



**CITY OF HOLLY SPRINGS
ALCOHOLIC LICENSE INSTRUCTIONS
P.O. BOX 990
HOLLY SPRINGS, GA 30142
770-345-5536 or FAX 770-345-0209**

APPLICATION PROCESS: Submission of application, Fees, Building Plans, Verification that application is complete and qualifications of applicant Zoning Ordinance and distance requirement verification, Tax record search, Criminal history investigation, (2) two consecutive advertisement in the City’s legal organ.

Application Checklist

	Applicant or registered officer/agent shall define his duties and responsibilities and enclose with the application. 6-35(c)
	All Applicants, managers and/or registered agents for beer, wine or distilled spirits, package or pouring, must submit verification of residence within the State of Georgia for one (1) year proceeding the time of filing application. 6-35(h) Proof of residence may be obtained at the Cherokee County Probate Court 678-493-6160.
	Must submit verification of U.S. Citizenship, or a legal alien for at least three (3) years. 6-35(d)
	Applicant shall obtain a survey plat for the affected location, which shows, the zoning, detail dimensions of the site, distance to schools, churches, day care centers, hospitals, nursing homes, residential multi-family and residential single-family areas. 6-38
	Applicant shall furnish plans and rendering of the proposed premises showing the dimensions, and the total square footage specifically affected by this application. 6-1
	Applicant shall bear the cost of advertisement and submit a paid receipt for (2) two consecutive weeks and shall post a sign on property of business. Example of advertisement is in the ordinance. Property sign provided by the City. Legal organ is the Cherokee Tribune. Picture of sign posted at business and a Publisher’s Affidavit from the Cherokee Tribune must be submitted. 6-31
	Applicant shall provide a letter of clearance from the Clerk of Federal Court in Atlanta, 2211 Richard G. Russell bldg, 75 Spring St., (404) 215-1660.
	Each licensee shall provide the city with a certified statement prepared by his bookkeeper or accountant of the gross sales of the business for the preceding calendar year. Copies of the state sales tax returns for the same period shall be attached to the statement. Such statement must be properly notarized and certified to be true and correct by the licensee or his agent under penalty of law, and shall accompany the basic license fee payment on or before December 15 of each year. 6-53 (e)
	Managers & Servers shall obtain a work permit from the Holly Springs Police Department, 3235 Holly Springs Pkwy, Holly Springs, (770) 345-5537. 6-69 & 6-70
	All applicants shall attend an alcohol sales and service policy workshop for owners and managers (City Code 6-68). Contact Scott Wiatric with Training Institute for Responsible Vendors, Inc. to schedule an appointment (404) 531-9237. 6-68
	Applicant shall attach an application fee in the amount of \$500 with the application upon submittal and file with the City Clerk.

A copy of the Holly Springs Alcohol Ordinance will accompany this instruction sheet and application. Please reference the section number is you have any questions or call City Clerk at (770) 345-5536.

CITY OF HOLLY SPRINGS ALCOHOLIC BEVERAGE APPLICATION

**City of Holly Springs
P.O. Box 990
Holly Springs, GA 30142
770-345-5536**

Application for Alcoholic Beverage License

Type of License: (Check Appropriate Box)

Distilled Spirits:

Sunday Sales

Renewal

New

Transfer

Manufacturing

Wholesaler

Retail Package

On-Premise

Consumption

Restaurant

Bar/Lounge

Package Store

Live Entertainment

Convenience Store

Grocery Store

Malt Beverages:

Sunday Sales

Renewal

New

Transfer

Manufacturing

Wholesaler

Retail Package

On-Premise

Consumption

Restaurant

Bar/Lounge

Package Store

Live Entertainment

Convenience Store

Grocery Store

Wine:

Sunday Sales

Renewal

New

Transfer

Manufacturing

Wholesaler

Retail Package

On-Premise

Consumption

Restaurant

Bar/Lounge

Package Store

Live Entertainment

Convenience Store

Grocery Store

Type of Sale: (Check Appropriate Box)

- | | |
|--|------------|
| <input type="checkbox"/> Beer, Wine, Distilled Spirits, Consumption on Premise* | \$3,000.00 |
| (*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) | |
| <input type="checkbox"/> Beer & Wine Consumption on Premise | \$3,000.00 |
| <input type="checkbox"/> Beer, Wine, Distilled Spirits Package | \$5,000.00 |
| <input type="checkbox"/> Wine Package | \$1,500.00 |
| <input type="checkbox"/> Beer Package | \$1,500.00 |
| <input type="checkbox"/> Beer & Wine Package | \$2,000.00 |

CITY OF HOLLY SPRINGS ALCOHOLIC BEVERAGE APPLICATION

Please type or print legibly.

