



**APPLICATION FOR INDIVIDUAL
ALCOHOLIC BEVERAGE LICENSE**

GENERAL INSTRUCTIONS

APPLICATION FEE (NON-REFUNDABLE) FOR A NEW LICENSE IS \$100 AND \$50 FOR A NAME CHANGE.

All forms must be completed and all additional documents included in the application when it is returned. Incomplete applications will not be processed and will be returned to the applicant for completion.

A survey of the property by a Registered Land Surveyor is required on all new locations.

All new license applications must be considered by the City Commission at a regular meeting. Regular meetings are the second and fourth Monday at 7:00 p.m.

A Criminal History Records Check is required for an individual applicant and for the Manager/Operator/Designee for Partnership or Corporate application. Also, each corporate officer or partner must provide a sworn notarized affidavit that he/she has no criminal history for the past ten (10) years and meets all qualifications required in the Alcoholic Beverage Regulations of the City of Douglas.

The City of Douglas utilizes Georgia Applicant Processing Systems (GAPS) to obtain Criminal History Records Checks. The applicant and manager/operator/designee must register with the Code Enforcement Office. Once registration is complete, a REGISTRATION ID will be provided. The applicant and manager/operator/designee **must** take this REGISTRATION ID or their Social Security Number to a GAPS fingerprint location to be fingerprinted for their background check. The Social Security Number is not a valid option if it is not entered during the registration process.

Applicants must provide valid proof of identity at the GAPS fingerprint location. The GAPS location in Douglas at 1320 South Madison Ave accepts CASH ONLY. The fingerprinting fee is \$52.90 plus a money order fee of \$1.30. (\$54.20)

Advertisements in the Legal Organ will not be scheduled until the application is complete and all required information received. Advertising and fees are the responsibility of the applicant

All licenses expire at Midnight of December 31st of the license year and must be approved for renewal annually. Renewal applications are mailed in November and must be returned by November 30 to allow time for processing.

License fees are not pro-rated.

It is the responsibility of the Licensee, Manager/Operator, Partnership or Corporation to become familiar with the Alcoholic Beverage Regulations and to instruct all employees connected with the sale, service or dispensing of alcoholic beverages.

Changes in Manager/Operator/Designee must be reported in writing within 48 hours. The city has the right to accept or reject any manager who does not meet minimum qualifications set forth in the alcoholic beverage regulations.

Each licensed establishment will be issued one copy of the Alcoholic Beverage Regulations. The Licensee, Manager/Operator or other official must sign acknowledgement of receipt of the regulations.



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

FACILITIES UNDER JURISDICTION OF
THE STATE FIRE MARSHAL'S OFFICE

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR., DRIVE
ATLANTA, GEORGIA 30334
(404) 656-2056
TDD# (404) 656-4031
www.gainsurance.org

The following web address of the Official Code of Georgia Annotated §25-2-13 (b) list the facilities that fall under the State Fire Marshal's jurisdiction except for provided in O.C.G.A §25-2-12 and O.C.G.A. §25-2-12.I. <http://www.legis.state.ga.us/legis/GaCode/Title25.pdf>

O.C.G.A. 25-2-13 (b) (1) Certain buildings and structures, because of construction or use, may constitute a special hazard to property or to the life and safety of persons on account of fire or panic from fear of fire. Buildings constructed or used in the following manner present such a special hazard:

