

Please download the form and open it with ADOBE READER in order to submit it via email! An active email account is required.

CITY OF METTER, GEORGIA APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

DATE OF APPLICATION _____ NEW _____ RENEWAL _____

TYPE OF BUSINESS TO BE OPERATED FOR:

(1) *Retail licenses:*

Circle all that apply:

- (a) Package sales for:
 - 1. off premises consumption of beer and wine: \$ 400.00
 - 2. on premises consumption of beer and wine: \$ 400.00
- (b) Non-pouring license for consumption of distilled spirits on premises: \$2,000.00
- (c) Pouring license for on premises consumption of distilled spirits by the drink: \$2,000.00
- (d) Package sales for off premises consumption of distilled spirits: \$2,000.00

APPLICANT'S FULL NAME _____

BUSINESS NAME _____

DBA _____

BUSINESS ADDRESS _____

BUSINESS MAILING ADDRESS _____

BUSINESS TELEPHONE # _____

APPLICANT'S HOME ADDRESS _____

APPLICANT'S HOME PHONE # _____

APPLICANT'S AGE _____ DATE OF BIRTH ____/____/____ SS # _____-_____-_____

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A TRAFFIC VIOLATION?
_____ YES _____ NO

IS THE APPLICANT THE OWNER OF THE BUSINESS? _____ YES _____ NO

IF NO, WHAT IS YOUR TITLE IN THE BUSINESS? _____

IS THIS BUSINESS A PARTNERSHIP OR CORPORATION? _____ YES _____ NO

IF YES, CIRCLE ONE: PARTNERSHIP OR CORPORATION

HOW MANY PARTNERS, SHAREHOLDERS, ETC. ARE INVOLVED IN THE BUSINESS? _____

PLEASE LIST THE PARTNERS BELOW:

I UNDERSTAND THAT ANY PARTNER INVOLVED MUST COMPLETE AN APPLICATION AND IT IS MY RESPONSIBILITY TO INSURE THIS IS DONE.

APPLICANT'S SIGNATURE

DATE

APPLICATION MEETS ALL ZONING AND ORDINANCE REQUIREMENTS FOR AN ALCOHOL BEVERAGE LICENSE.

APPROVED: _____ **DATE:** ____/____/____

_____ IS HEREBY APPROVED FOR AN ALCOHOL BEVERAGE LICENSE AT THE FOLLOWING LOCATION:

BY: _____
BUILDING AND ZONING OFFICER

BY: _____
CITY CLERK

BY: _____
CHIEF OF POLICE

COMMENTS: _____

THIS APPLICATION DOES NOT MEET ALL ZONING AND ORDINANCE REQUIREMENTS FOR AN ALCOHOL BEVERAGE LICENSE AT THE FOLLOWING LOCATION:

DENIED: _____ **DATE:** ____/____/____

BY: _____
BUILDING AND ZONING OFFICER

BY: _____
CITY CLERK

BY: _____
CHIEF OF POLICE

COMMENTS: _____

OATH OF APPLICANT OR LICENSEE

“I DO SOLEMNLY SWEAR THAT I HAVE PROVIDED TRUE AND ACCURATE INFORMATION ON THIS APPLICATION AND UNDERSTAND IF I HAVE BEEN UNTRUTHFUL, IT WILL RESULT IN DENIAL OF MY LICENSE.”

NEW APPLICATION _____

RENEWAL APPLICATION _____

IF MY APPLICATION IS APPROVED, I CERTIFY: **(PLEASE INITIAL EACH ONE.)**

- A. I HAVE RECEIVED A COPY OF THE ALCOHOL ORDINANCE. I UNDERSTAND THAT NO LICENSE WILL BE ISSUED UNTIL I HAVE RECEIVED A COPY OF THIS ORDINANCE. _____
- B. I WILL ABIDE BY THE CITY OF METTER ALCOHOL ORDINANCE. _____
- C. I UNDERSTAND ANY LICENSE GRANTED TO ME IS NOT TRANSFERABLE. _____
- D. I WILL ALLOW MY BUSINESS PREMISES TO BE OPEN TO INSPECTION AT ANY REASONABLE TIME BY CITY OFFICIALS AUTHORIZED TO CONDUCT INSPECTION OF BUSINESS PREMISES. _____
- E. I UNDERSTAND THAT NO LICENSE WILL BE PROCESSED OR ISSUED UNTIL ALL FEES ARE PAID WITH THE CITY CLERK. _____
- F. I HAVE COMPLETED THE ATTACHED FORM AND UNDERSTAND IT AUTHORIZES THE METTER POLICE DEPARTMENT THE RIGHT TO CHECK MY BACKGROUND. _____
- G. I UNDERSTAND IT IS MY RESPONSIBILITY TO CONTACT METTER CITY HALL FOR FINGERPRINTING PROCESSING. _____
- H. I UNDERSTAND THAT I WILL NOT BE GRANTED A LICENSE UNTIL I HAVE PRESENTED A COPY OF MY CITY/STATE CERTIFICATE OF OCCUPANCY. _____ **(NOT REQUIRED FOR RENEWAL)**
- I. I HAVE NEVER BEEN CONVICTED FOR ANY VIOLATION OTHER THAN TRAFFIC OFFENSES. _____
- J. I HAVE PUBLISHED A NOTICE OF THIS APPLICATION AND HAVE PROVIDED AN AFFIDAVIT IN ACCORDANCE WITH THE ALCOHOL ORDINANCE. _____ **(NOT REQUIRED FOR RENEWAL)**

SIGNATURE OF APPLICANT

DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

CITY OF METTER

CONSENT FORM

I, _____, am authorizing the Metter Police Department to release information on any criminal history record the State of Georgia or the Metter Police Department might have to the City of Metter.

I hereby agree the Metter Police Department, the Georgia Crime Information Center, the employees of either agency, or the employees of any other agency of the state, shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

I further agree that if I am granted a license, this consent form shall remain in force as long as I hold an alcohol beverage license from the City of Metter.

FULL NAME _____

ADDRESS _____

SSN # _____ DATE OF BIRTH _____

PLACE OF BIRTH _____

SEX _____ RACE _____ HGT _____ WGT _____ EYES _____ HAIR _____

SIGNATURE

DATE

NOTARY PUBLIC

MY COMMISSION EXPIRES