APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

This application must be signed by the applicant and notarized. Every question must be fully answered with the answer typewritten or printed. If the space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed, the application must be dated, signed, and verified under oath by the applicant and submitted to Planning and Development, together with the license fee(s) and the administrative/investigative fee (separate checks). All fees are payable to Dawson County in certified funds (bank check, certified check, or money order). The applicant must be not less than 21 years of age.

NOTICE: Any false answer to any question could result in the denial of a license, or in the event a license is issued, in the revocation or suspension of the license. ***KEEP A COPY OF ALL FORMS SUBMITTED***

FOR OFFICIAL USE ONLY:

Name of Business: ____________________________
Date Received: ____________________________ License Fee Enclosed: $ ____________
Approved: ____________________________ Denied: ____________________________
State License Number: ____________________________
Local License Number: ____________________________
Administrative/Investigative Fee Enclosed: $ ____________ Advertising Fee Enclosed: $ ____________

1. TYPE OF LICENSE: (check one): ☐ NEW ☐ AMENDMENT (TRANSFER)

2. ADMINISTRATIVE AND INVESTIGATIVE FEE:
   ☐ $250.00 (Consumption on Premises)
   ☐ $250.00 (Retail Package)
   ☐ $250.00 (Transfer of License)
   Note: Administrative/Investigative fees may be higher depending on the number of persons for which we conduct a federal and state background check.
   ADVERTISING FEE:
   ☐ $ 40.00 (Distilled Spirits)
   (Consumption on Premises & Retail Package)

3. TYPE OF BUSINESS:
   ☐ Bona Fide Eating Establishment
   ☐ Indoor Commercial Recreation Facility
   ☐ Super Market
   ☐ Hotel/Motel
   ☐ Convenience Store
   ☐ Caterer (must have alcohol by the drink license)
   ☐ Package Liquor Store (see Item 14, Page 5)
   ☐ Other
   Explain: ____________________________

Will live entertainment be offered? ________ If Yes, Explain: ____________________________

__________________________  ____________________________  ____________________________

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4. TYPE OF LICENSE AND FEES:          PAYMENT BY CERTIFIED FUNDS ONLY!!
   (Check all that apply)           Note: If license is issued after July 1st, fees are one half.

   RETAIL PACKAGE:              (Total: Beer - Wine - Distilled Spirits = $5,800)
   (Total: Beer - Wine = $1,300)
   □ Beer $650
   □ Wine $650
   □ Distilled Spirits $4,500

   GROCERY & CONVENIENCE STORES: ATTACH COPY OF DEPT. OF AGRICULTURE FOOD ESTABLISHMENT LICENSE.

   RETAIL CONSUMPTION ON PREMISES:    (Total: Beer - Wine - Distilled Spirits = $4,800)
   (Total: Beer - Wine = $1,500)
   □ Distilled Spirits $3,300
   □ Beer $750
   □ Wine $750
   □ Add'l Fixed Bars # ______$ 500 (each bar)
   □ Movable Bars # ______$ 250 (each bar)

   PRIVATE CLUB:                  Note: Must obtain a retail consumption on the premises license.
   □ Beer $750
   □ Wine $750
   □ Distilled Spirits $3,300

   HOTEL IN-ROOM SERVICE:          Note: Must obtain a retail consumption on the premises license before Hotel In-Service License is issued.
   □ Beer $750
   □ Wine $750
   □ Hotel In-Service $250

   SPECIAL EVENT ALCOHOL PERMIT:   Note: Must complete additional Special Event Alcohol Permit
   Form # 2-B.
   □ $25 Per Day

5. BUSINESS
   (a) Business Name:
   (b) Location: ____________________________
       Street Number     Street Name
       City                   State         Zip Code         Phone Number
   (c) Mailing Address: ____________________________
       For Renewals: Street Number     Street Name
       City                   State         Zip Code         Phone Number

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6. OWNER:
   (a) Full Name: ____________________________________________ Social Security #
   (b) Corporation or LLC Name (if applicable): _________________________________
   (c) Location: ____________________________________________________________
      Street Number   Street Name
      City                        State                        Zip Code                  Phone Number
   (d) Mailing Address: _________________________________________________________
      Street Number   Street Name
      City                        State                        Zip Code                  Phone Number

7. REGISTERED AGENT: *(Applicant may name a registered agent - attach Registered Agent Consent Form #2-A.)*
   (a) Full Name: ____________________________________________________________ Social Security #
   (b) Address: ______________________________________________________________
      Street Number   Street Name
      City                        State                        Zip Code                  Phone Number

8. TYPE OF OWNERSHIP:
   □ Sole Proprietorship                        □ Legally Registered Partnership
   □ Private Held Corporation                  □ Public Held Corporation
   □ Public Held Corporation Subject to S.E.C. Regulations □ Limited Liability Company
   □ Other; explain ____________________________

9. FOR PARTNERSHIP ONLY:
   (a) Date the Partnership was formed: _________________________________
   (b) Attach Partnership Agreement
   (c) List Partners:
   Name & Resident Address   Social Security Number   G - General Investment $   S - Silent Participation %
   (Attach separate sheet if necessary)

