APPLICATION

2022

LICENSE TO SELL ALCOHOLIC BEVERAGES

CATOOSA COUNTY, GA

- FOR ADDITIONAL INFORMATION, PLEASE CONTACT THE CATOOSA COUNTY ZONING OFFICE. 706-965-3787
- PLEASE PRINT ALL REQUESTED INFORMATION CLEARLY USING DARK INK
 NOTE: IF ADDITIONAL SPACE NEEDED FOR ANSWERS, PLEASE ATTACH SUPPLEMENTAL SHEETS.

APPLICATION MUST BE COMPLETED ENTIRELY OR IT WILL NOT BE ACCEPTED

Certification for Receipt of Copy of Catoosa County Ordinance for Alcoholic Beverages

Business Nan	me:	Andrews of the Andrew
Address:		
Check	ck all that apply:	
	(butc)	
		(Date)
entitle This is but no	is to certify that I have received and read the Catoosa County Code led Alcoholic Beverages. is to certify that I understand the rules and regulations required by not inclusive of the following: Hours of Operation Sale to Underage Persons Change in Manager of Business Renewal of License s to certify that I understand that a copy of this Ordinance shall remeated for my establishment permanently.	Catoosa County
	Signature	
Not	otary Title	
	Date	

*Signed form to be returned with completed application.

APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES CATOOSA COUNTY

(Please print all requested information clearly - use dark ink)

Date of Application:		Received by:	PP P P P P P P P P P P P P P P P P P P		
Type of Application:	(Check all that apply) Renewal	☐ Change in Management			
Beer ☐ Retail Package	<u>Wine</u> ☐ Retail Package	Growler Distilled Spirits	Special Event		
On PremiseConsumption	□ On PremiseConsumption	C +	Description		
Licensee or Agent - F	icensee or Agent - Full Name:				
Business Address:			N.A. Silvania de Alexandro, igrapo que que que a se a se que a se		
Date of Birth:	Place of Birt	h: U.S. Citizen	□ Yes □ No		
Social Security Numb	per:	Driver's License Number:			
Home Address of Licensee or Agent:					
Home Telephone Nur	mber:	Cell Number:			
County Resident: 🗆	Yes, Years D No	Georgia Resident: ☐ Yes, Years	□ No		
pouse Name		U.S. Citizen	□ Yes □No		
iocial Security Numb	er:	Driver's License Number			

APPLICATION FOR ALCOHOL LICENSE

OCCUPATION:	For the past seven years (chronological order, name of company, immediate supervisor, and dates of employment)
1.	
5.	
6	
stockholder, ever crime (whether distribution of a	nt, or any individual having a controlling interest either as owner, partner or er been convicted, entered a plea of guilty or nolo contendere to any felony or a felony or misdemeanor) involving the illegal sale, possession, transportation or lcoholic beverages of any type? No No , person charged, offense, location, and disposition of each offense.
1.	
2	
3	
Note: If a Business Title:	additional space needed, please attach supplemental sheets.
1. Legal Name o	f Business:
2. Trade Name:	
	ress:
	er:

Application for Alcohol License

MANNER OF OPERATION

Corporation - If operating a Corporation, list all of the officers and addresses below.
1
2.
3.
4
Partnership - If operating as a Partnership, list the name and address of each partner.
1
2
3
4
Have any of the above ever applied for an alcoholic beverage license and been denied? ☐ Yes ☐ No Revoked ☐ Yes ☐ No
f any answer above is yes, give name and address of applicant below:
·

PAGE 6a

APPLICATION FOR ALCOHOL LICENSE

Complete the requested information below (CIRCLE ONE) BUSINESS OWNER, REGIONAL MANAGER, DISTRICT MANAGER PLEASE PROVIDE A VALID PHOTO-ID

