



APPLICATION FOR BEER/ WINE/ALCOHOL LICENSE

For License Year **2024** (Expires December 31st)

INSTRUCTIONS: Every question shall be fully answered (typewritten, or printed in ink). If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed with the Police Department, together with all supporting papers and certified check, cashier's check, or cash, for the exact fee.

1. TRADE NAME OF BUSINESS:

Business Address: _____

Business Phone: _____ Owner Name: _____

Email Address: _____

Georgia Sales Tax No.: _____ Federal Employee ID No.: _____

2. APPLICANT/OWNER: License Holder's Name (No initials, spell out all names)

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____

If less than five years, list previous address:

Home phone #: _____ Work phone #: _____ Cell #: _____

3. MANAGER OF BUSINESS: (No initials, spell out all names)

Name: _____

Address: _____

Home phone #: _____ Work phone #: _____ Cell #: _____

Date of Birth: _____ SSN: _____

I hereby certify as the applicant that I have received, read, and understand the City of Flowery Branch's regulations controlling alcoholic beverages and herein make application for:

Package Sales

_____ Beer \$ 700.00
 _____ Wine \$ 700.00
 _____ Distilled Spirits \$5,000.00

Consumption on Premises

_____ Beer \$ 700.00
 _____ Wine \$ 700.00
 _____ Distilled Spirits \$4,000.00

Wholesale

_____ Beer \$ 150.00
 _____ Wine \$ 150.00
 _____ Distilled Spirits \$ 150.00

Caterer

_____ Beer \$300.00
 _____ Wine \$300.00
 _____ Distilled Spirits \$300.00

Tasting Permit

_____ Beer \$50.00
 _____ Wine \$50.00

Miscellaneous

_____ Brew Pub \$5,000.00
 _____ Wine Corkage \$ 150.00
 _____ Transfer Fee \$ 200.00
 _____ Amenities Fee \$ 100.00
 _____ Amenity Permit \$ 200.00

Total Due \$ _____

a. Has this place of business or anyone connected therewith been cited or charged at any time with any violation of State or Federal law or regulation, or any rule or regulation of the City of Flowery Branch, or Hall County since the last application? Yes _____ No _____
 (If yes, give details on separate sheet.)

b. Has anyone (including anyone having any interest in this application) been convicted of driving under the influence within the past five (5) years? Yes _____ No _____

c. Has anyone (including anyone having any interest in this application) had their license revoked by any municipality, county, state or federal government?

Yes _____ No _____

(If yes, give reason)

Reason: _____

d. List all pertinent information for each person, firm, or corporation having any interest in this application and the type and percent of that interest:

Name	Address	Birth date	S.S. #	% Interest

4. List full name and address and other pertinent information of the owner of the building and the name and address of the owner of the land and the name and address of all lessors and sub lessors. **(Attach a copy of the lease or deed if it has changed since the last submittal.)**

Owner, Lessor, Sub lessor	Address	Payments

5. List all other businesses engaged in the sale of alcoholic beverages that any person, firms, or corporations herein listed are interested in, employed by or associated with in any way whatsoever.
(Attach list if necessary).

Business Name	Address

OATH OF APPLICANT

I do solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within five (5) days of the change. Failure to make such amendment shall be a cause for the suspension or revocation of any license issued.

A copy of the Alcoholic Beverage Ordinance is to be kept on the licensed premises at all times.
(If you are in need of a replacement copy please pick one up at the Police Department)

Applicant's Signature

Title

Name of Business

Sworn to and subscribed before me this _____ day of _____, 202__.

Notary Public

My Commission Expires:

Affidavit Verifying Status for City Public Benefits Application

By executing this affidavit under oath, as an applicant for a City of Flowery Branch, Ga. Business License, Alcoholic Beverage License, contract or other public benefit as referred in O.C.G.A. Section 50-36-1, I am Stating that the following with respect to my application for a City of Flowery Branch Business License, Alcoholic Beverage License, contract or other (circle one) for

(Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity)

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States*

In making the above representative under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

Alien Registration number for non-citizens*

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public Signature

Commission Expires

*Note" O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another indentifying number below

I hereby authorize Flowery Branch Police Department to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)	Phone No.		
Address			
Sex	Race	Date of Birth	Social Security Number

Restaurant : _____

**** COPY OF DRIVERS LICENSE MUST BE ATTACHED ****

Signature

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.

