



BUTTS COUNTY BOARD OF COMMISSIONERS OFFICE

PLANNING & DEVELOPMENT DEPARTMENT

625 West Third Street, Suite 3 - Jackson, Georgia 30233

Office 770-775-8200 - Fax 770-775-8225

www.buttscounty.com

ALCOHOL PERMIT APPLICATION

INSTRUCTIONS / CONDITIONS FOR APPLYING FOR LICENSE TO SELL ALCOHOLIC BEVERAGES IN BUTTS COUNTY, GEORGIA:

- Every question must be fully and correctly answered, type written or legibly hand printed. Do not use initials. Spell out all names. Failure to do so may result in the denial or, if granted, the later revocation of a license. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached.
- The completed application form and the required filing fee of \$250.00 must be submitted at the time application is made. Upon approval of the application, all additional fees must be tendered prior to issuance of license. Fees must be submitted in the form of certified cash, check or money order.
- Any changes in the ownership or any other status of the licensed operation which would change any answers on the original application must be reported in writing to the Butts County Community Development Department within ten (10) business days from the time of such change. Failure to do so may result in the revocation of the license.
- Background screening is required on all agents and officers.
- A current certified plat from a registered surveyor is required to confirm the distant requirements and must accompany the application.
- No license shall be issued except in the zones as defined by the local zoning ordinance. Contact the Community Development Department / Planning & Development Department for zoning questions.
- A State of Georgia Alcohol License is required before you can purchase and sell alcoholic beverages. Please contact the Georgia Department of Revenue, phone #404-651-8651 for information.
- The Personal Financial Statement Form must be submitted with each application.
- When completed, the application must be dated, signed, and verified under oath to assure that your license is processed timely.

Application for Alcohol Beverages License should be returned to:

Location / Mailing Address:

Butts County Board of Commissioners

ATTN: Planning & Development Department

625 W 3rd Street Suite 3 Jackson, GA 30233

Phone: 770- 775- 8210

BUSINESS INFORMATION

BUSINESS ADDRESS (PHYSICAL)

CITY

STATE

ZIP CODE

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

FAX NUMBER

MAILING ADDRESS (IF NOT SAME AS ABOVE)

CITY

STATE

ZIP CODE

FEDERAL EMPLOYMENT ID NUMBER

GEORGIA SALES TAX ID NUMBER

GEORGIA DEPARTMENT OF REVENUE ALCOHOL LICENSE NUMBER (IF YOUR APPLICATION HAS BEEN APPROVED YET THEN PLEASE SUBMIT A COPY OF THE STATE APPLICATION.)

BUSINESS STATUS

SOLE PROPRIETORSHIP _____

PARTNERSHIP _____ (PROVIDE LEGAL PROOF) & DATE FORMED _____

CORPORATION _____ (INCLUDES CHAPTER AND LIMITED LIABILITY)

PERSONAL INFORMATION OF PRIMARY OWNER OR REGISTERED AGENT

NAME OF OWNER OR REGISTERED AGENT

DRIVER'S LICENSE NUMBER (APPLICANT MUST HAVE A VALID GEORGIA DRIVER LICENSE)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

PHYSICAL ADDRESS

CITY

STATE

ZIP CODE

PERSONAL INFORMATION OF BUSINESS PARTNER(S)

*THIS SECTION ONLY NEEDS TO BE FILLED OUT IF "PARTNERSHIP" WAS CHECKED
ALL INDIVIUALS MUST SUBMIT A SEPARATE FORM FOR CRIMINAL HISTORY AND BACKGROUND CHECK*

NAME OF BUSINESS PARTNER

DRIVER'S LICENSE NUMBER (MUST HAVE A VALID STATE DRIVER LICENSE)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

PHYSICAL HOME ADDRESS

CITY

STATE

ZIP CODE

NAME OF BUSINESS PARTNER

DRIVER'S LICENSE NUMBER (MUST HAVE A VALID STATE DRIVER LICENSE)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

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NAME OF BUSINESS PARTNER

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CITY

STATE

ZIP CODE

YOU MAY DUPLICATE THIS PAGE TO INCLUDE ALL BUSINESS PARTNERS WITH YOUR COMPANY

PREVIOUS ADDRESS SECTION

IF THERE IS ANY INDIVIDUALS LISTED IN THIS APPLICATION WHO HAS RESIDED AT THEIR CURRENT ADDRESS FOR LESS THAN FIVE (5) YEARS THEN COMPLETE THE INFORMATION BELOW

NAME OF PERSON

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PREVIOUS ADDRESS

CITY

STATE

ZIP CODE

PERIOD OF TIME AT RESIDENCE: FROM _____ TO _____

NAME OF PERSON

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PREVIOUS ADDRESS

CITY

STATE

ZIP CODE

PERIOD OF TIME AT RESIDENCE: FROM _____ TO _____

NAME OF PERSON

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PREVIOUS ADDRESS

CITY

STATE

ZIP CODE

PERIOD OF TIME AT RESIDENCE: FROM _____ TO _____

YOU MAY DUPLICATE THIS PAGE TO INCLUDE ALL INDIVIDUALS ASSOCIATED WITH YOUR COMPANY

TYPE OF BUSINESS

RESTAURANT _____ CONVENIENCE STORE _____ HOTEL/MOTEL _____

ALCOHOL LICENSE *ONLY ONE CATEGORY PER APPLICATION

RETAIL SALES TO BE CONSUMED ON THE PREMISES INCLUDING SUNDAY SALES (CHECK ALL THAT APPLY)