Name:	Address	
Date of Birth:	Place of Birth:	U.S. Citizen ☐ Yes ☐ No
Social Security Number:	Drive	er's License Number:
Spouse Name		U.S. Citizen □Yes □No
		er's License Number:
		ed a plea of guilty or nolo contendere in charged, offense, location, and
1.		
nearest property line of any "b Georgia Alcoholic Beverage Ord business outlet is to be operate OTHER LIABILITIES: 1. Are you familiar with the Car Laws and Regulations governing 2. Do you agree and understan Beverages Commission to answ I have completed all areas on th County. I agree to abide by the thereto. I further agree to prov a completed Criminal Hi business and FOR ON PREMISE CO	iree hundred (300) feet, muilding" as stated in Sec. 6 dinance, to the nearest coned? Yes No	In the additional information? If yes No o sell alcoholic beverages in Catoosa verages Ordinances and Amendments the following: Initiation of the active manager of the stompleted CERTIFICATE OF
Signature of Applicant/Licenso	ee, Date	NOTARY (Seal Required), Date



P.O. Box 909 • 5842 Highway 41 • Ringgold, Georgia 30736 • Phone (706) 935-2424 • Fax (706) 965-9096

Criminal History Record Information Consent Inquiry Form

I hereby give consent for the Catoosa County Sheriff's Office to conduct an inquiry and receive any Georgia criminal history information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

		WIE	ddle Name	ast Name
Sex	Race			
	r-water	Dat	te of Birth	Social Security Number
Address (Number	Street, City, State, Zip)			·
(oueec Cny, State, Zip)			
Signature				
			Date	Paone #
TOTAL .				
DECITON 1	(To be comple	ted by person reque	sting information)	
Pur	rpose for reque	st (check one)		
***************************************	Employmen	t (E) - Provides Ge	Orgia Criminal III	story Record Information
***************************************	Employmen	t with Mentally Di	sabled (M) _ D	story Record Information
	Employmen	t with Elder Care	(N) - Provides Ga	story Record Information rides Georgia Criminal History Record Information orgia Criminal History Record Information
	cmpioymen	t With Children 🙉	Λ D	Thistory Record Information
	_ ruduc Recor	rds (P) – Provides C	icorgia Felony Co	nvictions Only
ECTION 2	(Taba			······································
-CAIUN Z	t 10 be complete	ed by Agency provide	ding Criminal His	tory Record Information)
The	inquiry resulte	d in the following:	(check all that ar	pily)
	NO	Georgia CHRI	results available	e.
		NCIC/GCIC WAR		
	Possi	hia NOTOTOTA		
	1 0351	ble NCIC/GCIC W	arrant. Cont	act Wanting Agency:
	C			Agency Telephone
	Georg	gia CHRI attached/	released.	Agency Telephone:
GCIC				
	iry Time	ARN		
		ARIA	Agency Desig	gnee Signature / Title Date
CTION 3	The			
	This section	must be completed	l by the person w	ho the history is on at time of receipt
	and I am the		at	test that this is my Georgia Criminal History n from the Catoosa County Sheriff's Office.
ormation	and rain the p	person receiving	this informatio	n from the Catoosa County Sharing Oca
ormation a	, I nave review	ved the informat	ion contained h	grein and do not discuss Sheriff's Office.
ormation thermore,				The same of the dispute any information
viuca in n	NV Criminal h		HOAC WINE DISCOUR	
ormation of	ny criminal hi Contained here	ain milatii. Co 1		made aware that should I dispute any
ormation of the Car	ny criminal hi contained here toosa County	ein within 60 day	s of the receipt	of my criminal history information I should
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ormation of the Car	ny criminal hi contained here toosa County	ein within 60 day	s of the receipt	of my criminal history information I should
ormation of ify the Cateriff's Offi	ny criminal hi contained here toosa County	ein within 60 day	s of the receipt	made aware that should I dispute any
ormation of the Car	ny criminal hi contained here toosa County	ein within 60 day	s of the receipt	of my criminal history information I should the specifics of my dispute at Catoosa County 2909, Ringgold, GA 30736.
ormation of the Care of the Ca	ny criminal hi contained here toosa County	ein within 60 day	s of the receipt	of my criminal history information I should

Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a(n) Business Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. Section § 50-36-1, from Catoosa County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:.

