

City of College Park  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Application must be completed, signed and notarized.

For Official Office Use Only:

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Zoning Classification \_\_\_\_\_

Date Denied \_\_\_\_\_

Receipt No. \_\_\_\_\_

Type of License for which Application is made (Check all that apply)

Retail Package

Consumption on Premises

\_\_\_\_\_ Distilled Spirits

\_\_\_\_\_ Distilled Spirits

\_\_\_\_\_ Wine

\_\_\_\_\_ Wine

\_\_\_\_\_ Malt Beverage

\_\_\_\_\_ Malt Beverage

Type of Facility

\_\_\_\_\_ Grocery Store

\_\_\_\_\_ Convenience Store

\_\_\_\_\_ Restaurant

\_\_\_\_\_ Lounge

\_\_\_\_\_ Private Club

\_\_\_\_\_ Package Liquor Store

INSTRUCTIONS: Every question must be answered correctly and in its entirety. 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 City Clerk of the City of College Park, Georgia, together with all supporting papers and payment. We will accept a money order or certified check. Personal checks will not be accepted.

1. Trade name of business for which license is applied:

\_\_\_\_\_

2. Location of Business for which License is applied:

\_\_\_\_\_

3. Full name and address and legal residence of person making application:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Address \_\_\_\_\_

Resident of \_\_\_\_\_ County

Is the above address your legal and bona-fide place of domicile? \_\_\_\_\_ (Yes or No)

How long have you lived at the above address? \_\_\_\_\_ years \_\_\_\_\_ months

If less than 1 year, give your previous legal address and the length of time you resided at such residence:

\_\_\_\_\_

4. Name and Residence of each person, firm and corporation having any interest in business and the amount of such interest:

Name	Residence	Interest

Name	Residence	Interest

5. How much of the capital of this business is borrowed and from whom? (Attach exhibits if necessary.)

Amount	Lender	Address

Amount	Lender	Address

6. (a) Will this business be owned by the applicant as a sole proprietorship? YES NO  
 (b) Indicate if this business will be owned in whole or part by a partnership\_\_\_\_\_, corporation\_\_\_\_\_, or any other association\_\_\_\_\_. (Mark 'X' in the appropriate category.)  
 (c) List the members of such organization and give their address, state and county of their legal residence, and the amount of their interest.

Name	Address	County	Interest

Name	Address	County	Interest

Name	Address	County	Interest

7. Does any person or organization listed in Questions (1), (4), (5) or (6) have any financial interest whatsoever in any other business selling distilled spirits, wine or malt beverages either in this State or any other State? If so, list the name of such person or organization and such other business together with the location of the business and the amount of interest.

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Is the applicant and/or license holder the owner of the building where business is to be conducted?

Are they also the owner of the land? **Please Circle One.**                      Yes      No

If you answered "No" to either question, state whether you lease, sublease, and/or rent the building and/or land. \_\_\_\_\_

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8. State the full name and address 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 sublessors. Attach copies of all lease agreements.

Building Owner	Address	Relationship to Applicant/ Owner
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Has the applicant and/or license holder entered into an agreement or contracted with either the owner or owners, lessors and sublessors for either the building or land or both, which provides for the payment of rent on a percentage or profit sharing basis? **Please Circle One.**                      Yes      No

If you are the owner of the building or land or both, so state your respective ownership:

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9. What is the direct distance from business to nearest:

- (a) School Ground \_\_\_\_\_
- (b) Church Ground \_\_\_\_\_
- (c) Closest private residence \_\_\_\_\_
- (d) Libraries \_\_\_\_\_

10. Excepting the front entrance, describe each entrance or exit to or from your place of business, and particularly any passageway between your place of business and any other adjacent place of business;

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11. Name the manager of the business for which this application is filed and state how he is compensated:

Name	Address

Compensation	Date of Birth	Social Security No.

12. List all other liquor, beer, or wine businesses that your general manager is currently interested in, employed by, or associated with, or has been interested, employed by, or associated with in the last five years, in any way whatsoever.

Name

Address	Type of Interest and Amount

13. Is any non-resident of the State of Georgia interested in the operation of this business in any way whatsoever?

Name	Address	Interest

Name	Address	Interest

14. Name all employees of this business and indicate their position. **NOTE: Applies only to the particular business for which this license application is made. For each, include date of birth, social security number and current address.**

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15. If you acquired this business or propose to acquire it from some previous licensee, give name and state license number of the previous licensee and the date acquired or to be acquired and state briefly the consideration involved.

