

# Charlton County, Georgia

Jenifer Nobles, County Clerk  
68 Kingsland Drive, Suite B  
Folkston, GA 31537-2872  
(912) 496-2549 (office)  
jnobles@charltoncountyga.gov

## Requirements for Charlton County Beer/Wine License

- New businesses must apply for a Charlton County Beer/Wine license if your business will serve or dispense alcohol.
- New businesses must apply on line at <https://gtc.dor.ga.gov> to register a retail alcohol license account in order to complete beer license application, which will include county and state license.
- Costs for Charlton County alcohol license is \$250.00 (cash or check) to be paid in person only at Charlton County Commissioners office, 68 Kingsland Drive, Suite B, Folkston, Georgia.
- All new applicants are required to complete a GBI non-criminal history/background check with this application for processing purposes. Background checks are conducted at Charlton County Sheriff's Department at 1548 Third Street, Folkston, Georgia, Monday – Friday, 8:00 a.m. – 5:00 p.m. and can be contacted at 912-496-7321. Costs for background check will be paid to the Charlton County Sheriff's Department by the applicant.
- Once applications are received and approved, Charlton County will advertise twice in the local organ for notification of new beer and wine license application. Advertising cost of \$136.80 will be paid by the applicant in person only at Charlton County Commissioners Office, 68 Kingsland Drive, Suite B, Folkston, GA.
- Please provide copy of driver's license.
- The alcohol licensing approval process generally takes up to 45 business days for the approval.
- The Charlton County Beer/Wine License Ordinance may be obtained on Charlton County website at [www.charltoncountyga.gov](http://www.charltoncountyga.gov)
- The beer/wine license will expire on December 31<sup>st</sup> of the year you applied.
- The beer/wine license is NON-TRANSFERABLE and a change of ownership will require a new application and fee.



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## INITIAL APPLICATION FOR LICENSE TO SELL BEER AND/OR WINE AT RETAIL IN CHARLTON COUNTY, GEORGIA

On Premise: \_\_\_\_\_

Off Premise: \_\_\_\_\_

TO THE BOARD OF COUNTY COMMISSIONERS  
OF CHARLTON COUNTY, GEORGIA

Application is hereby made for a renewal license to sell malt beverages and/or wines as a retail dealer, under the laws of the State of Georgia and the Beer and Wine Sale and Licensing Ordinance of Charlton County.

1. Applicant's Full Name: \_\_\_\_\_
2. Applicant's Address: \_\_\_\_\_
3. Applicant's Telephone Number: \_\_\_\_\_
4. Is Applicant an individual, partnership or a corporation? \_\_\_\_\_
5. If Applicant is individual, give Applicant's date of birth: \_\_\_\_\_
6. If Applicant is a partnership, give the full names, addresses, and dates of birth of all general partners:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If Applicant is corporation, give the full name, address, and date of birth of the president and secretary of the corporation: \_\_\_\_\_  
\_\_\_\_\_
8. Give the exact location or address (which is outside of the unincorporated city limits of any city) in Charlton County where the Applicant intends to engage in retail sale of beer and/or wine: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Identify by name, home address, home telephone number, and present place of employment of the person or persons who Applicant intends to employ in a supervisory and/or managerial position of the business for which the license is hereby applied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Has Applicant or any partner, if Applicant is a partnership, or any officer, director or majority stockholder, if Applicant is a corporation, within ten (10) years immediately prior to the filing of this application, entered a plea of guilty, a plea of no contender, or been convicted of a felony or any crime involving alcohol control laws of the State of Georgia, or of any other state, or the United States of America? \_\_\_\_\_  
 a. If yes, identify, by name such person(s), the offense and the date of the plea or conviction: \_\_\_\_\_  
 \_\_\_\_\_
11. Has anyone Applicant intends to employ a supervisory and/or managerial position of the business for which the license is hereby applied, within five (5) years immediately prior to the filing of this application, entered a plea of guilty, a plea of nolo contendere, or been convicted of a felony or any crime involving alcohol control laws of the State of Georgia, or of any other state, or the United States of America? \_\_\_\_\_  
 a. If yes, identify by name, such person(s) the offense, and the date of the plea or conviction: \_\_\_\_\_  
 \_\_\_\_\_
12. Is the location of the proposed licensed premises within one thousand (1,000) feet of a church; or school or college campus, public or private? \_\_\_\_\_  
 (In determining compliance with this section, the distance shall be determined by measuring in a straight line from the nearest point of building where malt beverages and/or wines are being sold, with the exception that is a school or college is involved, the measurement is to be from the school playground or campus to building).
13. Is the location of the proposed licensed premises within five hundred (500) feet of any house which is occupied or regularly occupied? \_\_\_\_\_ (This section applicable to "For On Premises Consumption" license applications.)
14. Is the construction of the building in which the business of Applicant will be operated complete? \_\_\_\_\_  
 Attach to the application a drawing or plans of the building, including the outside premises showing thereon all entrances into the building from the outside, and parking area for the premises. Also attach a copy of evidence of ownership of the premises or of a lease, if the Applicant is leasing the building.
15. Have the required fingerprints been made and submitted for investigation of criminal activity as prescribed by County Ordinance and/or state law? \_\_\_\_\_  
 The application will not be acted upon until the prints are taken, submitted and a report is furnished by the G.B.I. and F.B.I. to the Sheriff of Charlton County.