- (A) Buildings or structures more than three stories in height;
- (B) Any building three or more stories in height and used as a residence by three or more families, with individual cooking and bathroom facilities for each family;
- (C) Any building in which there are more than 15 sleeping accommodations for hire, with or without meals but without individual cooking facilities;
- (D) Any building or group of buildings which contain schools and academies for any combination of grades one through 12 having more than 15 children or students in attendance at any given time and all state funded kindergarten programs;
- (E) Hospitals, Ambulatory health care centers, mental health institutions, orphanages, nursing homes, convalescent homes, old age homes, jails, prisons, reformatories, and all administrative, public assembly, and academic buildings of colleges, universities, and vocational-technical schools.
- (F) Racetracks, stadiums, and grandstands;
- (G) Theaters, auditoriums, restaurants, bars, lounges, nightclubs, dance halls, recreation balls, and other places of public assembly having an occupant load of 300 or more persons, except that the occupant load shall be 100 or more persons in those buildings where alcoholic beverages are served;**
- (G.1) Churches having an occupant load of 500 or more persons in a common area or having an occupant load greater than 1,000 persons based on total occupant load of the building or structure;
- (H) Department stores and retail mercantile establishments having a gross floor area of 25,000 square feet on any one floor or having three or more floors that are open to the public. For purposes of this subparagraph, shopping centers and malls shall be assessed upon the basis of the entire area covered by the same roof or sharing common walls;
- (I) Group day-care homes and day-care centers required to be licensed or commissioned as such by the Department of Early Care and Learning and in which at least seven children receive care.
- (J) Personal care homes required to be licensed as such by the Department of Human Resources and having at least seven beds for non-family adults.

"THE OFFICE OF INSURANCE AND SAFETY ARE COMMISSIONER DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT."



APPLICANT STATEMENT OF QUALIFICATIONS

Minimum Qualifications:

The applicant for an alcoholic beverage license shall meet the following qualifications:

- (1) Minimum 21 years of age.
- (2) Must be of good moral character and a citizen of the United States or a legal permanent resident or an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States. Any such alien shall have been lawfully admitted for permanent residence for at least one year prior to application.
- (3) Meet all minimum requirements for such license imposed by the state.
- (4) The license applicant shall not have been convicted within ten years of the date of application of any felony, misdemeanor, excepting minor traffic violations, or any violations of the laws or ordinances of the city, state or United States relating to the distribution, sale or dispensing of alcoholic beverages or any crime involving moral turpitude. A plea of nolo contendere for any felony or misdemeanor of any city, state or federal court, or a forfeiture of a bond when charged with a crime is hereby considered a conviction under this chapter; provided, however, where the violation is for a misdemeanor or the forfeiture of bond involves a municipal ordinance, the board of commissioners in its discretion may waive such disqualification

Statement of qualification by the applicant:

I, _____, do hereby swear or affirm that I meet all the above qualifications.

X _____
Applicant signature

Misstatement, concealment of fact:

Any misstatement or concealment of fact by the applicant shall be grounds for denial and/or revocation of the license issued and shall make the applicant liable for prosecution for perjury under the laws or ordinances of the city, state and/or United States Government.

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE**

_____ DAY OF _____, 20____

**NOTARY PUBLIC
My Commission Expires:**



INDIVIDUAL ALCOHOLIC BEVERAGE LICENSE APPLICATION

FULL NAME _____

ADDRESS _____ PHONE (____) _____ - _____

CITY _____ AGE _____ D.O.B. _____

STATE _____ ZIP _____ SOCIAL SECURITY _____

PERSONAL REFERENCES (NON-RELATED)

Table with 6 columns: NAME, ADDRESS, CITY, STATE, ZIP, PHONE. Multiple empty rows for entries.

BUSINESS NAME _____

ADDRESS _____

CLASS OF LICENSE ___WHOLESALE ___RETAIL ___CONSUMPTION

TYPE OF BUSINESS () LOUNGE () NIGHT CLUB () PRIVATE CLUB () RESTAURANT () GROCERY STORE () DRUG STORE () CONVENIENCE STORE

Do you or any member of your family have an interest in any distillery, wholesale liquor business or any other alcoholic beverage business? () Yes () No

If yes, explain _____

I certify that the information provided in this application is true and correct to the best of my knowledge. It is my responsibility to keep the City of Douglas informed, in writing, of any changes that may affect my qualifications as a licensee for alcoholic beverages.

Applicant Signature X _____

Date _____



MANAGER/OPERATOR INFORMATION

FULL NAME _____

ADDRESS _____ PHONE _____

CITY _____ AGE _____ D.O.B. _____

STATE _____ ZIP _____ SOCIAL SECURITY _____

PERSONAL REFERENCES (NON-RELATED)

NAME ADDRESS CITY STATE ZIP PHONE

I certify that the above named manager/operator is responsible for the management and/or conduct of business connected with the operation of the herein named business and devotes a minimum of thirty (30) hours per workweek in that capacity.

