

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

***Instructions for obtaining an alcohol license:***

- 1. Complete the following Alcohol License Application in its entirety.***
- 2. Business owner(s) must have a fingerprint card completed. All owners of the business –sole proprietorship, partnership, corporation officers, etc. must have a fingerprint card completed for each owner.***
- 3. A fee of \$24.00 per set of fingerprint cards must be paid at City Hall.***
- 4. Call or visit City Hall to obtain a copy of the City ordinance which explains in detail the rules and regulations pertaining to an alcohol license.***
- 5. All documentation must be completed and submitted to the City. Fingerprint cards must be returned from GCIC and then you can request to come before the City Council to apply for an alcohol license. If approved, you must advertise for four (4) weeks in the City's legal organ (at your own cost) in the legal section of the newspaper. If there is no opposition to your application, you will then be put on the next regular monthly City Council meeting for approval.***

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P.O. BOX 268  
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OFFICE: (912) 449-7000 FAX: (912) 449-7002**

1. NAME OF BUSINESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS  
OF BUSINESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EXACT LOCATION OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_

BLACKSHEAR PHONE NUMBER: (912) \_\_\_\_\_ STATE TAX ID NO. \_\_\_\_\_

2. NAME OF LICENSEE(S): \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME/BUSINESS ADDRESS OF LICENSEE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME/BUSINESS PHONE NUMBER: ( ) \_\_\_\_\_ SOCIAL SEC NO: \_\_\_\_\_

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: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

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5. IF APPLICANT IS APPLYING ON BEHALF OF A NON-PROFIT ORGANIZATION, AS RECOGNIZED BY THE INTERNAL REVENUE SERVICE, STATE THE FOLLOWING:

NAME OF ORGINAZATION: \_\_\_\_\_

WHEN AND WHERE CHARTERED: \_\_\_\_\_

APPLICANTS OFFICE AND DUTIES IN SAID ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE EMPLOYERS ID NUMBER: \_\_\_\_\_

HAS A FEDERAL TAX FORM #990 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. DISTANCE FROM NEAREST SCHOOL GROUNDS? \_\_\_\_\_

8. DISTANCE FROM NEAREST CHURCH GROUNDS? \_\_\_\_\_

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

<u>LICENSE TYPE</u>	<u>LICENSE NUMBER</u>	<u>TRADE NAME</u>	<u>LICENSES</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

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10. HAVE YOU, THE LICENSEE, OR ANY OTHER PERSON HAVING ANY INTEREST IN THE BUSINESS WHICH THIS 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. HAS A CITY LICENSE EVER BEEN ISSUED AT THIS LOCATION:

YES: \_\_\_\_\_ NO: \_\_\_\_\_ DO NOT KNOW: \_\_\_\_\_

IF YES, COMPLETE THE FOLLOWING INFORMATION FOR THE PREVIOUS LICENSE:

NAME OF LICENSEE: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_ STATE TAX ID NO.: \_\_\_\_\_  
LEGAL BUSINESS NAME: \_\_\_\_\_  
MAILING ADDRESS OF BUSINESS: \_\_\_\_\_  
ALCOHOL LICENSE NO.: \_\_\_\_\_ YEAR: \_\_\_\_\_ DATE DISCONTINUED: \_\_\_\_\_  
SALES TAX NO.: \_\_\_\_\_

12. DO YOU OWN THE PROPERTY IN WHICH THIS BUSINESS WILL BE OPERATED:

YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF NO, LIST BELOW THE INFORMATION REQUESTED OF THE PROPERTY OWNER AND/OR BUILDING OWNER, IF SEPARATE. ALSO, A COPY OF THE LEASE AGREEMENT MUST BE ATTACHED:

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
MONTHLY PAYMENT: \_\_\_\_\_

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**14. HAS ANY INDIVIDUAL, FIRM PARTNERSHIP, OR CORPORATION PREVIOUSLY APPLIED FOR A LICENSE IN ALCOHOLIC BEVERAGES AND LIQUORS AT THE ADDRESS WHERE THE BUSINESS IS TO BE CONDUCTED:**