NON-CRIMINAL JUSTICE PURPOSES		
<input type="checkbox"/>	E	Employment/Internship
<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 checked="" type="checkbox"/>	E	Alcohol Permit/Licensing
<input type="checkbox"/>	C	Police Ride Along
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
<input type="checkbox"/>	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
<input type="checkbox"/>	J	Civilian Criminal Justice Employment (state and III data received)
<input type="checkbox"/>	Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

Agency Designee Signature and Title

Date



What is the “registered agent?”

Section 8-179 – Must be a resident of Hall County

The registered agent is the “mailbox” for the business. He or she is the person or entity designated by the business to receive any lawsuit or other official communication on its behalf. The registered agent may or may not be an owner, shareholder or officer of the corporation. Many corporations/businesses use their attorney or a professional corporate service company for this service. The registered agent’s address must be a street address in Hall County, and the agent must be located at that address. Please review O.C.G.A. 14-2-501 (profit) or 14-3-501 (nonprofit). A post office box or “mail drop” may not be used as the registered agent address. **NOTE: Attach a copy of driver's license and proof of Hall County residency, ie; phone or utility bill, that reflects the address listed by the Registered Agent.**

I _____ representing _____ (Name & title)

(Business Name)

_____ appoint
(Address of business)

_____ as the resident agent.
(Name of person)

I authorize said agent to accept process notice or demand upon

_____ under the alcoholic beverage ordinance of Flowery Branch
(Business Name)

Signature

Notary Signature

Commission Expires



REGISTERED AGENT CERTIFICATION

Section 8-179 – Must be a resident of Hall County

Name _____

Physical Home Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell _____

E-mail address _____

Date of Birth: _____ SSN: _____

ADDITIONAL CONTACT INFORMATION

Place of employment _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I hereby certify that I am a permanent resident of **Hall County**, Georgia and agree to serve as a “registered agent” on behalf of _____
(Business Name)

located at _____, Flowery Branch, Hall County, Georgia until December 31, 2023. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Malt Beverage and Wine Code of Flowery Branch, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

If for any reason I am unable to serve as the “registered agent” on behalf of the above named business, I understand that it is my responsibility to contact the City of Flowery Branch Police Department advising that I will no longer serve as the “registered agent” for the above named business.

Sworn and subscribed before me this _____ Day of _____, 20____.

Notary Signature

Signature of Registered Agent

Date

LIST OF EMPLOYEES FOR ALCOHOL-LICENSED BUSINESS (NON-MANAGERS)

Business Name:

Alcohol License #:

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

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Date of Birth:		Phone:	
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Employee Name:		Title:	
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Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

ATTENTION RETAIL PACKAGE LIQUOR APPLICANT:

Before filing for a state license to sell liquor in the unbroken package you are required to place an ad in the legal organ of the county in which you intend to open a package liquor store. In the case of the city of Flowery Branch you will place the ad with The Gainesville Times. O.C.G.A. 3-4-27 states that the notice shall be in large boldface type and shall state:

1. The type of license for which application has been filed;
2. The exact location of the place of business for which a license is sought;
3. The names and addresses of each owner of the business; and
4. If the applicant is a corporation, the names and titles of all corporate officers

The state further requires that proof of publication of the required notice shall be attached to the application for a retail dealer license. This ad will not be required to be obtained for the renewal of a license.

Prior to running the ad, please check with the State of Georgia, Department of Revenue to make sure all Ad requires are met.

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date



Applicant Fingerprint Registration Instructions

Step 1: Register on Fieldprint Website

- A. Go to Gemalto website at <https://www.fieldprintgeorgia.com>
 - 1. Works best in Chrome
- B. Create a user profile/ If you are a new user click SIGN UP
- C. You will then read over the E-Sign Act Disclosure and Consent Agreement
- D. Continue creating your account.
- E. An email will be sent to your provided email address, you will need to enter that code and click COMPLETE REGISTRATION
- F. You will now have the choice to choose a Field print Code, Click the option:
CITY/COUNTY Government and Law Enforcement Agencies
 - 1. Choose Alcohol/Liquor License
 - 2. Reason for Fingerprinting: alcohol/liquor license
 - 3. Requesting Agency ID: GA923180Z
- G. Select CONTINUE after you have completed all required fields
- H. Review your Registration and select SUBMIT
 - 1. ***DO NOT GO*** to the fingerprint site until you have received this approval email!!! **YOU WILL BE NOTIFIED ONCE THE AGENCY HAS APPROVED YOUR REQUEST!!**

Step 3: Scheduling and Payment

- A. Once approved, you will log back in and schedule an appointment
- B. Make your payment
- C. Click on Finish Scheduling
- D. After scheduling your appointment, you will receive a confirmation screen.
Be sure to bring the appropriate identification to your appointment.

Step 4: Your results will be sent directly to the City of Flowery Branch