



FRANKLIN COUNTY  
BOARD OF COMMISSIONERS

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**ALCOHOLIC BEVERAGE LICENSE APPLICATION CHECKLIST**

The follow list of documentation is required before the application for alcoholic beverage license is processed. Please return this form with all permit application submittals. All documents must be legible.

**\*\*Incomplete forms will not be processed and will delay license issuance.\*\***

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Certificate from a registered surveyor in GA showing a scaled drawing of the premises, the location or premises where desired alcoholic beverage operations are to occur, the distance in linear feet measured by the most direct route of travel on the ground from the applicant's structure to the property line of the tract of the nearest church building, school building, educational building, school grounds, or college campus building.
- \_\_\_\_\_ Proof of ownership of property
- \_\_\_\_\_ Franklin County resident appointed designee if owner is not a citizen of Franklin County
- \_\_\_\_\_ Copy of Lease , if outlet is to be located on leased premises
- \_\_\_\_\_ Partnership: Copy of partnership agreement including any/all amendments
- \_\_\_\_\_ Nonprofit/tax-exempt: Copy of the Charter or Articles of Incorporation **AND** Proof of Tax-Exempt Status
- \_\_\_\_\_ Corporation: Copy of Articles of Incorporation and By-Laws including any & all amendments
- \_\_\_\_\_ Private Club: Copy of Articles of Incorporation and By-Laws including any & all amendments
- \_\_\_\_\_ License Fee(s) Paid by Certified or Cashier's Check (Refundable if application withdrawn or denied)  
Type: \_\_\_\_\_ Amount: \_\_\_\_\_
- \_\_\_\_\_ Application Fees Paid by separate payments (Non-Refundable)  
\_\_\_\_\_ \$250 Investigative Fee      \_\_\_\_\_ \$50 Sign Fee



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**ALCOHOLIC BEVERAGE LICENSE APPLICATION FEES**

License Fees			
Consumption Sales		Package Sales	
Beer, Wine, and Distilled Spirits	\$4,000	Distilled Spirits Only	\$4,000
Distilled Spirits Only	\$2,500	Malt Beverage and Wine	\$1,500
Beer and Wine Only	\$1,500		
Wholesale		Other	
Distilled Spirits	\$4,000	Private Club	\$4,000
Beer	\$1,000	Hotel/Motel "In-Room"	\$100
Wine	\$1,000	Temporary (up to 5 days)	\$25/day
<p>*License fees must be paid by Certified or Cashier's Check **If an application is denied or withdrawn, these fees will be refunded.</p>			
Additional Fees (Non-Refundable)			
Investigative Fee (Background Check)	\$250	Sign Fee	\$50
<p>*Investigative and Sign Fees must be paid by separate checks with each application and are <u>non-refundable</u>. **Additional Investigative Fees may be required depending on the application such as transfer of licenses, changes in ownership, partnership, etc.</p>			



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**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**PURPOSE OF THIS APPLICATION:**

\_\_\_\_ NEW LICENSE      \_\_\_\_ RENEWAL      \_\_\_\_ SPECIAL EVENT(S)  
\_\_\_\_ MALT BEVERAGE      \_\_\_\_ WINE      \_\_\_\_ DISTILLED SPIRITS  
\_\_\_\_ RETAIL PACKAGE SALES      \_\_\_\_ CONSUMPTION ON PREMISE

APPLICANT NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

RESIDENCY IN FRANKLIN COUNTY \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ NO. OF YEARS

NAME OF OWNER(S), DESIGNEE, PARTNERSHIP, CORPORATION, ETC. IF OTHER THAN THE APPLICANT

(ATTACH ADDITIONAL PAGES IF NEEDED)

TITLE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_



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TITLE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

TITLE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

TITLE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_



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**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**Silent, undisclosed partners or joint venture partners:**

Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venture partner; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firms, companies, corporations or other?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state name of person or other entity with address and amount of percentage of profits and receipts to be split.

Name \_\_\_\_\_ Address \_\_\_\_\_ % \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Residency/Age requirement:**

Is there any party identified in this application that is not a legal resident of the United States and at least twenty-one (21) years of age?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give full details on separate sheet.

If not a U.S. Citizen, can they legally be employed in the United States?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain on separate sheet and submit copies of eligibility.

**Disclosure of previous denials:**

Is there anyone connected with this business that has applied for a beer, wine, and/or liquor license from Franklin County or other City or County in the State of Georgia or other state or political subdivision and been denied such?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give full details on separate sheet.



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**Disclosure of licenses held:**

Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give full details on separate sheet.

**Disclosure of felony/other convictions or offenses:**

Is there anyone connected with this business that has been convicted of a felony or a crime involving moral turpitude?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give full details on separate sheet including dates, charges and disposition.

Is there anyone connected with this business that has been convicted of any state, federal or local ordinance pertaining to the manufacture, possession, use, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof within the last ten years immediately prior to the filing of this application?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give full details on separate sheet including dates, charges and disposition.

Is there anyone connected with this business that has been found in violation of the ordinances of Franklin County, or any other county or municipality, governing alcoholic beverages licenses with the last five years immediately prior to the filing of this application?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give full details on separate sheet.

Is there anyone connected with this business that has been convicted under any Federal, State or County law for a criminal offense involving alcoholic beverages, gambling or tax law violations?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give full details on separate sheet.



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**Save Affidavit**  
**Affidavit Verifying Status for City Public Benefit**  
**Pursuant to O.C.G.A. § 50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for a(n) alcohol license, as referenced in O.C.G.A. § 50-36-1, Franklin County Board of Commissioners, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) I am a United States citizen.
- 2) I am a legal permanent resident of the United States.
- 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_  
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 O.C.G.A. § 16 -10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city) \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE

NOTARY PUBLIC

ME ON THE

My Commission Expires:

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_







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**Applicant Privacy Rights  
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34. Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

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Signature

Print Name

Date