



LEE COUNTY, GEORGIA

ALCOHOL BEVERAGE LICENSE



APPLICATION OVERVIEW

I. Purpose

The purpose of this packet is to assist the applicant in complying with the requirements for issuance of alcoholic beverage licenses. Please review the alcoholic beverage ordinance in its entirety to familiarize yourself with all the qualifications and requirements contained therein. A copy of the ordinance can be obtained at no charge from the county's website at www.lee.ga.us or from the Building Inspection Department for a nominal fee.

A fully completed application includes the application form and the following attachments:

- Employment history for last 5 years of each person in the application
- Proof of general liability and workers' compensation insurance
- Consent agreement for criminal history record of each person named in the application
- Photograph of each person named in the application
- A bank money order, certified check, cash or personal check of the application fee in full
- Fingerprints of each person named in the application

Failure to fully complete the application for a license or failure to furnish accurately all the data, information and records required by the application form, or failure to accompany the application with the payment of the prescribed fee shall be deemed just cause for denying the application with prejudice.

License fees shall be payable in advance for an entire year beginning January 1 and ending December 31 of the same year. If an initial license fee is paid after January 1, the license fees shall be prorated on a monthly basis for each month or portion of a month left between the date of payment and December 31. The suspension or revocation of any license granted pursuant to this article shall not entitle the licensee to a return of any portion of the license fee.

II. Application Process

1. Applicant receives and completes the application form and obtains all required attachments.
2. Applicant submits the application form, attachments, and payment to:
Lee County Building Inspection Department
102 Starksville Ave. North
Leesburg, GA 31763
T: (229) 759-6003 F: (229)759-6032
Monday – Friday, 8:00 a.m. – 5:00 p.m.
3. The Building Inspection Department publishes a notice of application in the county legal organ, The Lee County Ledger.
4. The Board of Commissioners conducts a public hearing regarding the application.
5. The Board of Commissioners either grants or denies the application.



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APPLICATION FORM

Instructions: Please answer all the questions completely. Return the signed and dated form, all attachments and payment for license fees to:

Lee County Building Inspection Department
102 Starksville Ave. North
Leesburg, GA 31763
T: (229) 759-6003 F: (229)759-6032
Monday – Friday, 8:00 a.m. – 5:00 p.m.

1) Type of Application (Sec. 6-30 – 6-33) (check one):

- New
- Annual Renewal
- Transfer (in the case of death of an owner of a license or of a financial interest therein)
- Temporary (when the denial of a temporary license would create an undue hardship)
- Change in Business Ownership (a licensee has withdrawn from, sold or otherwise transferred the licensee's interest in the licensed business)

2) Name of Business Making the Application

3) Street Address of Sales Location

4) City

5) State

6) Zip Code

(_____) _____

7) Telephone Number

8) Name of Person Making the Application

9) Social Security Number

10) Date of Birth

11) Street Address of Sales Location

12) City

13) State

14) Zip Code

(_____) _____

15) Telephone Number

16) How Long at this Address

17) The Entity Making this Application is a(n):

- Individual _____
Name of Individual
- Partnership _____
Name of Partnership/Company _____ Name of Partner

Name of Partner Making Application _____ Name of Partner
(Same as #8)

Name of Partner _____ Name of Partner
- Corporation – Is the corporation’s principal activity other than the sale of alcoholic beverages?
- If yes, _____
Name of Corporation

Name of Principal Officer or Employee (same as #8)
- If no, _____
Name of Corporation _____ Name of Officer

Name of Majority Stockholder or _____ Name of Officer
Principal Officer (same as #8)

Name of Officer _____ Name of Officer

18) Is the licensee at least 21 years of age, of good moral character, and a citizen of the United States?

- Yes
 No

19) Has the licensee been convicted within the past five years of any felony, any misdemeanor involving moral turpitude, or any other misdemeanor or violation of county alcohol ordinances within the past two years, or at any time of any criminal offense relating to alcoholic beverages, taxes, or gambling.

- Yes
 No

20) Has the licensee been denied or had revoked, within 12 months next preceding this application, any license to sell alcoholic beverages issued by any government entity?

- Yes
 No

21) Is the licensee the owner of the premises to be licensed or the holder of a lease thereon for substantially the same period to be covered by the license?

- Yes
 No

22) **Application Fees (check all that apply):** Each application for a license shall be accompanied by a nonrefundable application fee in the amount:

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | Sale off-premises of package malt beverages and wine license | \$75.00 |
| <input type="checkbox"/> | Consumption on-premises pouring license for distilled spirits, beer and wine | \$150.00 |

TOTAL DUE: \$ _____

All application fees shall be paid at the time the application is filed and shall not be refunded. All license fees shall be paid upon approval of the license application and no license shall be issued until the payment of all applicable license fees.