Applicant tenders with this application the amount of \$250.00 as a license fee to Charlton County for a Retail Beer and/or Wine License for the year \_\_\_\_\_, and the sum of \$136.80 (as cost of publishing a notice, in the official organ of Charlton County for two (2) weeks, of this application.

### Affidavit of Applicant

By signing of this application, the undersigned acknowledges awareness of the provisions of the Beer and Wine Sale and Licensing Ordinance of Charlton County, and all Federal and State Statutes and all other rules and regulations promulgated by the Georgia Department of Revenue. I certify under penalty of law and disqualification of licensure that all statements are true and complete. I hereby authorize any agent/representative of Charlton County to conduct a non-criminal background check to operate within Unincorporated Charlton County limits, and certify that I am the person authorized by the business herein to file this application, including accompanying documents. I further certify that all statements and information provided on and with this application are true, correct and complete.

Date of Application

Applicant's Signature

\_\_\_\_\_

\_\_\_\_\_

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

Sworn and subscribed before me this day of \_\_\_\_\_, 20\_\_\_\_\_.

This form **MUST** be completed, notarized and returned or no Occupational Tax Certificate will be issued.

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### Affidavit Verifying Status for County Public Benefit Application Pursuant to O.C.G.A. §50-36-1

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

I am stating the following for \_\_\_\_\_,  
*(The name of person applying on behalf of business, corporation, partnership, or other private entity)*

As a representative of \_\_\_\_\_,  
*(The name of the business, corporation, partnership, or other private entity)*

- 1) \_\_\_\_\_ I am a United States citizen
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States 18 years of age or older, please include Alien Registration Number below signature\*
- 3) \_\_\_\_\_ I am a 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\*

\*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.

**\*FORM OF ID/DOCUMENT SOURCE MUST BE COPIED & ATTACHED TO THIS FORM.**  
**FORM OF ID MUST BE PRESENTED EITHER IN PERSON OR ELECTRONICALLY.**  
**(EMAIL OR FAX) NO MAIL IN COPIES WILL BE ACCEPTED PER FEDERAL GUIDELINES.**

In making the above statement 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 O.C.G.A. § 16-10-20.

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

\_\_\_\_\_  
Date of Birth of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

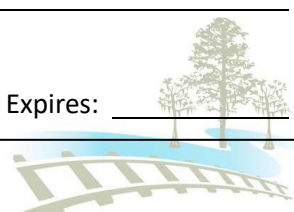
\_\_\_\_\_  
\*Alien Registration number for non-citizens

#### **NOTARIZATION REQUIRED:**

SUBSCRIBED AND SWORN BEFORE ME, ON  
THIS \_\_\_\_ DAY OF \_\_\_\_\_,  
20\_\_\_\_.

