



## Application for Alcoholic Beverage Privilege License

### City of Manchester, Georgia

Instructions: Read entire application before answering any questions. Every question must be answered fully and correctly. If the space provided is not sufficient, answer the questions on another sheet of paper and indicate that a separate sheet is attached. If a particular question does not apply to you then answer "N/A" and if necessary explain why the question is not applicable to you. Do not leave any questions blank. When the form is completed, it must be dated, signed and verified under oath by the applicant and filed with the City Clerk of the City of Manchester together with all supporting documents, and a certified check or cash for the nonrefundable processing fee.

New Application \_\_\_\_\_ Renewal \_\_\_\_\_

1. Type of establishment: \_\_\_\_\_ Retail Consumption \_\_\_\_\_ Retail Package

2. Type of License applied for:

_____ Application Fee	\$ 100.00
_____ Background Check (per person)	\$ 50.00
_____ Retail Consumption - Distilled Spirits, Malt Beverage & Wine	\$2500.00
_____ Retail Consumption - Malt Beverage Only	\$ 300.00
_____ Retail Consumption - Wine Only	\$ 300.00
_____ Retail Consumption - Malt Beverage & Wine Retail Package -	\$ 600.00
_____ Malt Beverage & Wine Retail Package - Malt Beverage Only	\$ 600.00
_____ Retail Package - Wine Only	\$ 300.00
_____ Retail Package - Distilled Spirits	\$5000.00
_____ Wholesale dealer - Malt Beverage only	\$ 100.00
_____ Wholesale dealer - Wine only	\$ 100.00
_____ Wholesale dealer - Distilled Spirits	\$ 100.00
_____ Change License Fee	\$ 100.00

Type of ownership: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership

\_\_\_Close Corporation \_\_\_Corporation

\_\_\_Limited Liability Company (LLC) \_\_\_ Limited Partnership

A. If individual, full name and legal residence of owner:

Name \_\_\_\_\_ Social Security# \_\_\_\_\_  
Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Is this individual a U.S. Citizen? \_\_\_\_\_ Telephone Number \_\_\_\_\_

If not, give permanent alien registration No. \_\_\_\_\_ and attach copy of green card.

B. If partnership, partnership name \_\_\_\_\_  
Telephone number \_\_\_\_\_

Name, address, & social security number of general partner(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, social security number, per cent interest, and legal address of all partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all of the partners U.S. Citizens? \_\_\_\_\_

If not, give permanent alien registration No. \_\_\_\_\_ and attach copy of green card.

C. If close corporation, corporation name \_\_\_\_\_  
Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_

Name of registered agent for service of process for the close corporation:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Name, social security number, percent interest, and legal address of all stockholders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all of the partners U.S. Citizens? \_\_\_\_\_

If not, give permanent alien registration No. \_\_\_\_\_ and attach copy of green card.

D. If corporation, corporation name \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of registered agent for service of process for the corporation:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

E. If Limited Liability Company, name \_\_\_\_\_

Address of principal place of business \_\_\_\_\_

Name, address, & social security number of managing member(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, social security number, percent interest, and legal address of all members:

\_\_\_\_\_

\_\_\_\_\_  
Are all of the partners U.S. Citizens? \_\_\_\_\_

If not, give permanent alien registration No. \_\_\_\_\_ and attach copy of green card.

Name of registered agent for service of process for the Limited Liability Company:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

F. If Limited Partnership, name \_\_\_\_\_

Address of principal place of business \_\_\_\_\_  
\_\_\_\_\_

Name, address, & social security number of general partner(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, social security number, percent interest, and legal address of all limited partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all of the partners U.S. Citizens? \_\_\_\_\_

If not, give permanent alien registration No. \_\_\_\_\_ and attach copy of green card.

Name of registered agent for service of process for the limited partnership

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

4. Name of Licensee:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Residence (Street) Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Is the licensee a U.S. Citizen? \_\_\_\_\_

If not, give permanent alien registration No. \_\_\_\_\_ and attach copy of green card.

5. Name of license representative: (if required)

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Residence (Street) Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Is the license representative a U.S. Citizen? \_\_\_\_\_

If not, give permanent alien registration No. \_\_\_\_\_ and attach copy of green card.