   __________________________________________________________
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10. FOR CORPORATION or LLC ONLY:  (Attach Articles & Certificate of Incorporation/Organization)
(a) Date of Incorporation/Organization: 
(b) Place of Incorporation/Organization: 
(c) State Parent Corporation, if applicable: 
(d) Number of Shares of Capital Stock Authorized, if applicable: 
(e) Number of Shares of Outstanding Stock, if applicable: 
(f) For Corporations or LLC's, list officers, directors, members, and/or principal shareholders with 20% or more of the stock:

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(g) Is the corporation owned by a parent corporation or held by a holding company? ________________________
If yes, explain: ________________________

11. FOR PRIVATE CLUBS ONLY:
(a) Date of organization under the laws of the State of Georgia: 
(b) State the total number of regular dues paying members: 
(c) Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of distilled spirits beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club?

(d) Attach minutes of the annual meeting setting salaries. For private club, list officers, directors and/or principal shareholders with 20% or more of the stock.

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12. FINANCING:
(a) Bank to be used by business, include branch: 
(b) State total amount of capital that is or will be invested in the business by any party or parties: 
(c) State total amount of funds invested by the owner: 
(d) State total amount of funds invested by parties other than the owner: 
(e) If any capital is borrowed:

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13. GENERAL INFORMATION:
(a) Has owner and/or individual partner, shareholder, director, officer or member any interest in any manufacturer or wholesaler of alcoholic beverage? 
(b) Has owner and/or individual partner, shareholder, director, officer or member received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? 
(c) If answer is "Yes" to either of immediate foregoing, explain: 
(d) Show hereunder any and all persons, corporations, partnerships, limited liability companies or associations (other than persons stated herein as owner(s), directors, officers or members) who have received or will receive, as a result of your operation under the requested license, any financial gain or payment derived from any interest or income from the operation. Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation under the license. In the event any corporation or limited liability company is listed as receiving an interest or income from this operation, show the names of the officers, directors or members of said corporation together with the names of the principal stockholders.
(e) List all other businesses engaged in the sale of alcohol beverages that you the owner, or any individual, partner, shareholder, officer, director or member has interest in, is employed by or is associated with in any way whatsoever, or has had interest in, has been employed by, or has been associated with in the past.

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14. FOR PACKAGE LIQUOR STORE APPLICANTS: ***State of Georgia Regulations***
The State of Georgia will **not** issue a State Alcohol License to any person who has more than two (2) retail package liquor licenses. See official language below. Do **not** apply for a Dawson County License if you already have (or have interest in) two (2) package liquor store licenses in the State of Georgia.

O.C.G.A. 3-4-21 and Regulation 560-2-2-40.
No person shall be issued more than two retail package liquor licenses, nor shall any person be permitted to have a beneficial interest in more than two retail package liquor licenses issued by the Department regardless of the degree of such interest.

For the purposes of explanation and applicability of the Code:
"Beneficial interest" as used here means: when a person holds the retail package liquor license in his own name, or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest in, or derives any economic benefit from, or has control over a retail package liquor business.

The term "person" shall include all members of a retail package liquor dealer licensee's family; and the term "family" shall include any person related to the holder of the license within the first degree of consanguinity and affinity as computed according to the canon law which includes the following: spouse, parents, step-parents, parents-in-law, brothers and sisters, step-brothers and step-sisters, brothers-in-law and sisters-in-law, children, step-children and children-in-law.

Do you currently hold any package liquor licenses in your own name or have a beneficial interest in any package liquor licenses as described above? Yes No If yes, attach a separate sheet listing names, addresses, and license numbers.
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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.

STATE OF GEORGIA, DAWSON COUNTY

I, ____________________________, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT.

____________________________
APPLICANT’S SIGNATURE

I HEREBY CERTIFY THAT ____________________________ SIGNED HIS NAME TO THE FOREGOING APPLICATION 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 AND CORRECT.

THIS _______ DAY OF ________________________, 20 ___.

____________________________
NOTARY PUBLIC

FOR OFFICIAL USE ONLY:

PLANNING AND DEVELOPMENT REVIEW:

APPLICANT HAS OBTAINED ALL NECESSARY PERMITS AND LICENSES. (Building Permit / Business License)

_________________________________________
Planning and Development Director

APPLICANT HAS COMPLETED ALL NECESSARY INSPECTIONS. (Fire Dept. / Health Dept. / Dept. of Agriculture-Retail Package only)

_________________________________________
Planning and Development Director

APPLICANT HAS COMPLETED PREMISE & STRUCTURE FORM # 3 AND ATTACHED ALL REQUIRED INFORMATION IN ITEMS 10 through 15.

_________________________________________
Planning and Development Director

FOR OFFICIAL USE ONLY:

SHERIFF DEPARTMENT REVIEW:

APPLICANT HAS COMPLETED ALL REQUIREMENTS FOR FEDERAL AND STATE BACKGROUND CHECK AND IS APPROVED FOR THIS APPLICATION PROCESS.

_________________________________________
Sheriff