



# CITY OF FOLKSTON

## Alcoholic Beverage Application Checklist

Date \_\_\_\_\_ License No. \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Cell \_\_\_\_\_

Legal Business Name \_\_\_\_\_

D.B.A. Name \_\_\_\_\_

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

\_\_\_\_\_ Completed Alcoholic Beverage Application sworn to by applicant before notary public or other authorized to administer oaths. **The application must be filled out completely.**

\_\_\_\_\_ Names, titles and residence addresses of **all** owners, partners and officers; name and address of manager; names, addresses and percentage of all shareholders. **(Original Consent Form must be provided by each person listed in order to have a State & Federal background Check Issued)**

\_\_\_\_\_ Copy of government-issued photo ID for each person. Attach to "Consent Form For GCIC".

\_\_\_\_\_ Completed & Notarized Registered Agent Information Form (for service process) along with Government Issued Photo ID & GCIC Form.

\_\_\_\_\_ If on-premise consumption, a copy of the current Food Service Establishment Inspection Report from the Charlton County Health Department.

\_\_\_\_\_ Copy of the current Business Occupational Tax Certificate/Application for the City of Folkston.

\_\_\_\_\_ All applicants shall furnish fingerprints to the Charlton County Sheriff's Department for background check.

\_\_\_\_\_ Copy of the State of Georgia Alcohol Application (Upon receipt of license, provide copy)

\_\_\_\_\_ Lease agreement (if applicable)

**SHOULD YOU HAVE ANY QUESTIONS PLEASE CONTACT FOLKSTON CITY HALL AT 912-496-2563**

**ALCOHOLIC BEVERAGE LICENSE INFORMATION**

*(Please print or type all answers)*

Type of License: (check appropriate spaces)

- |                     |                          |                          |                             |                          |                      |
|---------------------|--------------------------|--------------------------|-----------------------------|--------------------------|----------------------|
| New                 | <input type="checkbox"/> | <input type="checkbox"/> | Consumption Off Premises    | <input type="checkbox"/> | Wine & Malt Beverage |
| Change of Ownership | <input type="checkbox"/> | <input type="checkbox"/> | Consumption On The Premises | <input type="checkbox"/> | Wine                 |
| Restaurant          | <input type="checkbox"/> |                          |                             | <input type="checkbox"/> | Malt Beverage        |
| Food/Convenience    | <input type="checkbox"/> |                          |                             |                          |                      |

Full Name of Business \_\_\_\_\_

Under what name is the Business to be operated \_\_\_\_\_

Is the business a proprietorship, partnership, corporation, domestic or foreign? \_\_\_\_\_

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

Phone \_\_\_\_\_ Beginning Date of Business in City of Folkston \_\_\_\_\_

- New Business       Existing business purchase

If change of ownership, effective date of this change \_\_\_\_\_

**If change of ownership, enclose a copy of the sales contract and closing statement.**

Federal Tax ID No. \_\_\_\_\_ GA Sales Tax No. \_\_\_\_\_

Is business within 125ft of a church, school grounds or college campus? YES / NO

# FOLKSTON POLICE DEPARTMENT

## CONSENT FORM FOR GCIC RECORDS CHECK

I authorize the Folkston Police Department to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency.

Date of Application \_\_\_\_\_

Print Full Name \_\_\_\_\_

Maiden Name/Previous Name/Alias Info \_\_\_\_\_

Are You a U.S. Citizen? \_\_\_\_ YES \_\_\_\_ NO      If no, you will need to have your Green Card available.

Country of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Race \_\_\_\_ Sex \_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

Business Name \_\_\_\_\_

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

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COMMUNICATIONS OFFICER \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

RECORD ATTACHED \_\_\_\_\_

NO RECORD \_\_\_\_\_

**STATE OF GEORGIA  
COUNTY OF CHARLTON**

**INITIAL APPLICATION FOR LICENSE TO SELL MALTED BEVERAGES AND/OR WINE AT RETAIL IN THE CITY OF FOLKSTON, GEORGIA**

Date: \_\_\_\_\_

TO THE CITY COUNCIL OF THE CITY OF FOLKSTON, GEORGIA

Application is hereby made for a license to sell malt beverages and or wine as a retail dealer for on/off premises consumption under the provisions of the law of the United States of America, the State of Georgia, and the City of Folkston Beverage Ordinance.

1. Full Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

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

3. Telephone Number: \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax \_\_\_\_\_

4. Is the applicant an individual, partnership, or corporation? (Circle One)

5. If an individual, give your date of birth (mm/dd/yyyy): \_\_\_\_\_

6. If a partnership, give the full names, addresses, and date of birth for all partners:

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7. If a corporation, give the full name, address and date of birth of the person which the corporation designates as its agent for purposes of this application and potential license (please include the agent's affiliation with the corporation).

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

Address: \_\_\_\_\_

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

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Affiliation: \_\_\_\_\_

8. Give the exact location or address in the City of Folkston, Georgia where the applicant intends to engage in the retail sale of malted beverages and/or wine:

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

9. Identify the name, home address, home telephone number, and present place of employment of the person or persons who the applicant intends to employ in a supervisory and/or managerial position of the business for which the license is hereby applied:

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

10. Has the applicant or any partner or any officer, director, or majority stockholder within 10 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 and other state, or the United States of America? \_\_\_\_\_

(a) If so, identify the name of such person(s), the offense and the date of the plea or conviction:

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

11. Does the applicant intend to employ anyone in a supervisory and/or managerial position of the business for which the license is hereby applied who has 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 any other State, or the United States of America within five (5) years immediately prior to the filing of this application? \_\_\_\_\_

(a) If so, identify the name of such person(s), the offense and the date of the plea or conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is the location of the proposed licensed premises within 125 feet of a church? (In determining the distance, measure in a straight line from the nearest point of the church building to the building where malt beverage and/or wine are proposed to be sold). \_\_\_\_\_

13. Is the location of the proposed licensed premises within 125 feet of a school or college campus, public or private? (In determining the distance, measure in a straight line from nearest point on the school or college campus to the building where malt beverages and/or wine are proposed to be sold).  
\_\_\_\_\_

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 entrance 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 the City of Folkston Beverage Ordinance and/or state law? \_\_\_\_\_

The application will not be acted upon until the fingerprints are taken, submitted and a report is furnished by the GBI and FBI to the Police Chief of the City of Folkston, Georgia.

16. Has the applicant previously held a license to sell any alcoholic beverage? \_\_\_\_\_

If so, when did the applicant hold such licenses, and from which governmental entity was the license issued? \_\_\_\_\_

\_\_\_\_\_

17. Does the applicant have a wholesale grocery related inventory, exclusive of malt beverages and wine, of at least \$20,000.00? (The grocery related inventory must be located at the site of the proposed location for the sale of malt beverages and/or wine). \_\_\_\_\_