



CITY OF HOLLY SPRINGS
 P.O. Box 990, Holly Springs, GA 30142
 Phone: 770-345-5536
 knorred@hollyspringsga.us

NOTICE: No renewal license shall be granted on an application filed after December 15, but such application shall be treated as an initial application.

Alcohol License Renewal Form

Type of Renewal
 Check all that apply

- | | | |
|--|--|---------|
| <input type="checkbox"/> | Beer, Wine, Distilled Spirits, Consumption on Premise*
(*Distilled Spirits consumed on premises are required to remit 3% excise tax to the City of Holly Springs monthly on the Liquor Pouring Tax form) | \$3,000 |
| <input type="checkbox"/> | Beer & Wine Consumption on Premise | \$3,000 |
| <input type="checkbox"/> | Beer, Wine, Distilled Spirits Package | \$5,000 |
| <input type="checkbox"/> | Wine Package | \$1,500 |
| <input type="checkbox"/> | Beer Package | \$1,500 |
| <input type="checkbox"/> | Beer & Wine Package | \$2,000 |
| <input type="checkbox"/> Sunday Sales \$0 | | |
| <input type="checkbox"/> Ancillary Tasting \$100 | | |
| <input type="checkbox"/> Bring Your Own Bottle (BYOB) \$100 | | |

BUSINESS INFORMATION

Full Name of Business: _____

D/B/A: _____

Street Address of Business: _____

Mailing Address of Business: _____

Business Phone Number: _____

Name of Business Owner: _____

Mailing Address: _____

Business Phone Number: _____ Fax Number: _____

Web Site Address: _____

- Sole Proprietorship
 Partnership
 Corporation
 Limited Liability Company

APPLICANT INFORMATION

Applicant Name: _____

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

ACTIVE MANAGER'S INFORMATION

Name of Active Manager: _____

Manager's Home Address: _____

City/State/Zip: _____

Home Phone Number: _____ Cell Number: _____

County: _____ # of Years: _____

Social Security Number: _____ Date of Birth: _____

Manager's Permit Number: _____ Exp. Date: _____

In accordance with Chapter 6, Article II, Section 6-69 of the City of Holly Springs Code, managers are required to hold a manager's permit. Application for a manager's permit must be made with the police department.

REGISTERED AGENT/OFFICER INFORMATION

Registered Agent/Officer is required if Business is Incorporated

Registered Agent/Officer: _____

Current Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

GENERAL INFORMATION

Applicant shall complete entire application by **answering all questions**, having signed and notarized, if applicable, all necessary forms, where applicable and submitting all applicable fees by certified check, cash or money order. PLEASE TYPE OR PRINT LEGIBLY.

- 1. Is the Applicant, spouse of applicant, manager, business owner, registered agent/officer related to any distributor or wholesaler of malt beverages or employee thereof, within the first degree of constanguinity or affinity as computed according to the civil law so that there might be special concessions granted the license to give him a competitive advantage over others not similarly privileged? **YES** **NO**

If yes, please attach a list of detailed information regarding the name and relationship.

- 2. Are there any changes in the names, addresses, criminal history or other information of corporate officers, stockholders, partners, managers, business owners, other than those already reported, since your initial application was filed? **YES** **NO**

If yes, please attach a list of the names, addresses, type of change and date of change.

- 3. Does the licensee, corporation, owner, or any partner have interest in or control over any other beverage alcohol business in the State of Georgia? **YES** **NO**

If yes, please explain.



***City of Holly Springs
Affidavit Verifying Status
for City Public Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Holly Springs, 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 a City of Holly Springs, Alcohol License or other public benefit 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 and 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:

Alien Registration number for non-citizens:

* _____

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

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 prove their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

**City of Holly Springs
Georgia Crime Information Center
Consent Form**

I hereby authorize the Holly Springs Police Department and the City of Holly Springs to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Please **PRINT** below except on the signature line. It **MUST** be signed in the presence of the notary public in order for this consent form to be valid.

Last Name First Name Middle Name Maiden Name

Street Address City State Zip Code

Sex* Race* Date of Birth Social Security Number

Signature Contact Telephone

ID / DL State ID / DL Number Expiration Date

*Note – **ONLY** Valid Sex Codes are **M=Male, F=Female, U=Unknown** / **ONLY** Valid Race Codes are **W=White, B=Black, A=Asian or Pacific Islander, I=American Indian or Alaskan Native, U=Unknown**

Request Provisions (one of the following must be checked):

- Employment (other than one of the below special provisions)
- Employment with mentally disabled
- Employment with elder care
- Employment with children
- Employment with criminal justice agency – non-sworn
- Employment with criminal justice agency – sworn
- Other: Alcohol License

One of the following must be checked:

X This authorization is valid for 90/180/____ (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Subscribed and sworn to before me this _____ day
of _____, 20____
by _____

NOTARY PUBLIC

Agency Use Only

NO RECORD FOUND

Date Processed: _____ SID: _____ FBI: _____

Operator Initials: _____ Dissemination: Mailed Picked Up

SIGNATURE SECTION

Before signing this application, check all answers and explanations to make sure that all questions are answered fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension, revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application, or any personnel statement which is made a part of this application, such change must be reported as an amendment to this application. Failure to make such amendment shall be cause for the revocation of any license issued pursuant to this application. If there has been change in the information during the past year, do not complete this form, but call the City Clerk immediately at 770-345-5536 and request a complete application. It may be necessary for fingerprinting or background checks if personnel, officers, stockholders, ownership has changed. Your signature on this form indicates that there have been no changes, other than those previously reported since your initial application and that all information contained herein is true and correct.

I declare under penalty and perjury that this statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete.

Signature of Licensee

Title

Date

(Licensee may be the owner, manager, partner, or an authorized officer of the corporation)

I hereby certify that _____ is personally known to me, which said applicant, signed the foregoing application after stating to me personal knowledge and understanding of all statements and answers made herein, and, under oath, actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20_____.

Notary Public

My Commission Expires



City of Holly Springs

P.O. Box 990

Holly Springs, GA 30142

www.hollyspringsga.us

Office: 770-345-5536

Fax: 770-345-0209

2018 Liquor Pouring Tax Invoice for Month of
2018

This form only applies to the Distilled Spirits Consumption on Premise Alcohol License.

Business Name: _____

Business Address: _____

Business Phone: _____

Total Sales: _____

x .03

Total Due: _____

Signature: _____

Taxes are due by the 10th of each month. Please return top portion of form with your payment (Sec. 6-49 Excise Tax). A Penalty in accordance with Sec. 6-52 will be assessed if not paid by the due date.

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_____ 2018 Liquor Pouring Tax paid \$ _____ on (date) _____