X _____
Licensee Signature

X _____
Manager Signature

X _____
PRINT NAME OF LICENSEE

X _____
PRINT NAME OF MANAGER

It shall be the responsibility of the owner and/or licensee to notify in writing, within 48 hours, the City of Douglas, Code Enforcement Division, of any change made by the licensee in the manager, operator or designee for the operation of the licensed premises.

The City of Douglas has the right to accept or reject such manager, operator or designee based upon the results of an investigation of the criminal history record of said individual. The licensee shall be notified in writing, within 48 hours as to the results of said investigation.



Private Employer / E-Verify Affidavit

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10) employees¹**.

***** If you select Section 1(A), please fill out Section 2 and then execute below. *****

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer employees.**

***** If you select Section 1(B), please skip Section 2 and execute below. *****

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

E-Verify Number
(Federal Work Authorization User Identification Number)

____ - ____ - 201____
Date of Authorization

THIS FORM MUST BE NOTARIZED

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ of _____, 201____ in _____, _____.
Day Month Year City State

Name of Employer

X _____
Signature of Authorized Officer or Agent

X _____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



S.A.V.E. Affidavit Verifying Status for Public Benefit with City of Douglas

By executing this affidavit under oath, as an applicant for a City of Douglas

[Check Applicable Box Below]

Business Occupation Tax Certificate (Business License),

Alcohol Beverage License/Permit,

_____ Other Public Benefit as referenced in
O.C.G.A. Section 50-36-1 _____.

I am stating the following with respect to my application to The City of Douglas for the license, permit or other public benefit as indicated above.

Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.

Name of corporation, business or partnership, if any applies.

[Check the blank that applies below]

1) _____ I am a United States citizen 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. **(You must include a copy of your secure and verifiable document with this form, such as a State issued driver's license, military identification card, unexpired U.S Passport, etc.) (You must submit the secure and verifiable document with this form.)**

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *All persons that check this box must be verified through DHS's SAVE program. **(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)**

In making the above statement 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. Section 16-10-20.

X _____ - 20_____
Signature of Applicant Date

X _____
Printed Name

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

Notary Public
My Commission Expires: _____

*Alien Registration number for non-citizens

*Note: O.C.G.A. § 50-36-1(3)(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 provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Alternate Identifying number for qualified aliens who do not have an A.R. number



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

Date _____

X _____
Signature

X _____
Print Name



GCIC Consent Form

Georgia Crime Investigation Center

In signing below, I hereby authorize the agency in possession of this document to release any and all Georgia criminal record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Name: _____
Last Name
First Name
Middle Name

Address: _____
Street Address
City
State
Zip Code

Sex: Male / Female (Circle One) Race: _____

Date of Birth: _____
Month
Day
Year

Social Security #: _____

Previous Names Used & Time Periods:

Previous Name (First/Middle/Last)	Dates Used (MM/YYYY)
	From: <i>I</i> To: <i>I</i>
	From: <i>I</i> To: <i>I</i>
	From: <i>I</i> To: <i>I</i>

You Must Check One Below:

_____ This authorization is valid for **90 Days /180 Days** (Circle one) from signature date.

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

X _____
Signature

_____ - 201_____
Date

Print Name



An Occupational Tax Certificate will not be issued until an inspection of commercial property is made by the Inspections & Permits Division and the Fire Department.

Name of Business _____

Address _____

Contact Person & Phone #: _____

Inspection scheduled for _____ @ _____ a.m. /p.m.

BUILDING INSPECTOR FORM

Building Inspections: Inspector Randall Parker – (912) 389-3423

Inspection:

Approved Denied
 Pending _____

Inspected By _____ Date _____

Comments:

FIRE DEPARTMENT INSPECTION FORM

Fire Inspections: Inspector J.D. White – (912) 384-4815 or (912) 327-0465

Inspection:

Approved Denied
 Pending _____

Inspected By _____ Date _____

Comments:

After the inspection, the Douglas Fire Department Inspection Division will provide a **Fire Inspection Report** for you to return to Code Enforcement with the completed application.