6. a. Is the above address the licensee's legal and bona fide place of domicile? \_\_\_\_\_

b. Is the above address the license representative's legal and bona fide place of domicile? \_\_\_\_\_

How long? \_\_\_\_\_ (attach proof of residency)

7. Name and location of business for which application is made:

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

8. Have you received, read, and understand the City of Manchester Alcoholic Beverage License Ordinance? \_\_\_\_\_ Licensee \_\_\_\_\_ License Representative \_\_\_\_\_

9. **Applicant must be present at the public hearing before the City of Manchester City Council and if not, at the discretion of the Council, the application shall be deemed withdrawn.**

Please acknowledge here that you understand this requirement. \_\_\_\_\_

10. As required by Section \_\_\_\_\_ and Section \_\_\_\_\_ of the City of Manchester Alcoholic Beverage License Ordinance, have you included the following with this application?

\_\_\_\_\_ a. A completed State of Georgia Department of Alcohol Unit form ATT-17 (if required).

\_\_\_\_\_ b. A certificate from a Georgia registered land surveyor showing a scale drawing of the location of the proposed premises and the shortest straight line distance from the closest point of the licensed premises to the nearest property line of any residence, church building, alcoholic treatment center, school building, educational building, school, college building or college campus located within a radius of 100 yards, 200 yards, or 300 yards.

\_\_\_\_\_ c. Fingerprint cards and approval to conduct a background check of each person whose name appears on an application for a license, pursuant to Section 6-38 of this chapter, ensuring that said person has not, within 5 years prior to the date of application been convicted of nor entered a plea of guilty or nolo contendere to any felony, misdemeanor, or other charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs; has not entered a guilty plea or nolo contendere or been convicted of a felony or misdemeanor of a crime opposed to decency and morality. (Does not include the registered agent for the service of a corporation or LLC unless such person is a covered stockholder, member, limited partner, licensee or license representative).

\_\_\_\_\_ d. A copy of the deed showing the applicant to be the owner of the premises for which the license is sought or a copy of a lease showing any interest the owner of the premises has in the business for which the license is sought.

\_\_\_\_\_ e. Application processing fee of one hundred dollars (\$100.00).

\_\_\_\_\_ f. Fingerprint & background fee - \$ 50.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ g. Inspections of the premises by: Fire Marshall, Building Department, Health Department (Food Service) and Planning Department.

\_\_\_\_\_ h. For those applicants, who, within the last five-year period, have resided or do reside in a state other than Georgia, the applicant must furnish a certified copy of a driver history and criminal background history from the state or state in which he/she resided or resides to the Business License Department.

\_\_\_\_\_ i. If the same person is serving as licensee and license representative, he/she shall submit an affidavit certifying that he/she is at least twenty-one (21) years of age, a resident of Manchester and a manager of the business.

\_\_\_\_\_ j. If the licensee is not the license representative, the license representative shall submit an affidavit certifying that he/she is at least twenty-one (21) years of age, a resident of Manchester and a manager of the business.

**Verification of License**

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_, Licensee, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

\_\_\_\_\_  
Applicants/Licensee Signature (Full Name in ink)

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing application after stating  
Full name of Applicant/Licensee  
to me that he/she 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.

This \_\_\_\_\_ day of \_\_\_\_\_, 20

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

(Affix Seal)

**Verification of License Representative (if applicable)**

State of Georgia, \_\_\_\_\_ County

I \_\_\_\_\_, License Representative, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

\_\_\_\_\_  
Licensee Representative (Full Name in Ink)

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing  
(Full name of License representative)  
application after stating to me that he/she 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.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

(Affix Seal)



**Affidavit of Licensee/License Representative**

Meriwether County  
State of Georgia

The undersigned licensee hereby certifies that he/she (is)(is not) serving as licensee and the license representative of \_\_\_\_\_; that he/she is at least twenty one (21) years of age, (is)(is not) a resident of Meriwether County, and (is)(is not) a manager of the business.

\_\_\_\_\_  
License Representative

Sworn to and subscribed before me,  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

(Affix Seal)

The undersigned license representative hereby certifies that he/she is serving as the license representative of \_\_\_\_\_; that he/she is at least twenty one (21) years of age, (is)(is not) a resident of Meriwether County, and (is)(is not) a manager of the business.

Sworn to and subscribed before me,  
The \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

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

(Affix Seal)

**Affidavit**

**5-Year Background History**

I, \_\_\_\_\_, do hereby swear that I have not within 5 years prior to the date of this application been convicted or nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession, or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or misdemeanor of a crime opposed to decency and morality.

\_\_\_\_\_  
Applicants Signature

**Verification**

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_, do hereby subject to criminal penalties for false swearing, that the statements made by me in this affidavit are true.

\_\_\_\_\_  
Applicants Signature (full name in ink)

I hereby certify that \_\_\_\_\_ signed his/her name to the  
(Full name of applicant)

foregoing affidavit after stating to me that he/she knew and understood all statements made herein, and under oath actually administered by me, has sworn that said statements are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

(Affix Seal)