



City of Cartersville

P.O. Box 1390 • One North Erwin Street • Cartersville, Georgia 30120
Telephone: 770-387-5616 • Fax: 770-386-5841 • www.cityofcartersville.org

Alcohol License Application

Date:

Applicant Name

Phone Number

Applicant Home Address

Business Name

Business Phone Number

Business Address

Mailing Address (If different from business address above)

Email Address

LICENSE TYPE: PLEASE SELECT FROM THE FOLLOWING OPTIONS

Pouring (Consumed on Premises):

- Change of Managers: \$100 Beer \$500
- Distilled Spirits \$1,500 Wine \$400
- Sunday Sales

Retail Package:

- Beer: \$500
- Wine: \$400
- Distilled Spirits: \$5,000

FIRST TIME APPLICANT: INVESTIGATION FEE PAID AT CITY POLICE DEPT

Public Safety Building, Police Department: 195 Cassville Rd

New Applicant Fingerprint Background Check: \$50.00

Contact Person Fingerprint Background Check: \$50.00

-a contact person is necessary if the applicant does not live in Bartow County. Please designate an affiliated individual to be the contact person who is a resident in Bartow County and/or an employee if applicable.

Contact Person:

Name

Phone Number

Home Address

ESTABLISHMENT DETAILS:

-Have you had or do you currently have an alcohol license at another location? Yes No
If yes, where?

-Have you ever had an alcohol violation? Yes No
If yes, where and when?

-Do you intend to have live entertainment? Yes No
If yes, what type, and when? Describe.

BUILDING AND LOCATION REQUIREMENTS: ATTACHMENTS NEEDED

- n/a Please attach evidence of building ownership/lease agreement to this application.
- n/a If this establishment is new construction or being remodeled the City requires detailed plans of the building in which the business will be located and outside premises.
- n/a If this establishment has never sold alcohol before please provide a scale drawing of the location of the proposed premises showing the distance to the nearest type of building and/or property lines of types of property referred to in the "Distance Requirements" section of Ordinance No. 81-05; or a certificate of a registered surveyor that such location complies with the "Distance Requirements" of said Ordinance.

Inspections: Signatures Required

The following inspections are required prior to being scheduled for an ACB Meeting.
·**Building Inspections: Call to schedule an inspection**
770-387-5600
10 N. Public Sq

APPROVAL: _____ DATE: _____

·**Fire Department Inspectors: Call to schedule an inspection**
770-387-5636
195 Cassville RD

APPROVAL: _____ DATE: _____

Maximum Capacity: _____ **seats**

Ownership Information

BUSINESS AFFILIATION: Select the title that most accurately reflects your affiliation with the business.

Owner **Manager** **Employee** **Other:** _____

BUSINESS OWNERSHIP:

Stock Ticker Symbol:

Name of individual or entity that owns/operates business: _____

Legal structure of ownership entity (e.g. sole proprietor, corporation, LLC, partnership)

List names and ownership percentages of anyone owning 30% or more of the business:

| | |
|-------|---------|
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |

• **Please describe your professional experience and background:**

Applicant Affidavit: Please check all of the following to state you understand and will comply.

- I hereby acknowledge that I have received a copy of Ordinance No. 81-05 of the City of Cartersville, Georgia and that I understand its provisions.
- I will, in fact, be responsible for the business for which I am applying for a license, and am not acting on behalf of someone else for the purposes of avoiding the provisions of Ordinance No. 81-05 of the City of Cartersville.
- I realize that the giving of false information on this application may lead to penalties including the suspension or revocation of the license for which I am applying.
- I have never been convicted under any Federal, State, or local law for a criminal offense involving alcoholic beverages/gambling/or any felony involving moral turpitude in the past 10 years.
- I will agree to comply with and insist on compliance with all Federal, State, and local laws and ordinances by employees and customers alike.
- I have not had an alcohol license revoked, for cause such as a violation of regulations or improper operation, within ten years next preceding this application, any license issued to me by the City of Cartersville, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.
- I understand each employee involved in the serving of beer/wine/distilled spirits must be fingerprinted and checked by the Cartersville Police Department. A server's permit must be obtained.
- I will make an immediate report to the City of Cartersville of any changes pertaining to ownership of the business, license holder, contact person, ownership of building, or any change in the information as stated in this application for license.
- I do not owe any debts to the City of Cartersville.
- I am at least 21 years of age. I, hereby, expressly authorize the City of Cartersville Police Department to conduct an investigation of my background, for any time they deem necessary. I have read and understand the information and compliance requirements set forth to complete this application and potentially obtain an Alcohol License.

I HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED CORRECTLY AND TRUTHFULLY.

Applicant Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

Applicant

AFFIDAVIT VERIFYING STATUS FOR CITY OF CARTERSVILLE BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Cartersville, Georgia Occupation Tax Certificate, Alcohol License or other public benefits as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Cartersville, Georgia Occupational Tax Certificate, Alcohol License or other public benefit (circle one) for

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

[Name of business, corporation, partnership]

- 1) _____ I am a United States citizen
- 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 representation under oath, I understand 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.

Signature of Applicant: Date

Printed Name: _____

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

* _____
Alien Registration number for non-citizens

Notary Public
My 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 identifying number below:

Contact Person

(if necessary)

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CITY OF CARTERSVILLE

3% MIXED DRINK TAX REPORT

This report is due and payable by the 10th day of the month following the month of collection. If the 10th day falls on other than a business day, the report is due the following work day.

Taxpayers not filing this report on or before the due date shall not be entitled to the operator collection fee and any tax due shall bear interest at the rate of one percent (1%) per month or portion of month until said tax is paid.

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name of Business: _____

Signature: _____

Title: _____

Report for the month of _____.

a. Mixed drink sales: _____ \$

b. 3% of Sales (a): _____ \$

c. Less 3% of tax (b) as Collection Fee: _____ \$

d. Interest rate of 1% of line b if past 10th: _____ \$

Net Amount Due: _____ \$

To figure out amount due: ie. Total Sales = \$100

$$a * .03 = b \quad \$100 * .03 = \$3$$

$$b * .03 = c \quad \$3 * .03 = \$0.09$$

$$b * .01 = d \quad \$3 * .01 = \$0.03$$

$$\text{If on time, Amount Due} = b - c \quad \$3 - \$0.09 = \mathbf{\$2.91}$$

$$\text{If late, Amount Due} = b - c + d \quad \$3 - \$0.09 + \$0.03 = \mathbf{\$2.94}$$