

City of Rockmart
Department of Community Development

APPLICATION
(Lottery Application ONLY)

NOTE: USE SEPARATE PAGES AND/OR ATTACHMENTS, AS NECESSARY

Malt Beverage, Wine or Distilled Spirits License

1. Type(s) of license applied for: Malt Beverage package Malt Beverage pouring
 Wine package Wine pouring
 Distilled Spirits Retail Distilled Spirits pouring

2. Proposed licensee is a (n): Individual
 Partnership
 Corporation
 LLC
 other legal entity (explain)

Please provide the social security number or tax id# of the proposed licensee: _____

3. Applicant information:

Name: _____ title/position: _____

Are you a citizen of the United States: ____ yes ____ no

Where were you born? _____

Present home address: _____

County of _____ Number of years at present address: _____

Contact information: Business phone #: _____ Home phone #: _____

How long have you been a resident of Georgia? _____ Polk Co? _____

What has been your occupation for the past five (5) years? _____

4. Applicant's relationships with other persons within the 1st degree of kinship.

Immediate living relatives:

(Please list all immediate living wife, children, parents, brothers, sisters, and parents)

Do not include entries from item 6. *(Attach separate sheet if necessary)*

Name: _____ Age: _____

Relationship: _____ Live with or apart: _____

Name: _____ Age: _____

Relationship: _____ Live with or apart: _____

Name: _____ Age: _____

Relationship: _____ Live with or apart: _____

Name: _____ Age: _____

Relationship: _____ Live with or apart: _____

5. Proposed business name and address:

Business name: _____

Address: _____

6. Corporations: If operating as a corporation, please complete the following:

Corporation name: _____

Address: _____

Date of Incorporation: _____ Where Incorporated: _____

Type of Corporation: _____

Corporate Officers: *Please list each (attach a separate sheet if necessary)*

Name: _____ SS# _____

Office held: _____

Address: _____

Name: _____ SS# _____

Office held: _____

Address: _____

Name: _____ SS# _____

Office held: _____

Address: _____

Name: _____ SS# _____

Office held: _____

Address: _____

Please provide a copy of your “Articles of Incorporation” and the current “Annual Registration with the Secretary of State”

7. **Stockholder information – applies to any “closely held” stock, not publically traded and to all stockholders who own more than 5% of the outstanding capital stock of the corporation. DO NOT FILL OUT THIS INFORMATION FOR PUBLICLY TRADED CORPORATIONS. In lieu thereof, please indicate by attached sheet as to whether any affiliate, related company, holding company, subsidiary or other organization holds any form of alcohol license in the City of Rockmart; or any distilled spirits package sale license within the State of Georgia.**

8. If operating as a corporation, list stockholders with addresses and the amount of interest of each stockholder in the corporation. *Please list each (attach a separate sheet if necessary)*

Stockholder Name: _____ Interest _____

Address: _____

Stockholder Name: _____ Interest _____

Address: _____

Stockholder Name: _____ Interest _____

Address: _____

Stockholder Name: _____ Interest _____

Address: _____

Stockholder Name: _____ Interest _____

Address: _____

9. Limited Liability Company (LLC): If operating as a company, please complete the following:

Company name: _____

Address: _____

Date of Formation: _____ Where Formed (State): _____

Type of LLC (member managed or manager managed): _____

LLC members with an ownership interest: *Please list each (attach a separate sheet if necessary)*

Name: _____ SS# _____

Member – ownership interest (____ %): _____

Address: _____

Name: _____ SS# _____

Member – ownership interest (____ %): _____

Address: _____

Name: _____ SS# _____

Member – ownership interest (____ %): _____

Address: _____

Name: _____ SS# _____

Member – ownership interest (____ %): _____

Address: _____

Please provide a copy of your “Articles of Incorporation” and the current “Annual Registration with the Secretary of State”

10. Limited Liability Partnership (LLP), Partnerships, Sole Proprietorships and any other forms of business entity: If operating as a partnership or other form of business entity, please complete the following:

Entity name: _____

Address: _____

Date of Formation: _____ Where Formed (State): _____

Type of Partnership: _____

Partnership members with an ownership interest: *Please list each (attach a separate sheet if necessary)*

Name: _____ SS# _____

Partnership Member – ownership interest (____%): _____

Address: _____

Name: _____ SS# _____

Partnership Member – ownership interest (____%): _____

Address: _____

Name: _____ SS# _____

Partnership – ownership interest (____%): _____

Address: _____

Name: _____ SS# _____

Partnership – ownership interest (____%); _____

Address: _____

Please provide a copy of your “Articles of Incorporation” and the current “Annual Registration with the Secretary of State”

If more than 4 members, partners, or stockholders, please provide the name, address, social security number and ownership interest of additional parties at interest, by separate sheet..