SUBSCRIBED A BEFORE ME OI		Signature of Applicant: Printed Name of Applicant:	Date
SUBSCRIBED A BEFORE ME OI	ND SWORN N THIS THE	Signature of Applicant:	Date
		Signature of Applicant:	Date
Executed in	(city)	Signature of Applicant:	Date
Executed in	(city)		
Executed in	(city)		_(state).
willfully make:	above representation under oath, I uns a false, fictitious, or fraudulent state of O.C.G.A. § 16-10-20 and face crimin	ment or representation in an aff	knowingly and fidavit shall be guilt
The secure an	d verifiable document provided with t		
	ed applicant also hereby verifies that ast one secure and verifiable docume avit.		
	federal immigration agency is:		**************************************
	My alien number issued by the Dep		
	Security or other federal immigration	on agency.	
	I am a qualified alien or r and Nationality Act with an alien nu		_
3)			
3)			
2) 3)	I am a legal permanent r	esident of the United States	

APPLICATION FOR ALCOHOL LICENSE

STORE MANAGER - Complete the requested information below for the active manager of the business:

	SE PROVIDE A VALID P	
Name:	Address	
		U.S. Citizen ☐ Yes ☐ No
		License Number:
Spouse Name		U.S. Citizen □Yes □No
Social Security Number:	Driver's	License Number:
to any felony? Yes No If ye disposition of each offense.	een convicted or entered as state the date, person ch	a plea of guilty or nolo contendere harged, offense, location, and
1.		
PROXIMITY OF BUSINESS to the fo 1. Is business located within three nearest property line of any "build Georgia Alcoholic Beverage Ordina business outlet is to be operated? OTHER LIABILITIES: 1. Are you familiar with the Catoo: Laws and Regulations governing th 2. Do you agree and understand th Beverages Commission to answer a have completed all areas on this a County. I agree to abide by the app hereto. I further agree to provide a completed Criminal Histor business and FOR ON PREMISE CONSI OCCUPANCY from the Chief	e hundred (300) feet, meas ling" as stated in Sec. 6-214 ance, to the nearest corner Yes No sa County Ordinances, State operation of this type of nat you may be required to any questions or furnish ad application for license to se propriate Alcoholic Beverage with this application the for y Consent Form (Notarized y Consent Form (Notarized UMPTION LICENSE, a comp	1. (a) (c) of the Catoosa County, of the building in which the see Law and Regulations, Federal business? Yes No appear before the Alcoholic ditional information? Yes No Il alcoholic beverages in Catoosa ges Ordinances and Amendments ollowing: 1) for myself, and 1) for the active manager of the olleted CERTIFICATE OF
Signature of Applicant/Licensee, [Date	NOTARY (Seal Required), Date



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Criminal History Record Information Consent Inquiry Form

I hereby give consent for the Catoosa County Sheriff's Office to conduct an inquiry and receive any Georgia criminal history information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

	Middle Name	Cast Name
Sex Race	Date of Birth	Social Security Number
Address (Number, Street, City, State, Zip)	
Signature	Date	
		Phone #
	leted by person requesting information)	
Purpose for requ	est (check one)	
Employme Employme Public Rec	ent with Children (W) – Provides Georgerds (P) – Provides Georgia Felony Con	des Georgia Criminal History Record Information rgia Criminal History Record Information ia Criminal History Record Information victions Only
ECTION 2 (To be comple	eted by Agency providing Criminal Histo	ory Record Information)
The inquiry resul	ted in the following: (check all that ap	ply)
	O Georgia CHRI results available	
) NCIC/GCIC WARRANT results ava	
Pos	ssible NCIC/GCIC Warrant. Conta	ct Wanting Agency:
Geo	orgia CHRI attached/released.	Agency Telephone:
GCIC		
Inquiry Time	ARN Agency Desig	nice Signature / Title Date
ECTION 2 The section		
ECTION 3 This section	on must be completed by the person w	ho the history is on at time of receipt
	.	toot that the table to the control of the control o
oformation and I am the urthermore, I have review in my criminal formation contained he	at person receiving this information iewed the information contained he history report. I have also been erein within 60 days of the receipt	test that this is my Georgia Criminal History in from the Catoosa County Sheriff's Office, terein and do not dispute any information made aware that should I dispute any
nformation and I am the urthermore, I have revitorized in my criminal formation contained hotify the Catoosa Coun	at person receiving this information iewed the information contained he history report. I have also been erein within 60 days of the receipt	test that this is my Georgia Criminal History in from the Catoosa County Sheriff's Office. Herein and do not dispute any information made aware that should I dispute any to f my criminal history information I should the specifical of the specific
nformation and I am the urthermore, I have revi rovided in my criminal aformation contained ho tify the Catoosa Coun	at person receiving this information iewed the information contained he history report. I have also been serein within 60 days of the receipt aty Sheriff's Office in writing with	test that this is my Georgia Criminal History in from the Catoosa County Sheriff's Office. Herein and do not dispute any information made aware that should I dispute any to f my criminal history information I should the specifical of the specific