YES: \_\_\_\_\_ NO: \_\_\_\_\_ DO NOT KNOW: \_\_\_\_\_

**IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

**14. 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: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

FULLY DESCRIBE POSITION AND CONTROL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERCENT OF INTEREST: \_\_\_\_\_

**INFORMATION TO MEET REQUIREMENTS**

- EACH BUSINESS MUST HAVE 6 INCH STREET NUMBERS ON BUILDINGS BEFORE APPROVAL.
- ALL ALCOHOLIC BEVERAGES PACKAGED TO GO ESTABLISHMENTS, MUST HAVE SECURITY CAMERAS OR THREE OR MORE EMPLOYEES ON DUTY AT ALL TIMES.
- PRIOR TO OPENING, SECURITY CAMERA AND LENS OF A TYPE, NUMBER AND LOCATION MUST BE APPROVED BY THE POLICE CHIEF, OR HIS/HER DESIGNEE.
- COPY OF STATE APPLICATION AND LEASE OR DEED OF PROPERTY MUST BE ATTACHED.

CITY OF BLACKSHEAR ALCOHOL LICENSE APPLICATION

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 THE APPLICANT WILL BE RESPONSIBLE FOR THE COSTS THEREOF. UPON REQUEST, THE APPLICANT SHALL ALSO OBTAIN THESE CONSENT FORMS FROM EACH EMPLOYEE WHO WILL BE EMPLOYED IN THE APPLICANTS ESTABLISHMENT. THE CITY MAY ALSO REQUIRE FINGERPRINTS AND/OR PHOTOGRAPHS OF THE APPLICANT'S EMPLOYEES FOR THE PURPOSE OF CONDUCTING ITS INVESTIGATION.

X  
OWNER/APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

I HEREBY CERTIFY THAT \_\_\_\_\_ IS PERSONALLY KNOWN 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 ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE.

X  
NOTARY PUBLIC  
(THIS OFFICE HAS A NOTARY PUBLIC)

\_\_\_\_\_  
DATE

COMMISSION ENDS: \_\_\_\_\_

CITY OF BLACKSHEAR ALCOHOL LICENSE APPLICATION

FOR OFFICE USE ONLY

ZONING OFFICE:

\_\_\_ APPROVED \_\_\_ DENIED SIGN/DATE: \_\_\_\_\_

PROPERTY ZONED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

HEALTH DEPARTMENT:

\_\_\_ APPROVED \_\_\_ DENIED SIGN/DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

POLICE DEPARTMENT:

\_\_\_ APPROVED \_\_\_ DENIED SIGN/DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

FIRE DEPARTMENT:

\_\_\_ APPROVED \_\_\_ DENIED SIGN/DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

CITY CLERK/ADMINISTRATOR OFFICE:

AMOUNT OF LICENSE \$ \_\_\_\_\_ AMOUNT OF PRO-RATED LICENSE \$ \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ PRO-RATED LICENSE EXPIRES: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

COUNCIL:

DATE OF FIRST READING BY COUNCIL: \_\_\_\_\_

DATE OF SECOND READING BY COUNCIL: \_\_\_\_\_

DATE APPROVED BY COUNCIL: \_\_\_\_\_

DATE DISAPPROVED BY COUNCIL: \_\_\_\_\_

CITY OF BLACKSHEAR ALCOHOL LICENSE APPLICATION

CITY OF BLACKSHEAR POLICE DEPARTMENT  
BUSINESS EMERGENCY CALL SHEET  
(912) 449-7011

.....  
.....  
NAME OF BUSINESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE NUMBER: (    ) \_\_\_\_\_

.....  
.....  
OWNER OF BUILDING: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE NUMBER: (    ) \_\_\_\_\_

.....  
.....  
FIRST PERSON TO CALL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE NUMBER: (    ) \_\_\_\_\_

.....  
.....  
SECOND PERSON TO CALL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE NUMBER: (    ) \_\_\_\_\_

**PLEASE CONTACT THIS OFFICE AS SOON AS POSSIBLE IF THERE ARE ANY CHANGES IN THIS INFORMATION. THANK YOU.**