11. Registered Agent

If the proposed licensee is a legal entity, please provide name of its registered agent:

Agent(s) name: _____

Address: _____

Telephone no: _____

12. Store Manager, Managing Member, Managing Partner, or other person in charge:

What is the name of the person who, if the license is granted, will be the active manager of the business and on the job at the business?

Full name: _____

(Please complete the site manager's personal statement, attached)

13. Convictions:

Has the applicant, or any individual having an interest either as owner, partner, member, or stockholder (see Paragraph 6) been convicted or entered a plea of Nolo Contendere within fifteen (15) years immediately prior to the filing of this application, for any felony or misdemeanor in any state or for an offense cited by the United States; or any violation of municipal ordinances except traffic violations? If yes, please explain below:

14. Location ownership

Do you own the land and building on which the business is to be operated?

_____ Yes _____ No If Yes, when did you buy it? _____

(Attach proof of ownership)

If not the owner, please complete the following and attach a copy of the lease, option, and any other pertinent documents:

Owner / Agent of Property: _____

Amount of rent: _____ Frequency Paid: _____

Is the amount of rent a set amount? _____ Yes _____ No

If NO, please explain how it is determined: _____

15. If you have an option, or other legal, binding document to buy, lease the building, please explain the general terms:

16. Zoning

What is the current zoning on the proposed property location? _____

17. Location Certification

If this is the first application for a license for this business, please attach a current certificate from a registered surveyor containing the following information:

- (1) A scale drawing of the building or proposed building as situated on the proposed lot;
- (2) Proposed off street parking facilities available to the building;

NOTE: NOT Required for a retail package sales license until the applicant is chosen for a license.

18. Pouring License -Ratio of Food Sales

If the application is for on premises consumption (pouring), is the establishment a full service restaurant that derives more than 50% of its gross revenue from the sale of food?

_____ Yes _____ No

19. Financial Interest . Does the applicant or interested parties to this Application:

A. Have any financial interest in any manufacturer or wholesaler of alcoholic beverages?
 _____ Yes _____ No

B. Received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? _____
 _____ Yes _____ No

20. Other Interests:

Do you; any member of your family (children; spouse, parents, siblings) or any of the other owners, partners, or stockholders:

A. Have any interest, financial or otherwise, in other malt beverage, wine or distilled spirits stores or establishments? _____ Yes _____ No
 If YES please list:

B. Own, lease, sub-lease any real estate which is occupied by a retail distilled spirits store or other establishment that provides retail sales of Malt beverage or wine; or where a license has been issued for the pouring or sale of alcohol. If so, give the location information as to any lease or rental agreement including rents received and who rented to

_____ Yes _____ No If YES please list:

C. Serve as the Executor or Administrator or Beneficiary of Heir of any estate having an interest in a retail malt beverage, wine or distilled spirits store or establishment?

_____ Yes _____ No

If YES please give the location, amount of interest and the capacity with the estate:

D. Serve as Beneficiary or Trustee of any Trust Fund having an interest in a retail malt beverage, wine or distilled spirits store or establishment?

_____Yes _____No

If YES please give your position, the name of the Trust and the amount of income you receive:

21. Financial Gain

A. Please list all parties who will receive any financial gain or payment derived from any interest or income as a result of the operation that this application applies to. (Please include any owners, partners, members, officers or principal stockholders.)

B. The application must include, as an attachment, the notarized statement with background financial documents, as required by section 3 – 207 (10) of the City Code. The attachment should include financial information sufficient for the City to determine that the applicant has the financial ability to stock a retail package sales outlet with a minimum of \$200,000 in retail inventory AND to be able to maintain that minimum inventory level during all times of operation of the retail package sales business.

22. Other Jurisdictions

List other jurisdictions in which any applicant, partner, member, corporate officer or stockholder holds alcoholic beverage licenses:

List any and all details of denial of any such licenses in any other jurisdictions:

23. Are you familiar with the City of Rockmart Ordinances, State laws and regulations, Federal laws and regulations governing the operations of this type business?

