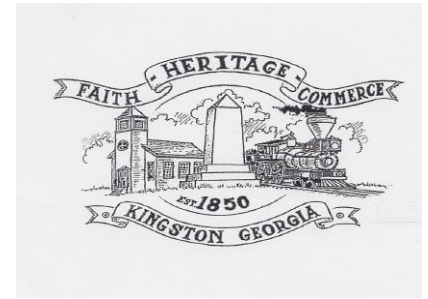


# City of Kingston

## Notice to Applicants for Sell/Pouring of Malt Beverage/Distilled Spirits License



The attached application must be completed and returned to the office of Planning & Development along with all attachments by the filing deadline for the meeting in which to be heard.

The application and all attachments **must be typed or legibly printed.** Incomplete or illegible applications will not be accepted. Fill in all blanks, use N/A if not applicable.

The applicant and contact person (if necessary) must attend the City of Kingston meeting and City Council meeting. If the applicant does not understand the English language, then an interpreter must be present or the application will be tabled.

If the application is approved, the license can be obtained from the City of Kingston, 30 W. Main Street, Kingston, GA, Clerks office on the Friday after the Council meeting. The local license must be obtained in order to obtain the State license.

The License Fee and Investigation Fee is due and payable when the completed application is returned to the City of Kingston's Clerks Office. If the application is not approved, only the license fee will be refunded to the applicant. The investigation fee is non-refundable.

Since a license is obtained in the name of a person, not the business, if that person leaves the firm, it will be necessary to re-apply for another license and pay another license and investigation fee. The investigation fees are not an annual charge.

The applicant must not have any past due city and/or county taxes, bills, business license fees or other fees, assessments, or any other charges. If there are unpaid obligations, the license will not be processed until such time as the charges are paid.

No person may be employed that has been convicted of a felony within the past five (5) years or has been convicted or has a case pending for a crime involving the possession or sale of malt beverages or intoxicating wines or liquors.

Each employee involved in the serving of malt beverages or distilled spirits must be fingerprinted and checked by the Kingston Police Department. An ID server's permit must be obtained.

# City of Kingston

## New Business Application for Sale of Distilled Spirits, Beer and Wine

Date: \_\_\_\_\_

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Applicant Name \_\_\_\_\_

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|                           |            |             |           |
|---------------------------|------------|-------------|-----------|
| Home Street Address _____ | City _____ | State _____ | Zip _____ |
|---------------------------|------------|-------------|-----------|

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

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|                        |            |             |           |
|------------------------|------------|-------------|-----------|
| Business Address _____ | City _____ | State _____ | Zip _____ |
|------------------------|------------|-------------|-----------|

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|                       |            |             |           |
|-----------------------|------------|-------------|-----------|
| Mailing Address _____ | City _____ | State _____ | Zip _____ |
|-----------------------|------------|-------------|-----------|

Do you currently hold or have beneficial interest in an alcohol retail package or pouring license either in the CITY OF KINGSTON or any other counties or municipality in the State of Georgia? Yes  No  If yes, provide details \_\_\_\_\_

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Have you ever convicted under any Federal, State or local law of a criminal offense involving alcoholic beverages, gambling, tax law violations, or any felony involving moral turpitude within the last ten (10) years: Yes  No  If yes, provide details \_\_\_\_\_

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Have you ever had a Malt Beverage or Distilled Spirits license before: Yes  No  If yes, state where, when and how long the license was in your name \_\_\_\_\_

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Have you ever had a license for the sale of beer, wine, and/or distilled spirits revoked for cause? Yes  No  If yes, provide details \_\_\_\_\_

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Do you owe any debts to the City of Kingston: Yes  No  If yes, state what and why \_\_\_\_\_

I, \_\_\_\_\_, being a person of good moral character, hereby make application for a license to engage in the sale of malt beverage, wine, and/or distilled spirits in the City of Kingston, GA 30145.

***Check if you can comply with the regulations and answer all questions:***

\_\_\_\_\_ I have never been convicted of a felony, and have not been convicted within ten years of the date of this application of violation of the laws of this State, or any other state, relating to the sale of alcoholic beverages.

\_\_\_\_\_ I have not had revoked, for cause such as a violation of regulations or improper operation, within ten years next preceding this application, any license issued to me by the City of Kingston, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

\*\*\*\*\* (Check correct title) I am the \_\_\_\_\_ owner, \_\_\_\_\_ manager, or \_\_\_\_\_ officer in charge (if Corporation or LLC) of the business making application for license.

\_\_\_\_\_ I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested and shall be responsible for qualifications and conduct of my employees.

\_\_\_\_\_ I understand that a violation of any of the ordinances of the City of Kingston or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, wine or distilled spirits, shall subject my license to immediate revocation.

\_\_\_\_\_ I have been a resident of the United States for at least two (2) years. I am (or am not) a resident of Bartow County. If not a resident of Bartow County, you must name a contact person. The contact person must complete Attachment "A" and include three (3) letters of reference and a compliance check from the Kingston Police department (A \$30 fee will be added to the investigation fee for the contact person.)

Has any employee of this business pleaded guilty or been convicted of any felony, any crime involving moral turpitude, or any crime relating to the manufacture or sale of intoxicating beverages within the last five (5) years? Yes  No  Each employee involved in the serving of beer/wine/distilled spirits must be fingerprinted and checked by the Kingston Police Department and a server's permit must be obtained.

Is business a partnership? Yes  No  If yes, list partners and percentage of ownership. \_\_\_\_\_

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***(All partners must complete Page 2 of this application)***

**TYPE OF LICENSE FOR WHICH YOU ARE APPLYING:**

**Retail Package:**

( ) Beer            ( ) Wine            ( ) Beer & Wine            ( ) Distilled Spirits

**Pouring (Consumed on Premises):**

( ) Beer & Wine            ( ) Distilled Spirits

**Investigation Fee:**

( ) New Applicant

I have attached the following required information:

\_\_\_\_\_ Detailed plans of the building in which the business will be located and outside premises. (New construction or remodeling only)

\_\_\_\_\_ Evidence of ownership of the building or a copy of the lease if applicant is leasing the building.

\_\_\_\_\_ A scale drawing of the location of the proposed premises showing the distance to the nearest type of building and/or property lines of types of property referred to in the "Distance Requirements" section of Ordinance No. 81-05; or a certificate of a registered surveyor that such location complies with the "Distance Requirements" of said Ordinance.

Do you plan to have entertainment?    Yes        No        If yes, please provide the following information:

Dates the entertainment will be scheduled \_\_\_\_\_

Times at which the entertainment is to begin and end \_\_\_\_\_

\_\_\_\_\_

Type of entertainment planned and number of entertainers \_\_\_\_\_

\_\_\_\_\_

Maximum seating capacity of building \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**References:**

List the names, addresses and phone numbers of three (3) persons who can attest to your good moral character and fitness to have this license in the spaces below.

*Attach letter from these persons affirming your good moral character.*

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Street Address City State Zip