

**UNION COUNTY ALCOHOL LICENSING**  
**65 Courthouse Street**  
**Blairsville, GA 30512**  
**Phone (706) 439-6000 ~ Fax (706) 439-6004**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

This application must be signed by the applicant and notarized. **EACH AND EVERY QUESTION MUST BE FULLY ANSWERED. IF THE QUESTION DOES NOT PERTAIN, SO INDICATE.** If the space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed, the application must be dated, signed, and verified under oath by the applicant and submitted to the Union County Commissioner's Office, together with the license fee(s) and the administrative fee (separate checks). All fees are payable to Union County in certified funds (cash, money order or bank check). **The applicant must not be less than 21 years of age.**

NOTICE: Any false answer to any question could result in the denial of a license, or in the event a license is issued, in the revocation or suspension of the license.

**FOR OFFICIAL USE ONLY:**

Name of Business: \_\_\_\_\_  
Date Received: \_\_\_\_\_ License Fee Enclosed: \$ \_\_\_\_\_  
Date Approved: \_\_\_\_\_ Date Denied: \_\_\_\_\_  
State License Number: \_\_\_\_\_ Local License Number: \_\_\_\_\_  
Administrative Fee Enclosed: \$ \_\_\_\_\_

**1. Type of License:**  **New**  **New Ownership**

**2. License Category:**

- Malt beverages for sale by the package  over 20,000 sq. ft.  under 20,000 sq.ft.
- Wine for sale by the package  over 20,000 sq. ft.  under 20,000 sq. ft.
- Malt beverages for consumption on the premises
- Wine-consumption on premises
- Distilled spirits, malt beverages, and wine for consumption only on the premises
- Farm winery license
- Wine only by the package, with ancillary wine tasting
- Manufacturing license and Farm Winery License

**3. Type of Business:**

- |   |  |
|---|--|
| <input type="checkbox"/> Grocery Store            | <input type="checkbox"/> Restaurant      |
| <input type="checkbox"/> Convenience Store        | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Wholesaler               | <input type="checkbox"/> Hotel/Motel     |
| <input type="checkbox"/> Farm Winery Tasting Room | <input type="checkbox"/> Other*          |

\* Please explain \_\_\_\_\_

**4. For distilled spirits sales, is the place of business more than 100 yards from any church building or alcoholic treatment center and more than 200 yards of any school building, educational building, school grounds or college campus as measured by the most direct route of travel on the ground?**

Yes, it is more than 100 yards from church building or alcoholic treatment center and more than 200 yards of any school building, educational building, school grounds or college campus.

**For wine or malt beverage sales, is the place of business more than 100 yards of any school building, school grounds or college campus or alcoholic treatment center?**

Yes, it is more than 100 yards from any school building, school grounds or college campus or alcoholic treatment center.

**5. Name to Which the License will be issued, if approved**

**Business Name:** \_\_\_\_\_

Business Location Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**6. Applicant:**

(must be at least 21 years of age)

Individual Name \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**7. Registered Agent:**

(Registered Agent, if different than applicant, must be a resident of Union County and 21 years of age or older. Registered Agent must attach proof of residency with 2 of the following 3 documents: a current utility bill in your own name, not the name of any company or other entity, a current voter registration card, or a valid driver's license.)

**Same as Applicant** (if same as applicant not required to complete this section)

Name: \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

(Note: If the registered agent changes, the licensee shall notify the County within 30 days of the change. A fee of \$100 will be charged for the processing of an application for the change of the registered agent and such applicant must be approved by the Alcohol Board.)

**8. Type of Ownership** (Please mark appropriate box and fill out section a or b as indicated):

- Sole Proprietorship (a)                       Partnership (b)  
 Limited Liability Company (b)               Other (Please explain) \_\_\_\_\_  
 Corporation (c)

**a) For Partnership or LLC:**

Partnership or LLC Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Partners or LLC members having a 5% or greater interest shall list the names, addresses and ownership interest of each:**

➤ Full Legal Name \_\_\_\_\_ % Interest \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

➤ Full Legal Name \_\_\_\_\_ % Interest \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

**b) For Corporation:**

Name of Corporation \_\_\_\_\_  
(Name must be shown exactly as in Articles of Incorporation or Charter)

Date of Incorporation \_\_\_\_\_ Place of Incorporation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Officers:**

➤ Full Legal Name \_\_\_\_\_  
% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

➤ Full Legal Name \_\_\_\_\_  
% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

➤ Full Legal Name \_\_\_\_\_  
% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

**Trustees or the designated fiduciary agent(s) for other types of legal entities:**

➤ Full Legal Name \_\_\_\_\_  
% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

➤ Full Legal Name \_\_\_\_\_  
% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

**9. Property:**

Owner of the property (land and building) where the business will be located: (In addition, attach to the application evidence of ownership of the building or proposed building. If property is leased, must attach copy of lease or if a franchise, attach copy of franchise agreement or contract.)

