



Emanuel County Board of Commissioners

P.O. Box 787

Swainsboro, Georgia 30401

Phone 478-237-3881

Check off list and application for Emanuel County Alcoholic Beverage License

1. The application must be completed in its entirety before being accepted by the Emanuel County Board of Commissioners Office. Each question must be answered. If you have any questions, please contact our office. Once the application has been completed in its entirety and all requested attachments are included with the application you may contact County Administrator L. Guy Singletary at 478-237-3881, or lgsingletary@emanuelco-ga.gov to schedule an appointment to submit the application. **APPLICATIONS WILL BE ACCEPTED BY APPOINTMENT ONLY.**
2. The application and all attachments must be typed or legibly printed in black or blue ink.
3. A personal statement must be submitted for the licensee, each owner, each partner, and each stockholder with 20% or more shares. The Board of Commissioners reserves the right to request personal statements on all stockholders, partners, and owners. (One personal statement packet is attached).
4. Provide a complete seven (7) year driver's history for the licensee, each owner, each partner, and each stockholder with 20% or more ownership. This report can be obtained from any State Department of Motor Vehicles/Drivers Services. Georgia Department of Drivers Services locations may be found at the following link: <https://dds.georgia.gov/location>. If the licensee, and owner, partner, or stockholder with 20% or more ownership has resided outside the State of Georgia with the previous seven years, a driver's history must be obtained from the previous state(s) of residence. The (7) year driver's history must be dated less than thirty days from the time the application is submitted to the County Administrator.
5. A list of employees, including names, addresses, phone numbers, and positions, designated by the licensee of the business to receive communication, notices and/or court documents, including citations, must be listed in Question 18 on Page 7 of this application. Failure to provide persons on Question 18 may subject application to denial. Failure of at least one of the persons listed in Question 18 to be at the business while the business is open will place the alcoholic beverage license in jeopardy.
6. Pouring License Application Only- Please provide the following for a pouring license application:
 - Floor plan of the entire location
 - Pictures of the location being applied for (pictures must depict all inside area)
 - Health Department Certificate (if food is cooked and sold)
7. Sole Proprietors and Partners that are not U.S. Citizens must provide a copy of this or her permanent resident card (front and back) with the application. Naturalized citizens must provide

a copy of this of her certificate of naturalization. This applies to the licensee, each owner and each partner with 20% or more ownership, and the spouses of the licensee, each owner and each partner with 20% or more ownership. (Passports will not be accepted) Shareholders of corporations with 20% or more ownership and their spouses must provide immigration document, when applicable.

8. A signed and notarized consent form must be provided for the licensee, each owner, each partner, each stockholder with 20% or more shares and the spouses of the licensee, each owner, each partner, and each stockholder with 20% or more shares. (page 17)

9. Application Fees:

- New Application: \$250.00

The non-refundable application fee is due at the time of submittal and should be made payable to the Emanuel County Board of Commissioners by business check or certified funds.

10. Provide a copy of a driver's license with the personal statement of the licensee, each owner, each partner, and each stockholder with 20% or more shares.

11. Provide a copy of the Certificate of Incorporation if the business is a corporation or a Certificate of Organization if the business is an LLC, Organizational.

12. Provide and executed and dated Purchase Agreement—if you are purchasing an existing establishment.

13. Provide a copy of a lease and/or sublease, contract, management agreement, and/or purchase agreement or deed for the property. All must be executed by all parties involved. The ownership of the business applying for the license must be listed as then tenant in the lease.

14. Once the license is approved, all fees must be paid within fourteen (14) days or the license will be void. All alcoholic beverage license fees must be paid with a certified check or money order made payable to the Emanuel County Board of Commissioners.

15. All licensees must complete the affidavits required by the Georgia Immigration Reform Act. (Page 16)

16. All alcoholic beverage establishments must apply for and receive a State Alcoholic Beverage License prior to stocking, storing, and selling alcoholic beverages. State application can be obtained by contacting the Georgia Department of Revenue Alcohol Division, visit their website at www.dor.ga.gov.

17. After application requirements are met, and prior to a hearing, the county shall perform all the necessary inspections of the facility, and an ad notifying the public of the application shall be placed in the paper for two weeks.

Notice—Any and all false information provided to the Emanuel County Board of Commissioners verbally or written will subject the person that provides this false information to prosecution to the full extent of the law and will subject the application to denial or revocation.