_____ BEER & WINE SALES \$750.00

_____ DISTILLED SPIRITS SALES \$1,000.00

RETAIL PACKAGE SALES

_____ BEER & WINE SALES \$750.00

PROPERTY INFORMATION

PROPERTY STATUS: OWNED (PLEASE PROVIDE PROOF OF OWNERSHIP) _____
LEASED (PLEASE PROVIDE A LEASE AGREEMENT) _____

PARCEL INFORMATION (GET INFORMATION FROM THE TAX ASSESSORS OFFICE)

NAME OF PROPERTY OWNER

PROPERTY OWNERS PHYSICAL ADDRESS

CITY STATE ZIP CODE

MAP & PARCEL NUMBER ACREAGE OF THIS PARCEL

PLEASE NOTE:

*SHOULD ANY CHANGES OCCUR DURING THE YEAR FOR WHICH A LICENSE IS ISSUED PURSUANT TO THIS APPLICATION WHICH WOULD REQUIRE A DIFFERENT ANSWER TO ANY QUESTION CONTAINED IN APPLICATION, OR ANY PERSONAL STATEMENT WHICH IS MADE PART OF THIS APPLICATION, SUCH CHANGE MUST BE REPORTED TO THE COUNTY WITHIN TEN (10) WORKING DAYS. THE FAILURE TO MAKE SUCH REPORT SHALL BE CAUSE FOR THE REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION.

SIGN HERE THAT THIS IS FULLY UNDERSTOOD

APPLICANT HEREBY EXPRESSLY ACKNOWLEDGES THAT THE LICENSE APPLIED FOR, IF GRANTED, WILL BE A PRIVILEGE ONLY AND SUBJECT TO REVOCATION AS PROVIDED IN THE CODE OF ORDINANCE OF BUTTS COUNTY.

SIGN HERE THAT THIS IS FULLY UNDERSTOOD

YES NO

(ANSWER ACCORDINGLY)

_____	_____	IS THERE ANYONE CONNECTED WITH THIS BUSINESS THAT IS NOT A LEGAL RESIDENT OF THE UNITED STATES AND AT LEAST TWENTY-ONE (21) YEARS OLD AGE? (IF YES, GIVE FULL DETAILS ON SEPARATE SHEET.)
_____	_____	IF NOT AN U.S. CITIZEN, CAN LEGALLY BE EMPLOYED IN THE UNITED STATES? (IF YES, GIVE FULL DETAILS ON SEPARATE SHEET AND SUBMIT COPIES OF ELIGIBILITY.)
_____	_____	IS THERE ANYONE CONNECTED WITH THIS BUSINESS THAT HAS APPLIED FOR A BEER, WINE AND OR LIQUOR LICENSE FROM ANY OTHER CITY, COUNTY IN THE STATE OF GEORGIA AND BEEN DENIED? (IF YES, GIVE FULL DETAILS ON SEPARATE SHEET.)
_____	_____	IS THERE ANYONE CONNECTED WITH THIS BUSINESS THAT HOLDS ANOTHER ALCOHOL LICENSE? (IF YES, GIVE FULL DETAILS ON SEPARATE SHEET.)
_____	_____	IS THERE ANYONE CONNECTED WITH THE BUSINESS THAT HAS BEEN CONVICTED OF A FELONY OR A CRIME, INVOLVING MORAL TURPITUDE, OR CONVICTED OF VIOLATIONS OF THE ORDINANCES OF THE CITY OR GOVERNING ALCOHOLIC BEVERAGES LICENSED WITHIN A TEN (10) YEAR PERIOD, OR THE VIOLATION OF ANY STATE OR FEDERAL LAWS PERTAINING TO THE MANUFACTURE, POSSESSION, TRANSPORTATION OR SALE OF MALT BEVERAGES, WINE OR INTOXICATING LIQUORS, OR THE TAXABILITY WITHIN THE LAST FIVE (5) YEARS IMMEDIATELY PRIOR TO THE FILING OF SAID APPLICATION? (IF YES, GIVE FULL DETAILS ON SEPARATE SHEET.)
_____	_____	IS THERE ANYONE CONNECTED WITH THE BUSINESS THAT HAS BEEN CONVICTED FOR SELLING ALCOHOL TO AN UNDERAGE PERSON WITHIN THE LAST THREE (3) YEARS? (IF YES, GIVE FULL DETAILS ON SEPARATE SHEET.)

