

DISTILLED SPIRITS PACKAGE STORE LICENSE

Date Received: _____ Distilled Spirits Retail District Number & Name: _____ License Number: _____

DEVELOPMENT SERVICE CENTER

1130 Bluffs Parkway
Canton, GA 30114

Phone: 770-721-7810
dsc@cherokee.ga.gov

Visit our website
www.cherokee.ga.gov
for more information

Distilled Spirits Retail District Key	
1	Free Home
2	Macedonia
3	Hickory Flat
4	Bells Ferry-Sixes
5	Bells Ferry-Hwy 92
6	Northpoint

Fees

- | | |
|--|---|
| <ul style="list-style-type: none"> ◆ Application fee - \$500.00
(Due at time of application) ◆ Background check/fingerprints - \$50.00
<i>(Please note that all fees paid prior to the lottery are non-refundable)</i> | <ul style="list-style-type: none"> ◆ Initial license fee - \$135,000.00
(Due upon being selected) ◆ Renewal fee - \$5,000.00 plus \$1,000.00 for beer, \$1,000.00 for wine, and \$250.00 for Sunday Sales |
|--|---|

INSTRUCTIONS:

Every question must be fully and correctly answered. When complete, the application must be dated, signed and verified under oath by the applicant. Applications must be filed with the Development Service Center, together with all supporting documentation and appropriate fees.

Checklist of Required Documents

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Complete application <input type="checkbox"/> Complete licensee application <input type="checkbox"/> SAVE affidavit <input type="checkbox"/> Private employer affidavit <input type="checkbox"/> Fingerprint/background check consent form | <ul style="list-style-type: none"> <input type="checkbox"/> RASS certificate <input type="checkbox"/> Site plan <input type="checkbox"/> Distance survey <input type="checkbox"/> Proof of Georgia residency <input type="checkbox"/> Residency waiver letter, if applicable <input type="checkbox"/> Residential land use waiver letter, if applicable |
|---|---|

- ### Type of Licenses Applying for:
- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Distilled spirits retail <input type="checkbox"/> Retail Beer License | <ul style="list-style-type: none"> <input type="checkbox"/> Retail Wine License <input type="checkbox"/> Sunday Sales Retail |
|---|--|

Business Information

*Please circle which applies: Is this store **NEW** or **EXISTING**?*

1. Business name for which license is applied: _____
2. Business owner name: _____
3. Street Address: _____

City: _____ State: _____ Zip Code _____
4. Mailing Address: _____

City: _____ State: _____ Zip Code _____
5. Phone Number: _____
6. Fax Number: _____
7. E-mail Address: _____
8. Web Address: _____

Lottery Number: _____

9. Name and address of each person, firm and corporation having any ownership interest in this business and the amount of such interest:

Name	Residence	% Interest
Name	Residence	% Interest
Name	Residence	% Interest
Name	Residence	% Interest
Name	Residence	% Interest

10. How much of the capital of this business is borrowed and from what lender: *(Attach exhibits if necessary)*

Amount	Lender	% Interest
Amount	Lender	% Interest
Amount	Lender	% Interest

11. (A) Will this business be owned by the applicant as a sole proprietorship? *(Circle)* Yes No

(B) If this business will be owned in whole or in part by a partnership, or corporation, list the members of such organization and give their address, state and county of their legal residence, and the amount of their interest.

Name	Address	Residence	% Interest
Name	Address	Residence	% Interest
Name	Address	Residence	% Interest

12. Does any person or organization listed in questions 1, 3, 4 or 5 have any financial interest in any other business selling distilled spirits either in this state or any other state? If so, list the name of such person, organization, or other business together with the location of the business and the amount and type of interest.

13. What has been your occupation for the past five (5) years? *(Give detailed list)*

14. If the license is a partnership, state when and where the partnership was organized, or if the licensee is a corporation, state name and address of corporation, when and where incorporated, and the names and addresses of the officers and directors.

15. (A) Is the applicant and/or license holder the owner of the building where business is to be conducted?

- Yes
- No

(B) Are you also the owner of the land?

- Yes
- No

(C) If your answer is "NO", to either question, state whether you lease, sub-lease, and/or rent the building and whether you lease, or sub-lease the land or both.

16. State the full name and address of the owner of the building and the name and address of the owner of the land and the name and address of all lessors and sub-lessors and attach copies of all lease agreements.

17. Has the applicant and/or license holder entered into an agreement or contract with either the owner or owners, lessors and sub-lessors for either the building or land or both, which provides for the payment of rent on a percentage or profit sharing basis? *(Circle)* Yes No

18. Do you or does your spouse or does any member of your family own any interest in any retail store selling spirituous liquors? (Circle) Yes No

Relationship _____
If so, list information as to the interest involved, location, relationship, etc.

19. Has the applicant or individual having an interest either as owner, partner or stockholder been convicted or entered a plea of nolo contendere within 10 years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States or for any municipal ordinance except traffic violations?

- Yes
- No

If the answer is yes, describe in detail and give dates. _____

20. Have you within 10 years immediately prior to the filing of this application, been convicted or entered a plea of nolo contendere on any charge of tax evasion?

- Yes
- No

If the answer is yes, state the offense and the disposition of the case. _____

21. Has the spouse of the applicant or the spouse of any individual having an interest either as owner, partner or stockholder been convicted or entered a plea of nolo contendere within 10 years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States or for any municipal ordinance except traffic violations? If the answer is yes, describe in detail and give dates.

22. Has the applicant or any individual having an interest either as owner, partner or stockholder, or a spouse of such individual, been found guilty of violating the regulations of any city, state or federal regulatory agency?

23. Do you or your spouse have any financial interest in a wholesale liquor business? If so, give details.

24. In a straight line from the front door (patron entrance) of the proposed store, what is the distance to:

- A. Nearest property line of a School/college campus_____
- B. The front door of a Church_____
- C. The front door of a Government owned alcohol treatment center_____
- D. The front door of a Residential Property_____
- E. The front door of a Package store selling distilled spirits_____

**See Sec. 6-24 Measurement of distances (Code of Ordinances Cherokee County).
Please submit a survey illustrating measurements.**

25. Is any non-resident of the state of Georgia interested in the operation of this business in any way?

Name	Address	% Interest
Name	Address	% Interest
Name	Address	% Interest

26. Has any place of business engaged in the sale of distilled spirits, wine or beer with which you have been associated ever been cited or charged with any violation of Georgia law or federal law or municipal law or any rule or regulation or ordinance concerning the sale of such products?

Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result
Date	Authority Issuing Citation	Violation	Alleged Result

V e r i f i c a t i o n

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the earlier questions in this application for a Cherokee County license as a dealer in alcoholic beverages, are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

Applicant's Signature
(full name signed in ink)

I certify that _____ has provided me with proper documentation as verification of his/her identity; documentation being: _____. I also certify that he/she signed his/her name to the earlier 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 _____, _____.

(Affix Seal)

Notary Public