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16. Has any place of business engaged in the sale of distilled spirits, wine or malt beverages with which you have been associated ever been cited or charged at any time with any violation of Georgia law or Federal law of any rule or regulation or ordinance concerning the sale of such products?

Name	Authority issuing citation	Violation alleged result
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Name	Authority issuing citation	Violation alleged result
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Name	Authority issuing citation	Violation alleged result
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17. Did the applicant or any person listed in Question 4, 5 or 6b have any interest in any business engaged in the sale of distilled spirits during the preceding calendar year? If so, state:

Name	Business	Interest
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Name	Business	Interest
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18. (a) List the name of the spouse of any person mentioned in Questions 1, 4 or 6b who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

- (b) List the name of the father, mother, brother, sister, son, daughter or spouse of any of the above, or any person mentioned in Questions 1, 4, or 6b who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS

19. \_\_\_\_\_ There must be submitted with this application, as Exhibits A-1, A-2, etc. a personal statement  
 Initial from the applicant and from each person listed in Question 4, 6, 11 and 14. Such personal statements shall be deemed to be incorporated into and made a part of this application, and any false statement in this application and in any such personal statement shall not only constitute false swearing under the criminal law of this State, but shall also constitute cause for revocation of any license issued pursuant to this application. Indicate here the number of personal statements attached hereto. \_\_\_\_\_  
 Number
20. As to the applicant, if an individual, and as to the managing officer or partner, if a corporation or partnership, there must be attached to this application as Exhibit B, an affidavit by some person

having knowledge of the facts concerning the residence of such applicant, managing officer or partner for the past ten years. Initial here if such affidavit is attached. \_\_\_\_\_

Initial

21. There must be attached hereto, as Exhibit C, a certificate of the probate court of the county in which applicant resides providing residence of applicant in that county for at least one year preceding the date of this application and in the State of Georgia for at least one year. Initial here if such certificate is attached. \_\_\_\_\_

Initial

22. There must be attached to this application as Exhibit D, a certificate from a registered surveyor as required by Code of Ordinance of the City of College Park, Section 3-26, relating to the sale and distribution of alcoholic beverages in the City of College Park as to the radial distance from this place of business to the nearest school ground, church, private residence and library property line. Initial here if such exhibit is attached. \_\_\_\_\_

Initial

23. 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, or any personal statement which is made a part of this application, such change must be reported to the City within 10 days. Failure to make such report shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood. \_\_\_\_\_

Initial

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

As applicant and/or license holder, I have read the Code of Ordinance and all amendments pertaining to the Ordinance governing the sale of malt beverage, wine or other alcoholic beverages in the City of College Park, Georgia. \_\_\_\_\_

VERIFICATION

STATE OF GEORGIA, \_\_\_\_\_ COUNTY

I, \_\_\_\_\_,  
(applicant) do solemnly swear, subject to criminal penalties for false swearing that the statement and answers made by me to the foregoing questions in this application for a City of College Park license as a dealer in alcoholic beverages, are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

\_\_\_\_\_  
Applicant's Signature (Full name in ink)

I certify that \_\_\_\_\_  
(The above named applicant)

is personally known to me, and that he signed his name to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Affix Seal)

COLLEGE PARK POLICE DEPARTMENT  
3717 COLLEGE STREET  
COLLEGE PARK, GEORGIA 30337

**CRIMINAL HISTORY RELEASE CONSENT FORM**

CONSENT FORM

I HEREBY AUTHORIZE COLLEGE PARK POLICE DEPARTMENT AND  
TO RECEIVE ANY GEORGIA 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)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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SPECIAL EMPLOYMENT PROVISIONS (CHECK IF APPLICABLE):

- EMPLOYMENT WITH MENTALLY DISABLED (PURPOSE CODE "M")
- EMPLOYMENT WITH ELDER CARE (PURPOSE CODE "N")
- EMPLOYMENT WITH CHILDREN (PURPOSE CODE "W")

ONE OF THE FOLLOWING MUST BE CHECKED:

---- THIS AUTHORIZATION IS VALID FOR 90/180/\_\_\_\_ (CIRCLE ONE) DAYS FROM DATE OF SIGNATURE.

---- I, \_\_\_\_\_ GIVE CONSENT TO THE ABOVE NAMED TO PERFORM PERIODIC CRIMINAL HISTORY BACKGROUND CHECKS FOR THE DURATION OF MY EMPLOYMENT WITH THIS COMPANY.

