

NEWTON COUNTY, GEORGIA
ALCOHOLIC BEVERAGE LICENSE APPLICATION
CHECK-OFF LIST

- () **Application...** Complete entire application (incomplete applications will not be accepted). Make sure all applicable forms are notarized. All supporting documentation must be submitted with the application.
- () **Personnel Statement** (part of application)... Required on licensee, Sole proprietor, all partners, stockholders, and all corporate officers. Attach an original photo for each person.
- () **Consent Form & GCIC RECORD...** Complete attached Consent Form (for each applicant) and take a notarized copy to the Newton County Sheriff's Department located at 15151 Alcovy Road, Covington, Georgia 30014 to obtain a copy of your criminal history report. The N.C.S.O. requires a money order made out to Georgia Crime Information Center (GCIC) for \$40.00 & \$10.00 cash for a printing fee. For more information you may contact Jessica Wilson 678-625-1462 or Adrian Roop 678-625-1421. A copy of the report or proof showing that you have applied for the record must be submitted along with your Alcoholic Beverage License Application.
- () **Floor Plan Drawing....** Please draw a floor plan showing the area that will be used for Alcoholic Beverage sales. Remember, 80% of the total floor space must be devoted to the retail sale of other products or your license will not be approved. Drawing must be submitted with application.
- () **Occupational Permit /Business License** – Must provide copy of active Newton County Business License with submittal of application. If you are applying for a new location or new ownership, your business license must be obtained first.
- () **Copy of Driver's License for each Applicant/Owner.**
- () **Notarized Public Benefit/Private Employer Affidavit** (part of application).
- () **Legal Advertisement...** Complete attached Legal Advertisement Form and submit form to The Covington News located at 1166 Usher Street, Covington, Georgia 30014. For more information call 678-750-5018. The legal advertisement must be published in The Covington News in two (2) separate editions within a two (2) week period notifying all interested parties of your intent to obtain an Alcoholic Beverage License. You must submit copies of the advertisements and/or an affidavit from The Covington News of intent to publish with your application.
- () **For New Store/Tenant Build outs...** You must provide a **Legal Survey** (scale drawing) showing business location and complete the attached **Report of Survey Form**. Also you must provide a copy of your Certificate of Occupancy.
- () **A Check or Money Order for fees/tax in the amount of \$750.00.** Fees are due at the time of app. submittal.

Important: For questions regarding this application, you may contact Pamela Leasure Maxwell at 678-625-1655 or by email at pmaxwell@co.newton.ga.us.

Once the Alcoholic Beverage License Application is submitted, you will be given a sign to post in the window of the entrance to your store informing the public of your request for an Alcoholic Beverage License. You will be given a copy of the Alcoholic Beverage Ordinance, please read and inform your employees of all applicable regulations. Your application will be given to the Clerk of the Board of Commissioners and scheduled for two public hearings at the Newton County Historic Courthouse located at 1124 Clark Street, Covington, Georgia 30014. For hearing dates you may contact the County Clerk, Jackie Smith at 678-625-1202. You may wish to attend the public hearings.

NEWTON COUNTY PRIVILEGE LICENSE APPLICATION

Instructions: Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet of paper and indicate in the space that a separate sheet is attached. When application is completed it must be dated, signed and verified under oath by the licensee and submitted to the Newton County Business License Department, together with all supporting documentation and exact fees due, in person at 1113 Usher Street, Suite 201, Covington, Georgia 30014.

Check One:

New Location New Ownership Other Changes (specify) _____

Check One:

Convenience Store Super Market Other (specify) _____

Check Type of License:

Retail Package (Beer & Wine Sales) Other _____

Business Name _____ DBA _____

Business Address (street, city, state, & zip): _____

Licensee's Full Name (first, middle & last): _____

Licensee's Home Address (street, city, state, & zip): _____

Business Phone Number: _____ Secondary Phone Number: _____

List Name of Corporation and Corp. Officer's Name(s) & % of Interest in Company:

Do you now hold a license to sell alcoholic beverages in Newton County? Check one: **Yes () or No ()**. If yes, please list name of business and location.

Does any member of your immediate family now hold an Alcoholic Beverage License in Newton County? Check one: **Yes () or No ()**. If yes, give name of person, relationship, and address of business.

NEWTON COUNTY PRIVILEGE LICENSE APPLICATION (continued)

If the Alcoholic Beverage License is granted, I _____
(Print Full Name)

agree to abide by all Newton County Ordinances, The Laws of the State of Georgia, and the United States Government pertaining and relating to the use, sales, and possession of Alcoholic Beverages.