Property Owner Name \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is the space where the business is to be located rented or leased?  Yes  No

If yes, please state name of landlord or lessor and address:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If the space is rented or leased, is the rent for the premises to be paid to the landlord or lessor on a percentage of the business or contingent upon the amount of business done?  
 Yes  No

**10. Residency/Age Requirement:**

Is the Applicant and Registered Agent at least twenty-one (21) years of age or older?

Yes  No

Is the Applicant:  
(check one)

- A United States citizen
- A legal permanent resident
- A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

Is the Registered Agent:  
(check one)

- A United States citizen
- A legal permanent resident
- A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

**11. Disclosure of previous denials:**

Is there any person, registered agent, or anyone holding a five percent (5%) interest or more in this business who has applied for a beer, wine, and/or liquor license from Union County or other City or County in the State of Georgia or other state or political subdivision?

Yes  No If yes, please give full details of disposition on separate sheet.

Is there any person, registered agent, or anyone holding a five percent (5%) interest or more in this business who has had an alcoholic beverage license revoked or suspended by or surrendered to any federal, state or local authority?

Yes       No      If yes, please give full details of disposition on separate sheet.

**12. Disclosure of licenses held:**

Is there any person, registered agent, or anyone holding a five percent (5%) interest or more in this business who holds another alcohol license in any retail category or any license under any wholesale category?

Yes       No      If yes, please give full details on separate sheet.

**13. Disclosure of felony/other convictions or offenses:**

Is there any person, registered agent, or anyone holding a five percent (5%) interest or more in this business who:

- Has been convicted under any federal, state or local law of any felony or a misdemeanor involving moral turpitude within the past five years?  
 Yes       No  
If yes, please give full details on separate sheet including dates, charges and disposition.
- Has been convicted under any federal, state or local law of a misdemeanor, particularly, but not limited to, those involving alcoholic beverages, gambling or tax law violations within the last five years immediately prior to filing of this application?  
 Yes       No      If yes, please give details on separate sheet including dates, charges and disposition.
- Has been found in violation of the ordinances or resolutions of Union County, or any other county or municipality, governing alcoholic beverages licenses within the last five years immediately prior to the filing of this application?  
 Yes       No      If yes, please give full details on separate sheet.
- Who has remaining any delinquent ad valorem taxes due Union County or has any outstanding fines, assessments, liens, fi fas, penalties, or judgments due to Union County or is currently in any violation of any Union County ordinance or resolution?  
 Yes       No      If yes, please give full details on separate sheet.

All of the foregoing information is hereby given and all of the foregoing statements are hereby made under oath, willfully, knowingly and absolutely, and the same is and are hereby sworn to be true under penalty for false swearing as provide by law.

Sworn to and subscribed before me,

This \_\_day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title of Applicant

**NOTE:**

- **This application will not be accepted until it is completed with all required attachments.**
- **This written application for the license shall be a permanent record which the licensee must maintain current as required by the Union County Code. Failure to maintain a current application shall be grounds for revocation of the license.**
- **The Alcohol Board shall act within 45 days from the date of the filing of the completed application.**
- **If the applicant is denied a county or a state license, the deposit representing the initial license fee shall be refunded, but the cost paid for the application, investigation and administrative cost shall be retained.**
- **Any applicant for a license who has in existence at the time of making the new application an existing license shall pay a standard administrative fee of one-half the regular administrative fee, but shall pay a separate full initial license fee for each license.**
- **When an applicant is making applications for more than one license at the same time, the applicant shall pay only one administrative fee of 125% of a normal administrative fee but shall pay a separate full license fee for each license.**
- **There shall be an annual license renewal fee for each license payable in advance for the entire year, beginning January 1 and ending December 31, of each year.**
- **In the event a license is revoked, surrendered or suspended, there shall be no refund whatsoever.**