Emanuel County Board of Commissioners

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Application for New Alcoholic Beverage Establishment License/Change of Ownership

Application Date _____

License Number _____

New Application () Change of Ownership ()

Packaged Beer & Wine	Beer & Wine by the Drink	Packaged Distilled Spirits	Distilled Spirits by the Drink

Type of Business

Restaurant ()	Convenience Store ()	Poolroom ()	Manufacturer ()
Bar ()	Package Store ()	Corkage ()	Drugstore ()
Beer Pub ()	Grocery Store ()	Catering ()	Other ()
Bottle House ()	Nightclub ()	Wholesaler ()	()

1. Type of Business: _____

2. Name doing business as: _____

Business Phone: _____ Fax: _____

Corporation, Partnership or Company Name: _____

Business Address: _____

City: _____, State: _____ Zip: _____

3. Mailing Address: _____

City: _____, State: _____ Zip: _____

E-Mail Address: _____

4. Licensee Full Name: _____ Title/Position _____
 SS # _____ - _____ - _____ Business Phone: _____
 Home Phone: _____ Cell: _____
 Home Address: _____
 City: _____, State: _____ Zip: _____
 E-Mail Address: _____

5. **Type of Ownership:**

Sole Proprietor () **LLP** () **Corporation** ()
Partnership () **LLC** ()

6. **If Sole Proprietor – Owner’s Name:** _____
 SS# _____ - _____ - _____ Date of Birth: _____
 Home Address: _____ Home Phone: _____
 City: _____, State: _____ Zip: _____

7. **If Partnership or Limited Liability Partnership:**

List full name, date of birth, social security number, address, and percentage of ownership for each individual or board member, including all “limited” and “silent” partners, having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	Position Held	DOB	SSN	Address	Phone#	% of Ownership
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

8. **If Corporation or Limited Liability Company:**

List full name, date of birth, social security number, address, and percentage of ownership for each individual or board member, including all “limited” and “silent” partners, having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	Position Held	DOB	SSN	Address	Phone#	% of Ownership
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

9. List all stockholders by name, date of birth, social security number, address, phone number, and number of shares owned by each. Attach copies of all stock certificates (front and back) to the application.

Name	Position Held	DOB	SSN	Address	Phone#	% of Ownership

10. Does the licensee, partner, member, manager, corporation, stockholder in the corporation, or any owner have any other vested interest in or ever been associated with any other alcoholic beverage license.

Yes () No () If yes, give complete name(s), address, and phone number(s) below.

11. List full name, date of birth, social security number, address, and percentage of ownership for each individual or board member, including all "limited" and "silent" partners, having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	Position Held	DOB	SSN	Address	Phone#	% of Ownership

12. List full name, address, and percentage of ownership for each firm or corporation having any interest in this application.

Corporate Name	Business Address	% Ownership

13. List full name and other required information for spouse, parents, step-parents, parents-in-law, brothers, sisters, step-brothers, step-sisters, brothers-in-law, sisters-in-law, children, and step children, if such relatives are related to the licensee or any owner and have, or have had in the past any license or any financial or ownership interest whatsoever in any business dealing in alcoholic beverages.

Name	Relationship	Residential Address	Business Name & Address	% Interest

14. List the full name and address of every owner of the property and every owner of the building of which this business is to be conducted.

Name of Property Owner/Building Owner	Address	Relation to applicant or owner (s)

15. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.

Name	Lessor or Sub-Lessor	Address	Relation to applicant or owner (s)

16. Has any individual, firm, partnership, or corporation been issued a license to sell alcoholic beverages at this location? _____. If Yes, give the name of the business, date closed, and reason for closing.

17. Name the person(s) that will be the manager(s) of this business, giving all pertinent information.

Name	SSN	Address	Phone	% Interest (if any)	Compensation
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18. List the name(s), address(es) and telephone number(s) of all managers and/or employees whom you designate to receive court documents, communications, citations, or notices required under the Alcoholic Beverage Ordinance at the location of the business. Failure of the licensee to designate a person(s) who will be at the place of business whenever the business is open to receive documents as stated, failure of the person listed to be present at the place of business during the business operation hours, and/or failure of the licensee to maintain a current list of such persons with the Emanuel County Board of Commissioners office shall be cause for denial of the alcoholic beverage license or revocation of the alcoholic beverage license. Attach additional lists if needed.

