

# CITY OF SWAINSBORO

## CITY OF SWAINSBORO LICENSE & INSPECTION DEPARTMENT

### ALCOHOLIC BEVERAGE APPLICATION

	NAME	ADDRESS	PHONE	LICENSE #
BUSINESS				
APPLICANT'S PRESENT ADDRESS				
APPLICANT'S PREVIOUS ADDRESS				
SPOUSE (if married)				
MANAGER				

1. This application is a :  New     Renewal     Transfer Application.

If a transfer, formerly in the name of \_\_\_\_\_  
 \_\_\_\_\_

2. State in detail what other kind of business you will operate in connection with the above business. \_\_\_\_\_  
 \_\_\_\_\_

3. Have you ever applied for an alcoholic beverage license before? (circle) Yes/No  
 If so, give date of application and its disposition.  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Are you familiar with Georgia, Emanuel County, and the City of Swainsboro Laws regarding the sale of alcoholic beverages? (circle) Yes/No

5.

	LICENSE INFORMATION	LIQUOR	BEER	WINE	BEER & WINE
A.	Retail Package Dealers				
B.	Consumption on Premises				
C.	Wholesale				
D.	Dance Hall				

6. Has any liquor business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of Emanuel County, the City of Swainsboro, or the State Revenue Commission relating to the sale and distribution of distilled spirits? (circle) Yes/No  
 If so, give full details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Have you, the applicant, or any other person having any interest in the business for which this application has been made, ever been detained, arrested, indicted, or convicted for any offense, by any State, County, City, or Federal authority? (circle) Yes/No



- 17. For the last calendar year, did you file a Georgia income tax return? (circle) Yes/No  
How much tax did you pay? \_\_\_\_\_
- 18. For the last calendar year, did you file a Georgia intangible tax return? (circle) Yes/No  
How much tax did you pay? \_\_\_\_\_
- 19. For the last calendar year, did you file and pay any county property tax? (circle) Yes/No  
How much? \_\_\_\_\_ Where? \_\_\_\_\_
- 20. For the last calendar year, did you file and pay any city property tax? (circle) Yes/No  
How much? \_\_\_\_\_ Where? \_\_\_\_\_
- 21. Do you owe the State of Georgia any taxes or other charges? (circle) Yes/No  
If so, give full details \_\_\_\_\_  
\_\_\_\_\_
- 22. Have you ever had any financial interest in an alcoholic beverage business which was denied a liquor license? (circle) Yes/No If so, give full details. \_\_\_\_\_  
\_\_\_\_\_

23. Employment Record: (Give most recent experience first. If self employed, give details.)

FROM		TO		OCCUPATION AND DESCRIPTION OF DUTIES PERFORMED	SALARIES RECEIVED	EMPLOYERS	STATE	REASON FOR LEAVING
MO.	YR.	MO.	YR.					

- 23-A. As described in Section #4 (Retail consumption dealer licenses) paragraph #1, financial responsibility:  
City of Swainsboro ordinance  
Attach your financial statement with certification from your accountant to the back of this application form.
- 24. Attach a certificate of occupancy stating that your building meets the required specifications of the City of Swainsboro for the purpose for which the application is applied for.
- 25. Attach a certification or a form 298 from the State Fire Marshall that the building has met all standards for fire safety. (Contact Fire Chief).
- 26. Attach a certificate from the State Board of Health that the building has been inspected and found to be suitable for sanitation and health purposes for the operation which applicant has filed license application.

FOR OFFICIAL USE ONLY

Department Recommendations	Approve	Deny	Comments
Alcohol License Inspector			
Chief of Police			
Fire Inspector			
Emanuel Co. Health Inspector			

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State of Georgia, Emanuel 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 alcoholic beverage application are true.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's signature

\*\*\*\*\*

I hereby certify that \_\_\_\_\_ is personally known to me, that he/she signed his/her name to the foregoing application stating to me that he/she knew and understood 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 \_\_\_\_\_, Year \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public

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The City Council on the \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

(APPROVED) (DISAPPROVED) the foregoing application.

\_\_\_\_\_  
Administrator

\_\_\_\_\_

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Advertising Approval Date \_\_\_\_\_

Public Hearing Date \_\_\_\_\_

Approval Date \_\_\_\_\_