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1)	lan	n a United States citize	en.	
2)	lan	n a legal permanent re	esident of the United States.	
3)	and Nationalit	n a qualified alien or n y Act with an alien nu ner federal immigratio	on-immigrant under the Fede mber issued by the Departme n agency.	eral Immigration ent of Homeland
	My alien numb	per issued by the Deparation agency is:	artment of Homeland Security	or other
The undersign provided at least with this affidation	ist one secure ar	hereby verifies that he hereby verifies that he	ne or she is 18 years of age or t, as required by O.C.G.A. § 5	older and has 0-36-1 (e)(1),
The secure and	l verifiable docur		is affidavit can best be a class	
willully makes	a false, fictitious	ation under oath, I und , or fraudulent statem	derstand that any person who nent or representation in an a I penalties as allowed by such	knowingly and
			Signature of Applicant:	Date
			Printed Name of Applicant	:
SUBSCRIBED AN BEFORE ME ON DAY O	THIS THE	, 20		
Notary Public		My Commission Expire		

PROPERTY OWNER VERIFICATION FORM Application for Alcohol License

OWNERSHIP OF BUSINESS PROPERTY

l, as owner of the property located at				
do acknowledge and agree that alcoholic b				
	Signature of Property Owner:	Date		
	Printed Name of Property Owner:			
SUBSCRIBED AND SWORN BEFORE				
ME ON THIS THE DAY OF, 20				
Notary Public				
My Commission Expires:				

Application for License to Sell Alcoholic Beverages – Check-off sheet <u>CATOOSA COUNTY</u>

1. Criminal History Investigation by Catoosa	County Sheriff's Department	
Applicant's Name: Manager's Name:		
Cleared: □ Yes □ No	Cleared: Yes No	
	5,000,000 E,140	
Date:	Date:	
Signed:	Signed:	
(Zoning Administrator)	(Zoning Administrator)	
2. Code Enforcement/Chief Building Official		
Name of Business:	Address:	
Zoning Designation:		
Number of Seats in Building:	Occupancy Type:	
Adequate Number of Parking Spaces:	Applicable Business License:	
☐ Yes ☐ No		
Building Official Approval	New Construction ☐ Yes ☐ No	
Date: Plans Reviewed ☐ Yes ☐ No		
Building has front entrance clearly visible fron	n public street: 🗆 Yes 🗀 No	
	No Date:	
Comments:		
Fees Paid		
Business License Fee Paid/License #		
Signed:	Amt: \$ Date:	
(Zoning Administrator)	A	
Application forwarded to Alcoholic Beverages	Approval Date:	
Date:	Commission for Action	
Action by Alcoholic Beverages Commission: M	Legting Dato:	
Dusty Bridges, Chairman	Approved (2) Vo. (201)	
Odell Garrett	Approved 🗆 Yes 🗆 No	
Yvonne Morgan	Approved D Voc. DNo	
Ernest Pursley	Approved Yes DNo	
Benjamin Scott	Approved Yes INO	
Comments:	Approved (1 res (1)NO	

Note: If additional space is needed for answers, please attach supplemental sheets.

APPROVAL OF ALCOHOLIC BEVERAGE LICENSE

* APPROVAL OF ALCOHOLIC BEVERAGE LICENSE
<u>NEW</u> Alcoholic Beverage License (Original Application) for the year
RENEWAL of the Alcoholic Beverage License for the year
*DISAPPROVAL OF ALCOHOLIC BEVERAGE LICENSE
NEW Alcoholic Beverage License (Original Application) for the year
Reason for the disapproval:
RENEWAL of the Alcoholic Beverage License for the year
Reason for the disapproval of the renewing of the Alcoholic Beverage License:
Chairman, Alcohol Beverage Commission
DATE