVEJOY
2601 STEELE ROAD
LOVEJOY, GEORGIA 30250
770/471-2304 FAX 770/471-6499

CONSENT FORM

MUST BE PRINTED OR TYPED IN ORDER TO BE ACCEPTED FOR PROCESSING

I hereby authorize the Clayton County Police Department and the City of Lovejoy City Clerk to receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Name of Business _____
Business Address _____
City and State, Zip Code _____

****

Name in Full _____
Last First Middle Maiden

Address _____

City _____State_____Zip_____Phone #_____

Sex_____Race_____ Date of Birth_____

Place of Birth_____SS#_____

Driver's License No. _____State_____ (Attach A Copy)

Color of Eyes_____Hair_____Height_____Weight_____

Employment Date _____

Last residence prior to current address _____

Have you ever been convicted of any violation of the law?_____If yes, disclose all criminal convictions other than misdemeanor traffic violations including the dates and place of conviction(s) and nature of the offence(s)_____

_____

_____

_____

_____

Are you a U.S. Citizen?____If not, list immigration registration number_____ and attach a copy.

I DO HEREBY SWEAR THAT THE ABOVE IS TRUE AND CORRECT UNDER THE PENALTY OF GEORGIA STATE LAW 16-10-71 FOR FALSE SWEARING AND 16-10-20 FOR FALSE STATEMENTS.

_____
SIGNATURE

Sworn to and subscribed before me this _____ day
of _____, 20___.

_____
Notary Public

TO: JOYCE MADDOX

COMPANY: CITY HALL

FAX NUMBER: 770-471-6499

FROM: PATRICIA SELLERS

FAX NUMBER: 704-642-0078

DATE: FEBRUARY 19, 2008

REGARDING: BEER / WINE APPLICATION

TOTAL NUMBER OF PAGES INCLUDING COVER: 1

PHONE NUMBER FOR FOLLOW-UP: 704-642-0023 X 113

☐ URGENT ☐ REPLY ASAP ☐ FOR COMMENT ☒ FOR REVIEW ☒ FOR YOUR INFORMATION

Hello Joyce,
I will make a copy of the application and mail the original back to you as soon as I receive it.

Have a good day!

Patricia

Make Copies

ALDI INC. SALISBURY
1985 OLD UNION CHURCH ROAD SALISBURY, NC 28146