_____Yes _____No

24. Do you agree to abide by such ordinances, laws and regulations?

_____Yes _____No

25. Have you obtained all necessary licenses or permits from the state to operate your business, whether for distilled spirits or otherwise?

() yes, (if so, please attach or furnish copies of same)

() no, (if not, please state your schedule for applying to them)

(Please provide a copy of all State licenses and Permits as soon as they are received. Failure to do so could result in the denial and revocation of the license being applied for with the City of Rockmart)

26. Do you have any questions or comments regarding the ordinances, laws, regulations or applications?

_____Yes

_____No

If YES please list:

Georgia, Polk County, City of Rockmart

I, _____ being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such answers were made in order to produce the granting of such license.

Signature of Applicant

Title of Applicant

Sworn to and subscribed
Before me this _____ day

Of _____

Notary public



**City of Rockmart
Department of Community Development**

SITE MANAGER'S PERSONAL INFORMATION
Malt Beverage, Wine or Distilled Spirits License

(To be attached to Application)

(A photo of the manager must be attached to this form)

1. Business Name

(Please complete for the business you are applying as a manager for)

Business Name: _____

Address: _____

2. Manager's name and address:

Name: _____

Home address: _____

Phone number: _____

3. Personal identification information:

Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____

Color of hair: _____ Color of eyes: _____

4. Manager's birth information:

Location of birth: _____

Date of birth: _____

5. Spousal information: (If married, please complete)

Spouse's full name: _____

Maiden name if applicable: _____

Date of birth: _____ Date married: _____

Employer: _____

6. Employment record:

(Please list your previous employment information for the past 10 years) *(Attach separate sheet if necessary)*

Employer: _____

Location: _____ Dates – From: _____ To: _____

Employer: _____

Location: _____ Dates – From: _____ To: _____

Employer: _____

Location: _____ Dates – From: _____ To: _____

7. Financial interest:

Do you or your spouse, or any member of your family:

A. Have any interest, financial or otherwise, in other malt beverage, wine or distilled spirits stores or establishments? _____ Yes _____ No
If YES, please list:

B. Ever been denied a license or had a license revoked?

_____ Yes _____ No *If YES please list:*

8. Prior residences:

(Please list all residences you have had in the past ten (10) year.) *(Include a separate sheet if necessary)*

Street _____ City _____ State _____ Years _____

9. Tax return:

Did you file a Georgia tax return last year?

_____ Yes _____ No

10. Convictions:

Has the applicant, or any individual having an interest either as owner, partner, member, or stockholder (see Paragraph 6) been convicted or entered a plea of Nolo Contendere within fifteen (15) years immediately prior to the filing of this application, for any felony or misdemeanor in any state or for an offense cited by the United States; or any violation of municipal ordinances except traffic violations? If yes, please explain below:

Charge: _____

Place of Arrest: _____ Date: _____

Disposition: _____

11. Personal References:

(Please list three personal references not related to you, whom you have known for at least five years)

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

12. Emergency Contact:

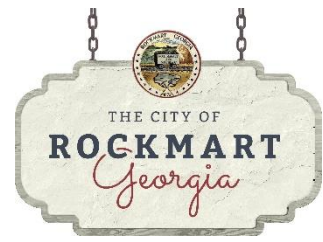
Contact name: _____ Phone number: _____

I, _____ do solemnly swear, that the foregoing statements are true. I understand that any falsehoods are grounds for automatic dismissal of this application.

Signature of Manager

Sworn and subscribed
Before me this _____ day of
_____, 20 _____

Notary Public



City of Rockmart
Department of Community Development

**BACKGROUND AND SECURITY CLEARANCE FORM
OWNER, APPLICANT, MANAGER**

Malt Beverage, Wine or Distilled Spirits License

Authorization for Release of Personal Information

(Attach photocopy of Social Security Card and Photo ID)

I _____ do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the City of Rockmart, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure pertaining to the background investigation necessary to process my application as required under the Alcohol Beverage Ordinance (Chapter 3) governing licensing in the City.