Full name of business: _____

Under what name will business be operated: _____

Proprietorship Partnership Corporation LLC LLP

Street address of business: _____

Phone number of business: _____

Is business within the designated distance of any church, day care center, school, nursing home, hospital, residential (multi-family or single family) district?

YES NO (Plat survey must be enclosed)

If yes, what is the compliance problem specifically? _____

Full legal name of applicant: _____

Social Security #: _____ Birthday: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____

Birthplace: _____ Are you a U.S. citizen YES NO

State drivers license #: _____ Are you married YES NO

If married, give spouse's name: _____

Spouse's Social Security #: _____

What has your occupation been for the past five (5) years? Please give details below:

When did you as the applicant, begin employment or association with the business in question?

What is your position with the business? _____

CITY OF HOLLY SPRINGS ALCOHOLIC BEVERAGE APPLICATION

Is this a transfer of license? [] YES [] NO What is the effective date? _____

What is the name of the person, who if the license is granted, will be the active manager of the business and on the job at the business? _____

Active Manager's home address: _____

City: _____ State: _____ Zip: _____ County: _____

Number of years at present address: _____

Home Phone: _____ Social Security #: _____

Occupation: _____ Employer Name: _____

Has applicant, spouse, registered agent or any individual having an interest either as owner, partner, or stockholder, directly or indirectly, beneficial or absolute been convicted of any misdemeanor relating to any alcoholic beverage business or any state law, county or municipal ordinance violation relating to any alcoholic beverage business within (5) five years immediately prior to filing this application? [] YES [] NO

If yes, please give name, association with business, the year of conviction and the felony for which he/she was convicted: _____

What is the zoning classification for this property? _____

If this is an application for a new license (original), attach proof of adequate parking facilities as per the City of Holly Springs Land Development Ordinance.

If operating as a corporation, please answer the following:

Name of corporation: _____

Address of corporation: _____

Date of incorporation: _____ Place: _____

Name of registered officer: _____

Registered officer address: _____

City: _____ State: _____ Zip: _____ County: _____

Date the officer was registered with the Secretary of State: _____

Please attach a list of stockholders (with at least 20% financial interest), their addresses, and the amount of interest each stockholder has in the corporation.

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If operating as a partnership, please answer the following:

Partner: _____ Social Security #: _____

Address: _____

Amount of interest or percent of ownership: _____

* Each partner must complete a consent form for a formal criminal history and background investigation.

If operating as a partnership or sole proprietorship, please give names and other vital information of any other persons or firms owning any interest or receiving any funds from the operation.

Name: _____

Address: _____

Relationship to business: _____

Owns interest YES NO

Receive funds YES NO

If this is an application for any retail package sales or on-premise consumption:

Is the applicant or the spouse of the applicant related to any distributor or wholesaler of alcoholic beverages or employees thereof? YES NO If yes, please describe in detail: _____

Does the applicant, spouse of applicant, any partner, or stockholder in this business have financial interest in any distributor or wholesaler alcoholic beverage business? YES NO If yes, please give names of persons with interest and what business they have interest in: _____

*Gross receipts of these businesses may be required.

Has the applicant or spouse of applicant received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? YES NO

Does the applicant, spouse of applicant, partners, owners or stockholders have an interest in other alcoholic beverage stores? YES NO If yes, give number of stores in which you have interest: _____

Where are the stores located? _____

Please give details: _____

CITY OF HOLLY SPRINGS ALCOHOLIC BEVERAGE APPLICATION

Please attach a list of any and all persons, corporations, or partnerships who have received or will have 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 payment or gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under license. In the event any corporation is listed as receiving an interest or income from this operation, please give the names of the officers and directors of said income from this operation, please give the names of the offices and directors of said corporation together with the names of the principal stockholders (20% if more financial interest).

