



UPSON COUNTY BOARD OF COMMISSIONERS
106 EAST LEE STREET, SUITE 110
THOMASTON, GA 30286
Phone: (706) 647-7012 Fax: (706) 647-7030
www.upsoncountyga.org

INSTRUCTIONS FOR MALT BEVERAGE/BEER AND WINE LICENSE(S) APPLICANTS AND APPLICATIONS FOR UPSON COUNTY, GEORGIA

The following items are required to be completed before an application will be presented to the Upson County Board of Commissioners for their consideration of approval.

1. A completed application accompanied by all required supporting documents. Documents requiring a notary must be notarized prior to submitting.
2. A current Occupation Tax Certificate obtained from Upson County Building & Zoning.
3. An inspection of the business location by the Upson County Building & Zoning Official to determine the following:
 - a. That the location is zoned properly.
 - b. That the building meets all applicable building codes.
 - c. That the required measurements are made from the business to any churches, public recreation areas/parks, and alcohol treatment centers, and if applicable, inspect and approve the inside and outside lighting of business and premises.

The applicant will complete the top portion of the *Malt Beverage/Beer and Wine Zoning Inspection* form and present it to the Building and Zoning office along with a **\$50.00** nonrefundable fee for these services. The **\$50.00** fee will cover the initial inspection plus one follow-up inspection. Any other follow-up inspections will be a **\$25.00** fee per visit. The Building and Zoning Administrator will be responsible for completing the bottom portion of the *Malt Beverage/Beer and Wine Zoning Inspection* form and provide the inspection report stating the business is "In Compliance with Code". The applicant is responsible for providing a copy of these completed forms to the Board of Commissioners Office.

4. A completed background check and criminal history check conducted online.
(Registration packet/instructions will be given AFTER application is submitted & fees are paid)

The applicant will follow the instructions given in the paperwork to register for the background check and the criminal history check. A fee will be paid using either credit card or debit card by the applicant at the end of the application registration. **Applicant must contact the Board of Commissioners Office once registration is submitted.** Fingerprint locations can be found by visiting www.aps.gemalto.com. Fingerprints are submitted to the GBI and FBI for a search. Responses from the GBI and FBI must be received prior to the Board of Commissioners consideration of the application for the Beer and/or Wine License(s).



APPLICATION FOR MALT BEVERAGE/BEER AND WINE LICENSE(S) UPSON COUNTY, GEORGIA

(Application must be legibly typed or printed, except for required signatures.)

A. Type of License(s) applying for:

- 5. Malt Beverage / Beer—Package Sales
- 6. Malt Beverage / Beer—Pouring License
- 7. Wine / Wine—Package Sales
- 8. Wine / Wine—Pouring License

B. Applicant's Information:

(Note: If the license(s) are to be issued in the name of more than one person, then each person is considered an applicant and each person is required to complete a separate application.)

1. Full Name: _____
2. List any alias names used: _____
3. Home Address: _____
4. Mailing Address: _____
5. Phone Number: _____
6. Date of Birth: _____
7. Age: _____
8. Social Security Number: _____
9. Are you a United States Citizen? _____
10. Are you an Upson County Resident? If yes, for how many years? _____

11. Have you ever been convicted or entered a plea of guilty to any crime? Yes No
12. If you answered yes to the question above, list the offenses or charges, the dates of the charges, the courts which imposed sentence, and the sentence imposed against you in the space provided below.

13. For purposes of issuing Beer and/or Wine License(s), is it okay for us to check your background history? Yes No

C. Business/Building Information:

1. Name of Business: _____
2. Address of Business: _____
3. Mailing Address: _____
4. Applicant's Relationship to Business: _____
5. Phone Number: _____

6. Type of Business: Package Store Grocery Restaurant
 Convenience Club

7. Type of Business Ownership: Individual Partnership Corporation

8. Owner of Building, Full Name: _____
Address: _____

9. List the full names, addresses, D.O.B.'s, SS numbers, and phone numbers of any and all persons who have or will have any interest, monetary or otherwise, in the business to be operated under license(s) applied for. (Use extra sheet of paper if necessary.)

10. If the applicant is a corporation, list the full name, address, and phone number of the corporation and the full name of the C.E.O. or President of the corporation. The application shall be signed by the manager of the business and the license(s) will be issued jointly in the name of the applicant and the corporation.

11. If the applicant or corporation holds any other Beer or Wine Licenses in Upson County, then the business names, addresses, and phone numbers must be listed below.

D. List three impartial character references:

(References shall not be relatives or family members of the applicant).

- 1. Name:** _____ **Number:** _____
Address: _____
- 2. Name:** _____ **Number:** _____
Address: _____
- 3. Name:** _____ **Number:** _____
Address: _____

E. By my signature affixed hereto, I do solemnly swear or affirm that the facts, statements, answers to questions and all information that I have given in this application are true and correct, and that I have not misrepresented any facts or concealed any facts required by this application. I fully understand that discovery of fraudulent information provided by me in this application shall constitute grounds for revocation of such license(s) and/or denial of this application for such license(s). I further swear or affirm that I have received a copy of the Upson County Malt Beverage/Beer and Wine Ordinance and that I have read and fully understand the regulations with reference to the licensing and sale of Malt Beverages/Beer and Wine, and that I am cognizant of the discretion of the Board of Commissioners of Upson County, Georgia to revoke any license(s) granted for failure to comply with said regulations.

Applicant's Signature: _____

Date: _____

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

NOTARY PUBLIC: _____

My Commission Expires: _____

Stamp/Seal

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

By executing this affidavit under oath, as an applicant for an ALCOHOL LICENSE as referenced on O.C.G.A. § 36-60-6(d), from UPSON COUNTY, the undersigned applicant representing the private employer known as:

_____ [Print name of business] verifies one of the following with respect to my application for the above-mentioned document:

Choose one and print initial:

[a] _____ On January 1st of the below signed year the individual, firm or corporation employed **more than ten (10) employees**.

OR

[b] _____ On January 1st of the below signed year the individual, firm or corporation employed **less than ten (10) employees**

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6 (a).

The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully make a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 20_____

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

Stamp/Seal



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Upson County Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for an Upson, County Georgia Alcohol License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for an Upson County Alcohol License for _____. (Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity).

1) _____ I am a United States citizen

OR

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 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:

ALCOHOL ORDINANCE ACKNOWLEDGEMENT

I, the undersigned, hereby understand that it is my responsibility to comply with all rules and regulations set forth in Upson County's Alcohol Ordinance ~ Chapter 6, Alcoholic Beverages.

You may view this ordinance anytime at https://library.municode.com/ga/upson_county

Business Name: _____

(dba)

Owner/Agent Signature: _____ Date: _____

Owner/Agent Printed Name: _____ Title: _____