Name	Home Address	Home Phone	Position
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19. Number of employees: _____

20. Has **this business entity** or place of business associated in any form with the Corporation, LLC, Partnership, LLP, individual ownership, for which this application is submitted, or any owner, partner, shareholder, stockholder, licensee, officer, or employee of any owner, shareholder or entity of a shareholder in this application ever been cited, charged, indicted, have a pending charge, or been convicted at any times, for any violation of Georgia Law, Federal Law, or ANY rule or regulation of the State Revenue Commissioner or ANY rule, regulation, or ordinance of ANY city, county, or other Governmental unit?

Yes () **No** () If yes, give full details of all the above.

21. Have you, your spouse, the licensee, licensee’s spouse, or **any person having interest in this business or their spouse, ever been:**

Arrested	Yes ()	No ()	Convicted	Yes ()	No ()
Detained	Yes ()	No ()	Indicted	Yes ()	No ()
Pled Guilty	Yes ()	No ()	Pled Nolo Contendre	Yes ()	No ()
On Probation	Yes ()	No ()	Any Pending Criminal Charge	Yes ()	No ()

A. If you answered **“YES”** to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

22. Have you (**the applicant/licensee**), your spouse, the licensee, the licensee’s spouse, any person having any interest in this business or their spouse ever have any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicated, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application will result in denial of the application or revocation of the license.)

23. Please indicate days and hours of operation for this business.

24. Have you read and do you understand all the provisions of the Emanuel County and State of Georgia Alcoholic Beverage requirements as stated in Emanuel County Ordinance and Title Three of the Official Code of Georgia? **Yes () No ()**

25. Are you aware that the sale of alcoholic beverages to an underage person(s) by you or your employees may result in the suspension or revocation of the alcoholic beverage license? **Yes () No ()**

26. What written procedures do you have in place to ensure that alcoholic beverages are not sold to underage person(s) or intoxicated person? What procedures do you have in place to ensure that alcoholic beverages are not sold in violation of the Emanuel County Code of Ordinance and State Law? Documentation relating to such procedures **MUST** be attached and an explanation as to their usage must be written below.

27. Estimated date this location will be open for business (if the business is already operating indicate the date in which the business wishes to begin sell/serve alcohol).

28. **For pouring license, please indicate the following:**

A. Type and number of times per week the business will have live entertainment:	_____
B. Will location have a DJ and if so, how many times per week:	_____
C. Number of pool tables in the location:	_____
D. Number of video game machines:	_____
E. Amount of cover charge:	_____
F. Size of dance floor:	_____
G. How many square feet of the location is the: Dining area? _____ Bar area? _____	

TO BE COMPLETED BY ALL APPLICANTS/LICENSEES LISTED IN THE APPLICATION

GEORGIA, EMANUEL COUNTY

I, _____, SWEAR THAT THE FACTS AND STATEMENTS STATED BY ME IN THE ABOVE AND FORGOING ANSWERS ARE TRUE AND COMPLETE, AND THAT NO FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN, AND NO FALSE OR FRAUDULENT STATEMENT OR STATEMENTS HAVE OR WERE MADE TO PRODUCE THE GRANTING OF AN ALCOHOLIC BEVERAGE LICENSE.

I FURTHER CERTIFY THAT I WILL NOTIFY EMANUEL COUNTY BOARD OF COMMISSIONERS OF ANY CHANGE IN MANAGEMENT, LICENSEE OR OWNERSHIP IMMEDIATELY.

SIGNATURE OF APPLICANT

SIGNATURE AND TITLE OF PERSON OTHER THAN APPLICANT FILLING OUT THIS APPLICATION

TELEPHONE NUMBER

NOTARY PUBLIC
SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE _____ DAY OF _____, 202_____.

NOTARY PUBLIC

My Commission Expires:



Emanuel County Board of Commissioners

P.O. Box 787

Swainsboro, Georgia 30401

Phone 478-237-3881

Owner/Licensee Personal Statement

(A copy of the applicant's drivers license must be attached)

1. Licensee Full Name: _____

2. SS # _____ - _____ - _____ Business Phone: _____

Home Phone: _____ Cell: _____

3. Home Address: _____

City: _____, State: _____ Zip: _____

4. Business Address: _____

City: _____, State: _____ Zip: _____

5. E-Mail Address: _____

6. Race: _____ Sex: _____ Age: _____

7. Place of Birth: _____ Date of Birth: _____

U.S. Citizen by (please check one): Birth _____ Naturalization _____ Not a Citizen _____

If Naturalized: Certificate # _____

Date, Place, and Court: _____ Certificate # _____

If not a citizen, complete the following:

Alien Registration #: _____ Native Country: _____

Date and port of entry: _____

MUST PROVIDE COPIES OF IMMIGRATION DOCUMENTS

8. Numbers of years resided at your present address? _____

9. What has been your occupation for the past five (5) years? _____

10. Are you (Circle one)

Single

Married

Widowed

Divorced

Separated

*****If you have ever been married you are not single*****

11. If **married or separated**, complete the following information on spouse.

Full Name of Spouse: _____

Social Security #: _____ Spouse's Maiden Name: _____

Place of Birth: _____ Date of Birth: _____

U.S. Citizen by (please check one): Birth _____ Naturalization _____ Not a Citizen _____

If Naturalized: Certificate # _____

If not a citizen, complete the following:

Alien Registration #: _____ Native Country: _____

MUST PROVIDE COPIES OF IMMIGRATION DOCUMENTS

Is your spouse employed? **YES** or **NO** (Circle one)

Name of spouse's employer: _____

Address of employer: _____

12. Give names and address of all immediate living relatives:

Father: _____

Mother: _____

Brother(s)/Sister(s): _____

Father-in-law: _____

Mother-in-law: _____

Adult Children (over the age of 18) _____

13. Do you have financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the premises? **YES** or **NO** (Circle one)
If yes, give details: _____

14. Do you or does your spouse or any relative have any financial interest, or are you or any relative employed in any wholesale or retail alcoholic beverage business other than the business submitting the license application of which this personal statement is a part? **YES** or **NO** (Circle one)
If yes, please give name, location, amount of interest, and/or type of employment in each,

15. List occupation(s) for the past five (5) years:

From Month/Year: _____ To Month/Year: _____

Duties/Responsibilities: _____

Employer: _____

Employer Address: _____

Employer Phone: _____ Salary: _____

Reason for leaving: _____

From Month/Year: _____ To Month/Year: _____

Duties/Responsibilities: _____

Employer: _____

Employer Address: _____

Employer Phone: _____ Salary: _____

Reason for leaving: _____

From Month/Year: _____ To Month/Year: _____

Duties/Responsibilities: _____

Employer: _____

Employer Address: _____

Employer Phone: _____ Salary: _____

Reason for leaving: _____

From Month/Year: _____ To Month/Year: _____

Duties/Responsibilities: _____

Employer: _____

Employer Address: _____

Employer Phone: _____ Salary: _____

Reason for leaving: _____

16. Have you or your spouse ever been:

Arrested	Yes ()	No ()	Convicted	Yes ()	No ()
Detained	Yes ()	No ()	Indicted	Yes ()	No ()
Pled Guilty	Yes ()	No ()	Pled Nolo Contendere	Yes ()	No ()
On Probation	Yes ()	No ()	Any Pending Criminal Charge	Yes ()	No ()

A. If you answered "YES" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

TO BE COMPLETED BY ALL/APPLICANTS/LICENSEES

I, _____, DO SOLOMPLY SWEAR, THAT THE FOREGOING STATEMENTS ARE TRUE. I UNDERSTAND THAT ANY FALSEHOODS ARE GROUNDS FOR AUTOMATIC DISMISSAL OF THIS APPLICATION.

I FURTHER CERTIFY THAT I WILL NOTIFY THE EMANUEL COUNTY BOARD OF COMMISSIONERS OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE, FULL NAME IN INK

NOTARY PUBLIC
SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE _____ DAY OF _____, 201____.

NOTARY PUBLIC

My Commission Expires:

**Emanuel County E-Verify Contractor Affidavit
Under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Emanuel County has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provision and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 201_ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE _____ DAY OF _____, 201_____.

NOTARY PUBLIC

My Commission Expires:

This Affidavit is required by order of the **Georgia General Assembly**.

TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES

CONSENT FORM

I HEREBY AUTHORIZE EMANUEL COUNTY BUSINESS LICENSE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ALIEN NUMBER (IF NOT A US CITIZEN)

SIGNATURE

NOTARY PUBLIC
SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE _____ DAY OF _____, 201____.

NOTARY PUBLIC

My Commission Expires:

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize _____ 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)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Purpose Code E and U Only) Bar Number 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	
E	Employment
M	Employment direct care with Mentally Ill/Developmentally Disabled
N	Employment direct care with Elderly
W	Employment direct care with Children
P	Public Record (no consent required)
F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
J	Civilian Criminal Justice Employment (state and III data received)
Z	Sworn Criminal Justice Employment (state and III data received)

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

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

 Agency Designee Signature and Title