Does the applicant, spouse of applicant, partner, registered officer or stockholder hold any alcoholic beverage license in any other jurisdiction? YES NO If yes, please state what jurisdiction and the name of the applicant:_____

Has application ever been made by the above to another jurisdiction for an alcoholic beverage license and the license was denied? YES NO If yes, please state what jurisdiction and the name of applicant:_____

Does the applicant, or any member of the family of the applicant, own, lease, or sub-lease any real estate which is occupied by a retail alcoholic beverage establishment? YES NO
If yes, please answer the following

Name of owner:_____ Relationship to business:_____

Name of renter/lessee:_____ Amt of Rent: \$_____

Location:_____

Is the applicant or any member of the applicant’s family the executor, administrator, beneficiary, heirs or trustee of any estate or trust fund having any interest in a retail alcoholic beverage establishment? YES NO

Capacity with Estate:_____

Name:_____ Relationship to applicant:_____

Location:_____

Amount of Interest: \$_____ Amount of Income: \$_____
(If trustee, what you receive)

Upon notice that application is complete a date and time for the advertisement will be released, notice shall be given in the legal organ of the City for (2) two consecutive weeks that application has been filed at the applicant’s expense.

The applicant shall also cause a sign to be placed upon the location of the proposed business a sign or signs as stated in Section 6-31 of Article II in Chapter 6 of the Official Code of the City of Holly Springs.

CITY OF HOLLY SPRINGS ALCOHOLIC BEVERAGE APPLICATION

OATH OF APPLICANT

I hereby swear or affirm that the information disclosed in this application is true and correct, and providing further that I, as the applicant, owner of the business, and/or registered agent of the business will abide by, observe and conduct my business according to the rules and regulations prescribed by the City, the acts of the General Assembly, known as the Georgia Alcoholic Beverage Code as now or hereafter amended, and the rules and regulations of the State Department of Revenue in respect there to.

Signature of Applicant

Date

Signature of Registered Agent (if corporation)

Date

Signature of Business Owner

Date

Signature of Business Owner

Date

Signature of Business Owner

Date



FOR OFFICE USE ONLY

Application Received on _____ day of _____, 20_____

Amount paid: \$_____ Date paid:_____

CITY OF HOLLY SPRINGS ALCOHOLIC BEVERAGE APPLICATION

AFFIDAVIT

I do swear or affirm, that as the applicant for an alcohol beverage license for _____, that I and any interested parties (partners, owners, and/or corporation) do not owe any outstanding tax or license fee debts to the City of Holly Springs, State of Georgia or Cherokee County.

Signature of Applicant

Date

Notary

Date

My commission expires:_____

CITY OF HOLLY SPRINGS ALCOHOLIC BEVERAGE APPLICATION



I, _____ certify that I have received
the Holly Springs Code of Ordinances related to Alcohol Beverages

Signature

Date

CITY OF HOLLY SPRINGS ALCOHOLIC BEVERAGE APPLICATION

City of Holly Springs

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE)

Affidavit of Compliance with O.C.G.A. 50-36-1 “Verification of Lawful Presence within the United States.”

O.C.G.A. 50-36-1 requires that applicants applying for such things as licenses for public benefits complete a signed and sworn affidavit verifying the applicant’s lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a U. S. citizen or legal permanent resident at least eighteen (18) years old.

 YES NO or IF NOT:

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. **A photo static copy of the applicant’s alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.***

O.C.G.A. 50-36-1 states that “Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of Code Section 16-10-20.”

I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.

Signature of Authorized Officer or Agent

Date

Printed Name and Title of Authorized Officer or Agent

Legal Business Name

Business Address

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **A STAMPED SIGNATURE IS NOT ACCEPTABLE.**)

I hereby certify that _____ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

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

Notary Public

AFFIX SEAL

*All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2.

CITY OF HOLLY SPRINGS ALCOHOLIC BEVERAGE APPLICATION

**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	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: _____

One of the following **must** be checked:

- 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