I also certify that any person, firm, or other entity (“the providing entity”) who may furnish such information concerning me, shall not be held liable or accountable for giving this information and I do hereby fully and completely release the providing entity from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

Notary Public

Signature

Date

Date of Birth

Social Security Number

Driver’s License Number

Height

Weight

**City of Rockmart
Affidavit for Public Benefit Application**

By executing this affidavit under oath, as an applicant for a City of Rockmart, Georgia Business License or Occupation Tax Certificate, Alcohol License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Rockmart, Business License or Georgia Occupational Tax Certificate, Alcohol License, or other public benefit (circle one) for

(Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

1. _____ I am a United States citizen

OR

2. _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

* _____
Alien Registration number for non-citizens

Notary Public

My Commission Expires:

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

**City of Rockmart
Department of Community Development**

**BACKGROUND AND SECURITY CLEARANCE FORM
OWNER, APPLICANT, MANAGER**

Malt Beverage, Wine or Distilled Spirits License

**Authorization for Release of Personal Information
(Attach photocopy of Social Security Card and Photo ID)**

I _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Rockmart, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure pertaining to the background investigation necessary to process my application as required under Ordinance No.15-2005 and or Ordinance No. 16-2005.

I also certify that any person, who may furnish such information concerning me, shall not be held accountable for giving this information and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

Notary Public

Signature

Date

Date of Birth

Social Security Number

Driver's License Number

Height

Weight

Applicant information:

Name: _____ Title/position: _____

Address: _____

Proposed business name and address:

Business name: _____

Address: _____

- Type(s) of license applied for:**
- Malt Beverage package
 - Wine package
 - Distilled Spirits package
 - Distilled Spirits pouring
 - Malt Beverage pouring
 - Wine pouring
 - Server ID

Rockmart Police Department

Criminal Background Check: _____

Completed by: _____ Date: _____

Fingerprinted: _____

Completed by: _____ Date: _____

Recommendation to Approve or Deny Temporary Permit and Identification Card: _____
(Approve or Deny)

If recommendation to deny, please explain: _____

Recommendation by: _____ Date: _____

Recommendation to Approve or Deny Permanent Permit and Identification Card: _____
(After review of report from GCIC) (Approve or Deny)

Recommendation by: _____ Date: _____

Rockmart Department of Community Development

Approval and Distribution of Temporary Permit and Identification Card: _____

Issued by: _____ Date: _____

Approval and Distribution of Permanent Permit and Identification Card: _____
(After review of report from GCIC)

Issued by: _____ Date: _____

(Please attach copy of Identification Card issued) NOTE: Collect Temporary card before issue of permanent card.

**City of Rockmart
Department of Community Development**

FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

Malt Beverage, Wine or Distilled Spirits License

Type(s) of license reporting: () Malt Beverage pouring
 () Wine pouring
 () Distilled Spirits pouring only

Business name: _____

Address: _____

Manager: _____

License #: _____ Date Issued: _____

As required in the City of Rockmart Code within 120 days after having been issued a license for consumption of alcoholic beverages by the drink on the premises, the licensee shall submit to the City a statement from a certified public accountant or registered public accountant that the income requirements set forth in this section have been met for the first 90 days after the applicant received his license. Thereafter, on a quarterly basis and at each and every time of the license renewal, or upon request of the City, each license holder shall submit to the City a statement from a certified or registered public accountant verifying that the income requirements as set forth in this section have been met.

Once the Initial report is filed, reports are due by the 10th of the month, following the end of each quarter. Quarters: Jan-March, April-June, July-September, October-December.

Period for which information is provided: _____
(Enter INITIAL for the first reporting period)

Gross receipts for food sales this reporting period: \$ _____ %

Gross receipts for alcoholic beverage sales this reporting period: \$ _____ %

Total food & alcoholic beverage sales this reporting period: \$ _____ %

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:

CPA or RPA Certification

I certify that I have a working knowledge that the information provided in this report represents accurate sales for the specified time period.

Name

Name of Firm

Signature

Address

Sworn to and subscribed
Before me this _____ day

Of _____

Notary Public

I hereby affirm that I understand that the privilege of selling Alcoholic Beverages requires a valid Alcoholic Beverage pouring license and that at least 50% of the licensed establishment's annual gross sales must be derived from the sale of prepared meals or food.

I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records for food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license. I further affirm that I understand that the City of Rockmart Department of Community Development or their assigned representative may audit our records to verify same at its discretion.

Signature of Licensee or Legal Representative

Sworn to and subscribed
Before me this _____ day

Of _____

Notary Public

**FAILURE TO FILE THIS REPORT WILL BE CAUSE FOR DENIAL OR
REVOCATION OF AN ALCOHOLIC BEVERAGE POURING LICENSE.**