



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 City of Leesburg by calling 229-759-6465.

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

- 1. Employment history for last 5 years of each person in the application.
- 2. Proof of general liability and workers' compensation insurance
- 3. Consent agreement for criminal history record of each person named in the application
- 4. Photograph of each person named in the application
- 5. A bank money order, certified check, cash or personal check of the application fee in full
- 6. 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:

Leesburg City Hall
107 N. Walnut Avenue
Leesburg, GA 31763
T: (229) 759-6465 F: (229)759-6249
Monday - Friday, 8:00 a.m. - 5:00 p.m.

3. The City of Leesburg publishes a notice of application in the county legal organ, The Lee County Ledger.
4. The City Council conducts a public hearing regarding the application.
5. The City Council either grants or denies the application.

CITY OF LEESBURG, GEORGIA

ALCOHOL BEVERAGE LICENSE

APPLICATION FORM

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

Leesburg City Hall

107 N. Walnut Ave.

Leesburg, GA 31763

T: (229) 759-6465 F: (229)759-6249

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 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 _____ 7a) Email Address _____

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 SB)

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:

- Sale off-premises of package malt beverages and wine license \$75.00
- 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 of premises licenses:

- Retail sales for off premises consumption of malt beverages \$375.00
- Retail sales of off-premises consumption of wine \$375.00

Retail consumption on-premises licenses:

- Pouring license for malt beverage only on the premises \$375.00
- Pouring license for wine only on the premises \$375.00
- Pouring license for retail sale of distilled spirits, wine and malt beverages by the drink \$3000.00

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 Leesburg Alcohol Beverage Ordinance.

Signature of Applicant _____ Date _____

**CITY OF LEESBURG, GEORGIA
ALCOHOL BEVERAGE LICENSE
LEGAL NOTICE AND CITY COUNCIL MEETING DATES**

FOR OFFICE USE ONLY

Dates for Advertisement in the Lee County Ledger:

Date: _____

The Applicant Shall be Present at the Following Leesburg City Council Meetings:

Date: _____

APPLICAN'TS COPY

Dates for Advertisement in the Lee County Ledger:

Date: _____

The Applicant Shall be Present at the Following Leesburg City Council Meetings:

Date: _____

CITY OF LEESBURG, GEORGIA ALCOHOL BEVERAGE LICENSE 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):

***FINGERPRINTS APPLY TO NEW APPLICANTS ONLY**

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.

**CITY OF LEESBURG, GEORGIA
ALCOHOL BEVERAGE LICENSE**

CONSENT AGREEMENT FOR CRIMINAL HISTORY RECORD

(TAKE THIS FORM TO YOUR LOCAL SHERIFF'S OFFICE TO HAVE THE CRIMINAL HISTORY RUN)

Name of Person Making the Application _____

Social Security Number _____ Date of Birth _____

State of Birth _____ Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Driver's 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 data,

Signature _____ Date _____

Sworn and Subscribed Before Me

THIS ___ DAY OF _____, 20 _____

Notary Public's Name _____

Signature: _____

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.

Emergency Contact & Business information- Lee Co 911

Business Name _____

Business Address _____

Type of Business _____

Business Phone _____

Emergency Contact Name #1 _____

#1 Contact Number _____

Emergency Contact Name #2 _____

#2 Contact Number _____

Hazards or Special Problems _____

All information contained herein is confidential information for the Lee County 911.

119 Pinewood Rd. Leesburg, GA. 31763 (229)759-6023 or fax (229)759-3339