This application is to be executed under oath and subject of penalties of false swearing and it includes all attached documentation submitted herewith. Licensee understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

I, _____ (Licensee), do solemnly swear to criminal penalties for false swearing,
(print full name)
that the statements and answers made by me to the forging questions in this application for an Alcoholic Beverage License, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Signature of Applicant: (full name) _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS

____ DAY OF _____, 20____.

Notary Public

My Commission Expires:

PERSONAL STATEMENT AFFIDAVIT

Instructions: This personnel statement must be executed under oath, by the licensee, all owners, managers, and officers and/or directors of the corporation of any place of business applying for an alcoholic beverage license. Each question must be fully answered. If space is not sufficient, answer the question on a separate sheet of paper and indicated in the space provided that a separate sheet is attached. A personnel statement affidavit and original picture must be submitted for each applicant/licensee.

Print Full Name _____ S.S. # _____

Name & Full Address of Business: _____

Occupation or Title _____ Yearly Salary Amount _____

Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages? Check one: **Yes () or No ()**. If yes, give names and locations of interest in each: _____.

Have you ever had any financial interest in an alcoholic beverage business which was denied a license? Check one: **Yes () or No ()**. If yes, give details: _____.

Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violations of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? Check one: **Yes () or No ()**. If yes, give details: _____
_____.

During the past ten years have you bought and/or sold any alcoholic beverage business? Check one: **Yes () or No ()**. If yes, give details (date, license number, person and considerations involved): _____.

Have you ever been denied bond by a commercial security company? Check one: **Yes () or No ()**. If yes, give details: _____.

List all other names used by applicant: Maiden Name, aliases, Names of former marriages, nicknames, etc. and show dates used: _____.

Full Home Address: _____.

Home Phone Number: _____ Secondary Phone Number: _____.

Please check one: () Single () Married* () Widowed () Divorced () Separated*
**If Married or Separated complete the following requested information on spouse.*

Full Name of Spouse: _____ Date of Birth: _____.

S.S. #: _____ Employer: _____.

Affidavit Verifying Status for Public Benefit Pursuant to Georgia Immigration Laws

By executing this affidavit under oath, as an applicant for a Newton County, Georgia Business or Alcoholic Beverage License, which is a public benefit as referenced in O.C.G.A. Section 50-36-, I am stating for myself or on behalf of _____ (Business Entity) my personal presence in the United States as follows:

- A. _____ I am a United States Citizen, OR
- B. _____ I am a legal permanent resident 18 years 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. I have provided my Alien Registration Number, or in the event I do not have an Alien Registration Number, I have provided another identifying number below.

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 registration number. Because legal permanent residents are included in 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 identifying number.

- _____
Alien Registration & Card Number or Non-Citizens Doc. Expiration Date Birth Date
- **MUST PROVIDE COPY OF REGISTRATION CARD FRONT & BACK!!!!**

Private Employer Affidavit Pursuant to O.C.G.A. 36-60-6(d)

This affidavit is only for those employers that employ under 500 employees. Any individual, firm or corporation that employs more than 500 employees must complete a separate document verifying that they are registered with & utilize E-Verify in accordance with O.C.G.A. 13-10-90.

By executing this affidavit, the undersigned private employer verifies that it is **exempt** from compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm, or corporation employs fewer than **500** employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90. **Note: For all persons filling out this affidavit, the applicable dates for the requirement to use E-Verify are as follows: (a) employers of 500 employees or more must use E-Verify by January, 1, 2012. (b) Employers of 100 employees or more must use E-Verify by July 1, 2012. (c) Employers of 10 or more must use E-Verify by July 1, 2013.**

In making the above representation under oath, I understand that Newton County Business License Department is relying upon this affidavit, and I hereby authorize them to do so and will notify them immediately if there should be any change in the above statements. I am aware that any person who knowingly and willfully makes a 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.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS
___ DAY OF _____, 20___.

Signature of Applicant: _____ Date: _____

Notary Public

Print Name: _____
First Middle Last

My Commission Expires:

**NEWTON COUNTY
BUSINESS LICENSE DEPARTMENT
1113 USHER STREET, SUITE 201
COVINGTON, GEORGIA 30014
TELEPHONE (678)-625-1655**

CONSENT FORM

I hereby authorize the Newton County Board of Commissioners/Business License Department 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 (Print): -----
Last First Middle

Social Security Number: _____

Date of Birth: _____

Race: _____ Sex: _____

Signature: _____ Date: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS
____ DAY OF _____, 20____.

Notary Public
My Commission Expires: _____

Please deliver findings to Pamela Leasure Maxwell
Newton County Business License/Code Enforcement Coordinator

Legal Advertisement Form

Instructions: Complete this form and submit form to The Covington News located at 1166 Usher Street, Covington, Georgia 30014. For more information call 678-750-5018. The legal advertisement must be published in The Covington News in two (2) separate editions within a two (2) week period notifying all interested parties of your intent to obtain an Alcoholic Beverage License.

The advertisement should read as follows:

Notice is hereby given that an application has been made to the Newton County Board of Commissioners to obtain a license to sell alcoholic beverages by:

Print Store Name

Licensee (Print your Full Name)

(Print the full address of the store location)

Please contact Pamela Leasure Maxwell for hearing dates at 678-625-1655 or pmaxwell@co.newton.ga.us