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 NO CRIMINAL RECORD

CRIMINAL RECORD

Person Checking the Record: \_\_\_\_\_ Date \_\_\_\_\_

COLLEGE PARK POLICE DEPARTMENT  
3717 COLLEGE STREET  
COLLEGE PARK, GEORGIA 30337

**CRIMINAL HISTORY RELEASE CONSENT FORM**

**CONSENT FORM**

I HEREBY AUTHORIZE COLLEGE PARK POLICE DEPARTMENT AND  
\_\_\_\_\_ TO RECEIVE ANY GEORGIA 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)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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SPECIAL EMPLOYMENT PROVISIONS (CHECK IF APPLICABLE):

- EMPLOYMENT WITH MENTALLY DISABLED (PURPOSE CODE "M")
- EMPLOYMENT WITH ELDER CARE (PURPOSE CODE "N")
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ONE OF THE FOLLOWING MUST BE CHECKED:

---- THIS AUTHORIZATION IS VALID FOR 90/180/\_\_\_\_ (CIRCLE ONE) DAYS FROM DATE  
OF SIGNATURE.

---- I, \_\_\_\_\_ GIVE CONSENT TO THE  
ABOVE NAMED TO PERFORM PERIODIC CRIMINAL HISTORY BACKGROUND CHECKS FOR  
THE DURATION OF MY EMPLOYMENT WITH THIS COMPANY.

-----  
 NO CRIMINAL RECORD

CRIMINAL RECORD

Person Checking the Record: \_\_\_\_\_ Date \_\_\_\_\_



# CITY OF COLLEGE PARK

P. O. BOX 87137 • COLLEGE PARK, GA. 30337 • 404/767-1537

CERTIFICATE OF RESIDENCE FOR  
RETAIL LICENSE APPLICANTS AND  
CONSUMPTION ON PREMISES APPLICANTS

STATE OF GEORGIA, \_\_\_\_\_ COUNTY:

I, \_\_\_\_\_, JUDGE OF THE PROBATE COURT FOR  
\_\_\_\_\_ COUNTY, GEORGIA, HEREBY CERTIFY THAT \_\_\_\_\_  
\_\_\_\_\_ is now a bona fide resident of the State of Georgia and  
the County of \_\_\_\_\_, based upon the affidavit of  
applicant, and the evidence submitted therewith.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal  
Of said Probate Court, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JUDGE OF THE PROBATE COURT

\_\_\_\_\_  
COUNTY, GEORGIA



\_\_\_\_\_  
Wife's Maiden name  
Number

\_\_\_\_\_  
Social Security

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Place of marriage

\_\_\_\_\_  
Date of marriage

\_\_\_\_\_  
Name of spouse's employer

\_\_\_\_\_  
Address of employer

8. Race \_\_\_\_ Sex \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_ Age \_\_\_\_ Color of hair \_\_\_\_  
Color of eyes \_\_\_\_

9. Give names and address of all children and stepchildren (regardless of age)

Full Name                      Address                      Age      Place of Birth      Occupation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Give names and addresses of immediate living relatives

Full Name                      Address                      Age      Place of Birth      Occupation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. For the last calendar year did you file and pay any city property tax?

\_\_\_\_\_ How much? \_\_\_\_\_ Where? \_\_\_\_\_

12. Have you ever resided in any foreign country except while in the Armed Forces of the United States? \_\_\_\_\_ Give details \_\_\_\_\_

\_\_\_\_\_

13. List any close relatives (including in-laws) now residing outside the United States, except those actively serving in the Armed Forces of this Country. (Give name, relation, age, place of residence, citizenship).

\_\_\_\_\_

\_\_\_\_\_

14. Employment Record (Give most recent experience first. If self-employed, give details).

<u>From</u>	<u>To</u>	<u>Occupation/ Duties</u>	<u>Employers</u>	<u>Reason for leaving</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. List in reverse chronological order all of your residences for the past ten years.

<u>Dates</u>		<u>Street</u>	<u>City/State</u>
<u>From</u>	<u>To</u>		

\_\_\_\_\_

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16. References. Give three personal references, not relatives, former employers, fellow employees, or school teachers, who are responsible, reputable, adults, business or professional men or women, who have known you well during the past ten years . (Name, residence, business address, and number of years known).

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17. Have you ever been arrested, or held by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances? (Do not include traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition.)

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18. Attach passport-size photograph (front view) taken within past two years. Write name on back of photograph and also the name of the dealer submitting license application.

19. There must be submitted with this personal statement the fingerprints of applicant on 2 fingerprint cards which will be furnished by the City of College Park Police Department. Check here that such fingerprint cards are attached hereto. \_\_\_\_\_

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.