NAMES OF ALL EMPLOYEES AND POSITIONS

I, _____, SOLEMNLY SWEAR, SUBJECT TO THE CRIMINAL PENALTIES FOR FALSE SWEARING, AS PROVIDED UNDER GEORGIA, THAT ALL INFORMATION IN THIS APPLICATION AND SUPPORTING DOCUMENTS FOR A LICENSE TO SELL ALCOHOLIC BEVERAGES IN BUTTS COUNTY, GEORGIA ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I FULLY UNDERSTAND THAT ANY FALSE INFORMATION MAY CAUSE THE DENIAL OR REVOCATION OF SAID LICENSE.

I HAVE RECEIVED AND HAVE READ A COPY OF THE BUTTS COUNTY, GEORGIA ALCOHOL ORDINANCE.

_____	_____	SWORN TO AND SUBSCRIBED BEFORE ME
SIGNATURE OF APPLICANT	DATE	THIS ____ DAY OF _____, 20__.

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____
*THIS APPLICATION MUST BE NOTARIZED

**GEORGIA BUREAU OF INVESTIGATION
GEORGIA CRIME INFORMATION CENTER**

CONSENT FORM

I HEREBY AUTHORIZE _____ TO RECEIVE ANY
GEORGIA CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE
FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

NAME

DRIVER'S LICENSE NUMBER (MUST HAVE A VALID STATE DRIVER LICENSE)

DATE OF BIRTH SOCIAL SECURITY NUMBER SEX RACE

PHYSICAL HOME ADDRESS

CITY STATE ZIP CODE

SIGNATURE

DATE

One of the following must be checked:

_____ This authorization is valid for 90 / 180 / _____ (circle one) days from date of signature.

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

ALCOHOL APPLICATION CHECKLIST:

*Applications submitted without all supporting documents, listed below, will not be accepted.

- ☐ BUSINESS LICENSE / CERTIFICATE OF OCCUPANCY
- ☐ BUTTS COUNTY ALCOHOL PERMIT APPLICATION FULLY COMPLETED, SIGNED, DATED AND NOTARIZED
- ☐ COPY OF APPLICANT'S STATES DRIVERS LICENSE
- ☐ COPY OF STATE OF GEORGIA ALCOHOLIC LICENSE/ APPLICATION COPY OF LEASE AGREEMENT OR DEED ATTACHED
- ☐ TWO (2) COMPLETE SETS OF FINGERPRINTS FOR EACH OWNER OR/ AND REGISTERED AGENT
- ☐ TWO (2) SETS OF PASSPORT SIZE PHOTOGRAPHS
- ☐ APPLICANT AT LEAST 21 YEARS OF AGE
- ☐ APPLICANT IS A U. S. CITIZEN OR A PERMANENT RESIDENT ALIEN
- ☐ APPLICATION ACCOMPANIED BY A CERTIFIED CHECK, MONEY ORDER, OR CASH FOR ALL PERMIT FEES
- ☐ DETAILS OF THE BUILDING PLANS OF THE INSIDE AND OUTSIDE OF PREMISES ATTACHED THE
- ☐ BUILDING IS IN COMPLIANCE WITH APPLICABLE COUNTY AND STATE OF GEORGIA ALCOHOL CODES
- ☐ A CERTIFIED LAND SURVEY ATTACHED
- ☐ FINANCIAL STATEMENT FORM
- ☐ EMPLOYEE LIST
- ☐ STOCK INVENTORY- MUST BE NOTARIZED
- ☐ PERSONNEL STATEMENT
- ☐ CURRENT TAX RECEIPT(S) SHOWING ALL PERSONAL AND REAL PROPERTY TAXES PAID *MUST BE STAMPED BY BUTTS COUNTY TAX OFFICAL

PLEASE READ:

THE COMMUNITY SERVICES DEPARTMENT WILL NOT SUBMIT ANY APPLICATION FOR APPROVAL BEFORE THE BOARD OF COMMISSIONERS UNLESS THE PREMISE IS IN COMPLIANCE WITH ALL BUTTS COUNTY ORDINANCES INCLUDING, WITHOUT LIMITATION, ANY ORDINANCES DEALING WITH BUILDING SAFETY OR ZONING.

THE PREMISES OF THE HOLDER A RETAIL CONSUMPTION DEALER LICENSE FOR THE SALE OF ALCOHOLICS BEVERAGES SHALL BE OPEN TO INSPECTION AT ANY AND ALL TIMES BY OFFICERS OR OFFICIALS AUTHORIZED TO CONDUCT SUCH INSPECTIONS BY THE COUNTY, STATE OR FEDERAL AUTHORITIES. LICENSES UNDER THIS ORDINANCE SHALL BE DISPLAYED PROMINENTLY AT ALL TIMES ON THE PREMISES FOR WHICH SAME WAS ISSUED, PLEASE NOTE THAT IF BUSINESS SHOULD HAVE A NEW MANAGER, THE NAME, ADDRESS AND TELEPHONE NUMBERS SHALL BE FILED WITH THE COMMUNITY SERVICES DEPARTMENT WITHIN TEN(10) WORKING DAYS.