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

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



This form **MUST** be completed, notarized and returned or no Occupational Tax Certificate will be issued.

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(912) 496-1156 (fax)

### E-Verify

#### Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a Charlton County (check one):

\_\_\_\_\_ Occupational Tax Certificate/Business License      \_\_\_\_\_ Alcoholic Beverage License

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

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

verifies one of the following with respect to the application for the above mentioned document:

**1. Fill out this section on or after July 1, 2013, and June 30, 2014.**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. ***If you selected 1(a) please fill out Section 3 below.***
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed less than one ten (10) employees.

**2. Fill out this section on or after July 1, 2014.**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees. ***If you selected 1(a) please fill out Section 3 below.***
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

**3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_ Federal Work Authorization User Identification Number

\_\_\_\_\_ Date of Authorization

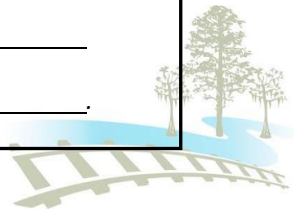
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in Charlton County, Georgia.

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Agent

<p>SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____.</p> <p>_____ Notary Public My Commission Expires: _____.</p>
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## APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

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Signature of Applicant

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Date

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Printed Name of Applicant

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## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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Signature of Applicant

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Date

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Printed Name of Applicant



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## Charlton County Application for Alcohol License

### TITLE 28 CFR 16.30 THROUGH 16.34

#### **16.30 Purpose and Scope**

This subpart contains the regulations of the Federal Bureau of Investigation (FBI) concerning procedures to be followed when the subject of an Identification Record requests production of that record to review it or to obtain a change, correction, or updating of that record.

#### **16.31 Definition of Identification Record**

An FBI Identification Record, often referred to as a “rap sheet,” is listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, includes information taken from fingerprints submitted in connection with federal employment, naturalization, or military service. The Identification Record includes the name of agency or institution that submitted the fingerprints to the FBI. If the fingerprints concern a criminal offense, the Identification Record includes the date of arrest or the date the individual was received by the agency submitting the fingerprints, the arrest charge, and the disposition of the arrest if known to the FBI. All arrest data included in an Identification Record are obtained from fingerprint submissions, disposition reports, and other reports submitted by agencies having criminal justice responsibilities. Therefore, the FBI Criminal Justice Information Services Division is not the source of the arrest data reflected on an Identification Record.

#### **16.32 Procedure to obtain an Identification Record.**

The subject of an Identification Record may obtain a copy thereof by submitting a written request via the U.S. mail directly to the FBI, Criminal Justice Information Services Division, Attn: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Such request must be accompanied by satisfactory proof of identity, which shall consist of name, date and place of birth, and a set rolled-in-inked fingerprint impressions placed upon fingerprint cards or forms commonly utilized for applicant or law enforcement purposes by law enforcement agencies.

#### **16.33 Fee for production of Identification Record**

Each written request for production of an Identification Record must be accompanied by a fee of \$18 in the form of a certified check or money order, payable to the Treasury of the United States. This fee is established pursuant to the provisions of 31 U.S.C. 9701 and is based upon the clerical time beyond the first quarter hour to be spent in searching for, identifying, and reproducing each Identification Record requested as specified in § 16.10. Any request for waiver of the fee shall accompany the original request for the Identification Record and shall include a claim and proof of indigence. Subject to applicable laws, regulations, and directions of the Attorney General of the United States, the Director of the FBI may from time to time determine and establish a revised fee amount to be assessed under this authority. Notice relating to revised fee amounts shall be published in the Federal Register.



**16.34 Procedure to obtain change, correction or updating of Identification Records.**

If, after reviewing his/her Identification Record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of an entry on his/her record to the FBI, Criminal Justice Information Services Division, Attn: SCU, Mod.D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

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Signature of Applicant

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Date

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Printed Name of Applicant