23) **License Fees (check all that apply):**

Retail off-premises licenses:

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Retail sales for off-premises consumption of malt beverages | \$375.00 |
| <input type="checkbox"/> | Retail sales of off-premises consumption of wine | \$375.00 |

Retail consumption on-premises licenses:

- | | | |
|--------------------------|--|-----------|
| <input type="checkbox"/> | Pouring license for malt beverage only on the premises | \$375.00 |
| <input type="checkbox"/> | Pouring license for wine only on the premises | \$375.00 |
| <input type="checkbox"/> | Pouring license for consumption of distilled spirits only on the premises | \$2250.00 |
| <input type="checkbox"/> | Pouring license for retail sale of distilled spirits, wine and malt beverages by the drink | \$3000.00 |

Wholesale licenses:

- | | | |
|--------------------------|---|-----------|
| <input type="checkbox"/> | Resident wholesale dealer's license: wholesale of distilled spirits, wine, and malt beverages
By a wholesale dealer having a place of business in the county | \$1500.00 |
|--------------------------|---|-----------|

TOTAL DUE: \$ _____

I, _____ hereby attest that all statements made herein are true and accurate to the best of my knowledge and that I have read and understand Lee County Alcohol Beverage Ordinance.

Signature of Applicant

Date



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LEGAL NOTICE AND BOARD OF COMMISSIONERS MEETING DATES

FOR OFFICE USE ONLY

Dates for Advertisement in the Lee County Ledger:

Date

The Applicant Shall be Present at the Following Lee County Board of Commissioners Meetings:

Date

Date

.....cut along dotted line.....

APPLICAN'TS COPY

Dates for Advertisement in the Lee County Ledger:

Date

The Applicant Shall be Present at the Following Lee County Board of Commissioners Meetings:

Date

Date



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ATTACHMENT CHECKLIST

Please provide the following documentation to complete the application for an alcoholic beverage license. Failure to fully complete an application for a license or failure to furnish accurately all data, information and records required by the application form, or failure to accompany the application with the payment of the prescribed fee shall be deemed just cause for denying the application with prejudice.

Employment History of Each Person Named in the Application (#17) (Sec. 6-29):

Please submit employment history for the previous 5 years of the applicant, its chief operating officers or partners, including names and addresses of previous employers, places of doing business, and experience in the field for which the applicant seeks an alcoholic beverage license.

Proof of General Liability and Worker's Compensation Insurance (Sec. 6-29):

Please attach proof of liability insurance in the amount of \$100,000.00 and worker's compensation insurance where applicable, effective for at least one year from the date of application.

Consent Agreement for Criminal History Record of Each Person Named in the application (#17) (Sec. 6-29):

Written consent for the county to receive the criminal history of the applicant, the officers and partners in the case of firms, corporations, or partnerships. (See Attachment)

Photograph of Each Person Named in Application (#17) (Sec. 6-29):

Attach a photograph of the applicant or chief operating officers or partners of the entity making the application.

Bank Money Order, Certified Check, Cash or Personal Check of the Application Fee in Full (Sec. 6-29):

Fingerprints of Each Person Named in the Application (#17) (Sec. 6-29):

The applicant and each person named in the application shall furnish a complete set of fingerprints to be forwarded to the state bureau of investigations which shall search the files and forward the fingerprints to the Federal Bureau of Investigation to determine past criminal activity.



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CONSENT AGREEMENT FOR CRIMINAL HISTORY RECORD

Name of Person Making the Application

Social Security Number

Date of Birth

State of Birth

Street Address

City

State

Zip Code

(_____) _____
Telephone Number

Drivers License Number

State

I, _____, hereby request to review or challenge my criminal history records. I fully understand that the signing of this authorization form shall relieve the Lee County Sheriff's Office and its employees any liability or responsibility related to the Georgia Crime Information Center Council Rules, and/or Federal or State laws related to the dissemination of criminal history date.

Signature

Date

Sworn and Subscribed Before Me

THIS _____ DAY OF _____, 20_____

Notary Public

Note: The individual acknowledges that he may be required to be fingerprinted and that verification be made before any release of information will be given. Also, the individual acknowledges that he may be required to produce other acceptable forms of identification, as a birth certificate, in lieu of fingerprints, if deemed necessary by the records section.