Minimum Requirements:

Minimum 5 lb. ABC Fire Extinguisher, Smoke Detector(s), Address Numbers (at least 4” in height, and visible from street,) Exit Signs and Emergency Lights (as needed.)

Return the completed and signed form to Code Enforcement



*** This form will be completed by Code Enforcement. ***

ADVERTISEMENTS IN THE LEGAL ORGAN WILL NOT BE SCHEDULED UNTIL THE APPLICATION IS COMPLETE AND ALL REQUIRED INFORMATION IS RECEIVED BY THE CODE ENFORCEMENT DIVISION.

ADVERTISING AND FEES ARE THE RESPONSIBILITY OF THE APPLICANT.



Legal Advertisement

Notice to the Public

_____ has made application to the City of Douglas for an **alcoholic**
Name of Person

beverage license, for On Premises Consumption / Retail Sales for _____,
circle which applies *Name of Business*

Located at _____ This application will be heard by the
address of business

City Commission at a regular meeting, to be held at **7:00 p.m. on,** _____
Day of Week

_____, **of 20** _____, **in the Council Chambers at City Hall, 224 E.**
Month *Date* *Year*

Bryan St, Douglas, Georgia 31533.

This ad must be advertised not more than 21 days or less than 10 days prior to the date listed above.

Advertise on: _____

APPROVED FOR ADVERTISEMENT _____
CITY OFFICIAL



Check List

- Location / Zoning Approved.**
- Survey** - By a Registered Land Surveyor is required on all new locations.
- Application fee** (Application fee - NEW LICENSE IS \$100 / \$50 NAME CHANGE.)
- Search made for unpaid monies owed to City of Douglas and Coffee Co.**
- Criminal History Waiver(s)**
- G.A.P.S. Waiver(s)**
- Criminal histories received.** () Licensee () Manager
- If Corporation, sworn notarized affidavits from each officer (no criminal history.)**
- All applicable pages have been notarized.** () Page 3, () Page 6, () Page 7
- Advertisements in the Legal Organ form.**
- Copy of legal advertisement.**
- Approval from City of Douglas Fire Department and State Fire Marshall's Office.**
- Reviewed by Chief of Police** Date reviewed _____ / _____ / 20__ .
- Presented to City Commission on** _____ / _____ / 20__ .
- () Approved () Denied**
- Issued copy of Alcoholic Beverage License Ordinance.** Date _____ - _____ - 20__ .
- Signed and received Privacy Rights and Statement.**

Notes: _____



Business Name _____

After reviewing the application, for an Alcohol Beverage License, it is my recommendation that the application be: () *Accepted* or () *Denied*.

X

Gary Casteloes
Chief of Police

- - 20
Date

Reason for Denial:

- Background Investigation
- Unpaid Monies
- Zoning or Location

Other _____



Business Name _____

After reviewing the application, for an Alcohol Beverage License, it is my recommendation that the application be: () *Accepted* or () *Denied*.

Rodger Goddard
Code Enforcement Officer

- - 20
Date

Reason for Denial:

- Background Investigation
- Unpaid Monies
- Zoning or Location

Other: _____



ALCOHOLIC BEVERAGE ORDINANCE

I, _____ do hereby acknowledge receipt of a copy of the **City of Douglas Alcoholic Beverage Ordinance**. I understand that it is my responsibility to become familiar with its contents and to instruct my employees as to its content.

Date _____

Signature of Licensee **X** _____

NCJ Applicant's Privacy and Rights & Privacy Act Statement

I, _____ do hereby acknowledge receipt of a copy of the **NCJ Applicant's Privacy and Rights & Privacy Act Statement**. I understand that it is my responsibility to become familiar with its contents.

Date _____

Signature of Applicant **X** _____



NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website \(http://gbi.georgia.gov/obtaining-criminal-history-record-information\)](http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website \(http://gbi.georgia.gov/obtaining-criminal-history-record-information\)](http://gbi.georgia.gov/obtaining-criminal-history-record-information).



PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.