

CITY OF BLACKSHEAR
ALCOHOL LICENSE RENEWAL APPLICATION
318 E. TAYLOR STREET
P.O. BOX 268
BLACKSHEAR, GA. 31516
OFFICE: (912) 449-7000 FAX: (912) 449-7002

1. NAME OF BUSINESS: _____
MAILING ADDRESS OF BUSINESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EXACT LOCATION ON BUSINESS: _____
BUSINESS PHONE NUMBER: _____ STATE TAX ID NO.: _____
2. NAME OF LICENSEE(S): _____ DATE OF BIRTH: _____
ADDRESS OF LICENSEE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CELL PHONE NUMBER: _____ HOME PHONE NUMBER : _____
SOCIAL SECURITY NUMBER: _____
3. IF A PARTNERSHIP, GIVE NAMES, HOME ADDRESSES, BIRTHDATES AND SOCIAL SECURITY NUMBERS OF EACH PARTNER:

4. IF A CORPORATION (FOR CORRESPONDENCE AND COMPLIANCE WITH LOCAL ORDINANCE):
CORPORATION NAME: _____
CORPORATION ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CORPORATE PHONE NO: () _____ FEDERAL TAX ID NO: _____
DATE INCORPORATED: _____
DESIGNATED COUNTY AGENT: _____
5. IF APPLICANT IS APPLYING ON BEHALF OF A NON-PROFIT ORGANIZATION, AS RECOGNIZED BY THE INTERNAL REVENUE SERVICE, STATE THE FOLLOWING:
NAME OF ORGANIZATION: _____
WHEN AND WHERE CHARTERED: _____
APPLICANTS OFFICE AND DUTIES IN SAID ORGANIZATION: _____

STATE EMPLOYERS ID NUMBER: _____
HAS A FEDERAL TAX FORM #9990 BEEN FILED FOR SAID ORGANIZATION FOR PREVIOUS YEAR'S?
YES: _____ NO: _____

6. TYPE OF LICENSE:

() RETAIL () CONSUMPTION () WHOLESALE
() OTHER (SPECIFY) _____

ALCOHOL SOLD (CHECK ONE):

() BEER () WINE () LIQUOR

TYPE OF BUSINESS (CHECK ONE):

() PACKAGE STORE () CLUB () SERVICE STATION

() DISTILLERY () TAVERN () GROCERY

() BREWERY () WINERY () RESTAURANT

() LIQUOR STORE () OTHER _____

7. LIST ALL LICENSES CURRENTLY IN EFFECT AT THIS LOCATION:

LICENSE TYPE	LICENSE NUMBER	TRADE NAME	LICENSES
1. _____	_____	_____	_____
2. _____	_____	_____	_____

8. HAVE YOU, THE LICESEE, OR ANY OTHER PERSON HAVING ANY INTEREST IN THE BUSINESS WHICH THE APPLICATION HAS BEEN MADE, EVER BEEN DETAINED, ARRESTED, INDICTED, OR ANY OTHER GOVERNMENTAL AUTHORITY:

YES: _____ NO: _____

IF YES, GIVE FULL DETAILS. FAILURE TO MAKE A FULL DISCLOSURE IN RESPONSE TO THIS QUESTION WILL RESULT IN A DENIAL OF THE APPLICATION OR A REVOCATION OF THE LICENSE IF INFORMATION SHOULD HAVE BEEN GIVEN BUT WAS NOT, FOR ANY REASON WHATSOEVER, IS FORTHCOMING TO THE GRANTING OF THE LICENSE:

9. DO YOU OWN THE PROPERTY IN WHICH THIS BUSINESS IS OPERATED?

YES: _____ NO: _____

IF NO, LIST BELOW THE INFORMATION REQUESTED OF THE PROPERTY OWNER AND/OR BUILDING OWNER.

NAME: _____

STREET ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

MONTHLY PAYMENT: _____

10. NAME OF PERSON OR PERSONS TO BE MANAGER(S) OF OR WITH ANY CONTROL OVER DAILY AFFAIRS OF BUSINESS FOR WHICH THE APPLICATION IS FILED, STATE HOW COMPENSATED, AND HOURS ON PREMISES:

NAME: _____

STREET ADDRESS: _____

TELEPHONE NO: _____

FULLY DESCRIBE POSITION AND CONTROL:

I DECLARE UNDER PENALTY FOR PERJURY THAT THIS STATEMENT HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT, AND COMPLETE. I FURTHER ACKNOWLEDGE THAT ANY FALSE INFORMATION CONTAINED HEREIN SHALL BE GROUNDS FOR REJECTION OF THE APPLICATION. THE APPLICANT CONSENTS THAT ALL NECESSARY INVESTIGATION REPORTS ON THE APPLICANT AND ANY EMPLOYEES IN THE APPLICANT'S ESTABLISHMENT, INCLUDING BUT NOT LIMITED TO CREDIT REPORTS AND REPORTS FROM LAW ENFORCEMENT AGENCIES, MAY BE OBTAINED BY THE CITY AND DTHE APPLICANT WILL BE RESPONSIBLE FOR THE COSTS THEREOF. UPON REQUEST, THE APPLICANT SHALL ALSO OBTAIN THESE CONENT FORMS FROM EACH EMPLOYEE WHO WILL BE EMPLOYED IN THE APPLCANTS ESTABLISHMENT. THE CITY MAY ALSO REQUIRE FINGERPRINTS AND/OR PHOTOGRAPHS OF THE APPLICANT'S EMPLOYEES FOR THE PURPOSR OF CONDUCTING ITS INVESTIGATION.

OWNER/APPLICANT'S SIGNATURE

DATE

I HEREBY CERTIFY THAT _____ IS PERSONALLY KNOW TO ME, THAT SAID APPLICANT SIGNED THE FOREGOING APPLICATION AFTER STATING TO ME PERSONAL KNOWLEDGE AND UNDERSTANDING OF ALL STATEMENTS AND ANSWERS MADE HEREIN, AND, UNDER OATH ACTUALLY ADMINSTRERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE.

NOTARY PUBLIC
(THIS OFFICE HAS A NOTARY PUBLIC)

DATE

COMMISSION ENDS: _____

City of Blackshear

Keith Brooks
Mayor
Jenny Grant
City Clerk
Adam Ferrell
City Attorney
Chris Wright
Chief of Police
Bucky Goble
Fire Chief
Wallace Tomlinson
Supt. of Public Works

POST OFFICE BOX 268
318 TAYLOR STREET
BLACKSHEAR, GEORGIA 31516
PHONE (912)449-7000
FAX (912)449-7002
www.blackshearga.org

Members of Council:

Mat Boatright
Corey Lesseig
Chuck Ward
Theodore Mackey
Sharon Komanecky

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as applicant for a City of Blackshear, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A Section 50-36-1, I am stating the following with respect to my benefit for a City of Blackshear, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (Circle One) for

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

1. _____ I am a United States citizen **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 Immigrant and Nationality Act 18 years of age or older and lawfully present in the United States.

In making the above representation 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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 20____

*

Alien Registration number of non-citizens

Notary Public: _____

My Commission Expires: _____

*Note: O.C.G.A 50-36- (e) (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: