



**Checklist for Alcoholic Beverage Retail License Application
Class B (For Consumption on the Premises)**

- () 1. Application fully completed and filed fourteen (14) days prior to meeting at which application to be heard.
- () 2. Food service establishment operated in conjunction with. Current permit from Department of Health.
- () 3. Minimum seating capacity of 50 persons.
- () 4. Regular Food Service at least 5 days per week.
- () 5. Complete application for state license with attachments included.
- () 6. Check for amount of license(s) applied for included with application.
- () 7. Notarized Consent for criminal history check.
- () 8. No Record of felony or violation of laws of state or city with respect to alcoholic beverages.
- () 9. License not revoked for cause or convicted of crime of moral turpitude. (Within time limit in ordinance)
- () 10. Licensee is owner, operator, or manager of premises.
- () 11. Sworn (notarized) statement as to qualifications of licensee.
- () 12. Financial statement complete, included.
- () 13. Five Hundred dollar personal performance bond. Power of attorney if bond held by Corporation.
- () 14. Applicant at least age 21 and resident of City for at least one year prior to filing.
- () 15. Complete and detailed plan of building and premises included, drawing indicating approximate distance nearest school or church.
- () 16. Building in compliance with state, city codes, provided with adequate lighting.
- () 17. Evidence of ownership of building or copy of lease.
- () 18. Notice in paper for each of 2 weeks prior to meeting.



ALCOHOLIC BEVERAGES ON PREMISES LICENSE
APPLICATION DOCUMENT LIST
CLASS – B
CITY APPLICATION & ATTACHMENTS

1. Application. A-2, A-3
2. Financial Statement. A-4
3. Sworn Statement of Qualifications, notarized. A-5
4. Retail Malt Beverage Application (if applied for). A-8
5. Retail Wine Application (if applied for). A-9
6. Retail Distilled Spirits (Liquor) Application
7. Consent Form for criminal history check. A-10
8. Consent Form verification of financial information. A-11
9. City Fire Inspection Report.
10. Plans of building and exterior diagram.
11. Evidence of building ownership or copy of lease.

STATE FORMS & ATTACHMENTS

12. Copy of complete state alcoholic beverage license application with attachments (bonds, etc.)
13. Copy of state malt beverage license application with attachments (if applied for).
14. Copy of state wine license application with attachments (if applied for).
15. Certificate of occupancy from Georgia State Fire Marshall's Office. (if applicable).
16. Permit from Health Dept. for food service establishment (if by the drink)

**CITY OF WEST POINT
APPLICATION FOR THE SALE OF ALCOHOLIC BEVERAGES**

INSTRUCTIONS: Every question must be fully answered. If the space provided is not sufficient, answer question on a separate sheet and indicate in the space provided that such separate sheet is attached. When complete it must be dated, signed and verified, under oath by the applicant and filed with the City Clerk, City Hall, West Point, Georgia, together with all supporting papers and money order or certified check for the exact fee.

This Application is filed by: Single Proprietor Partnership

Note: Applicants other than individuals must take applications jointly in both the names of the partnership, association or corporation and the name of a partner, associate or officer having a substantial interest in the business.

LICENSE INFORMATION

Full name of person making application	Social Security No.		
Corporate name if corporation (Name must be as registered with Secretary of State)			
Address of legal residence (Street, Road, RFD No. and P.O. Box)			
City	State	Zip Code	County of Residence

BUSINESS INFORMATION

Trade name of business applying for license	
Business location address	Business telephone no.

MAILING INFORMATION

Mailing Address if different (Mail not received at place of business)		
City	State	Zip Code

Has this place of business or any one connected therewith, been cited or charged at any time within the last twelve months, with any Violation of Georgia Law, Federal Law or any rule or regulation of the State Revenue Commissioner or any rule regulation of the City or County?
 Yes No If yes, give full details on separate sheet.

Signature of Applicant under oath

**CITY OF WEST POINT
APPLICATION FOR THE SALE OF ALCOHOL BEVERAGES BY THE DRINK**

List the full name for each person, Firm, or Corporation having any interest in this application and the % (percentage) of interest.

Name	Name of Business	% Interest

List all other businesses engaged in the sale of distilled spirits that any of the persons, Firms, or Corporations are interested in employed by, or associated with in any way whatsoever.

Name	Name of Business	% Interest

List the full name of the father, mother, brother, sister, son, daughter, or spouse of each person, if they have any interest whatsoever in any business selling distilled spirits other than the business for which this application is made.

Name	Name of Business	Relationship

List the full name and address of the owner of the building and the name and address of the owner of the land and the name and address of all leasers and sub leasers.

Owner	Address	Relationship to App. or to other owner

How much of the capital of this business is borrowed and from whom?

Amount	Lender	Address

Name the Manager of the business for which this application is filed and state how he is compensated.

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for suspension or revocation of any license issued pursuant to this application.

CITY OF WEST POINT
WEST POINT, GEORGIA

Financial Statement to be Attached to Application for the Sale of Alcoholic Beverages by the
Drink in City of West Point, Georgia.

Name _____

Business Address _____ Telephone No. _____

Statement of Assets and Liabilities
as of _____, _____

Cash in Bank	\$ _____	
Cash on Hand	_____	
Stocks, Bonds, etc.	_____	
Accounts Receivable	_____	
Inventory	_____	
Real Estate Total Value	_____	
All Other Assets	_____	
TOTAL ASSETS		\$ _____
Notes Payable	\$ _____	
Accounts Payable	_____	
All Other Taxes	_____	
All Other Liabilities	_____	
TOTAL LIABILITIES		\$ _____

Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, or any personnel statement which is made a part of this application, such change must be reported as an amendment to this application within 30 days. The failure to make such amendment shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood.

STATE OF GEORGIA, _____ COUNTY

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a State License as a dealer in alcoholic beverages and liquors for a State License as a dealer in alcoholic beverages and liquors are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicant's Signature (Full Name)

I hereby certify that _____
(Full Name of Applicant)
Is personally known to me, that he signed his name to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____

Notary Public

CITY OF WEST POINT
WEST POINT, GEORGIA

APPLICATION FOR RETAIL MALT BEVERAGE LICENSE
CLASS A _____ CLASS B _____

I, _____, being a person of good moral character, hereby make application for a license to engage in the sale of packaged malt beverages at retail in the City of West Point, Georgia, at the following address _____, West Point, Georgia.

I am a citizen of the United States, and have been a resident of the County of _____ for a period of _____ years next preceding the date of this application.

I have never been convicted of a felony, and have not been convicted within ten years of the date of this application of a violation of the laws of this state, or any other state, relating to the sale of alcoholic beverages.

I have not revoked, for cause such as a violation of regulations, or improper operation, within 10 years next preceding this application, any license issued to me by the City of West Point, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

I am the owner, operator, manager, officer in charge (if a corporation) of the premises for which the license is requested or the holder of any lease thereon.

I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested and shall be responsible for the qualifications and conduct of my employees.

I understand that a violation of any of the ordinances of the City of West Point, Georgia, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, shall subject my license to immediate revocation.

SIGNED _____

Sworn to and subscribed before
me this _____ day of _____, _____.

_____ (Notary Public)

CITY OF WEST POINT
WEST POINT, GEORGIA

APPLICATION FOR RETAIL WINE LICENSE
CLASS A _____ CLASS B _____

I, _____, being a person of good moral character, hereby make application for a license to engage in the sale of packaged wine beverages at retail in the City of West Point, Georgia, at the following address _____, West Point, Georgia.

I am a citizen of the United States, and have been a resident of the County of _____ for a period of _____ years next preceding the date of this application.

I have never been convicted of a felony, and have not been convicted within ten years of the date of this application of a violation of the laws of this state, or any other state, relating to the sale of alcoholic beverages.

I have not revoked, for cause such as a violation of regulations, or improper operation, within 10 years next preceding this application, any license issued to me by the City of West Point, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

I am the owner, operator, manager, officer in charge (if a corporation) of the premises for which the license is requested or the holder of any lease thereon.

I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested and shall be responsible for the qualifications and conduct of my employees.

I understand that a violation of any of the ordinances of the City of West Point, Georgia, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, shall subject my license to immediate revocation.

SIGNED _____

Sworn to and subscribed before
me this _____ day of _____, _____.

_____ (Notary Public)

CITY OF WEST POINT
WEST POINT, GEORGIA

APPLICATION FOR RETAIL DISTILLED SPIRITS (LIQUOR) LICENSE
CLASS A _____ CLASS B _____

I, _____, being a person of good moral character, hereby make application for a license to engage in the sale of distilled spirits (liquor) at retail in the City of West Point, Georgia, at the following address _____, West Point, Georgia.

I am a citizen of the United States, and have been a resident of the County of _____ for a period of _____ years next preceding the date of this application.

I have never been convicted of a felony, and have not been convicted within ten years of the date of this application of a violation of the laws of this state, or any other state, relating to the sale of alcoholic beverages.

I have not revoked, for cause such as a violation of regulations, or improper operation, within 10 years next preceding this application, any license issued to me by the City of West Point, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

I am the owner, operator, manager, officer in charge (if a corporation) of the premises for which the license is requested or the holder of any lease thereon.

I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested and shall be responsible for the qualifications and conduct of my employees.

I understand that a violation of any of the ordinances of the City of West Point, Georgia, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, shall subject my license to immediate revocation.

SIGNED _____

Sworn to and subscribed before
me this _____ day of _____, _____.

(Notary Public)



CONSENT FORM

I hereby authorize _____

to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

Full Printed Name

Address

Age

Ethnicity

Date of Birth

Social Security No.

Signature of Applicant

Notary

_____/_____/_____
Date



VERIFICATION OF FINANCIAL CONDITION

CONSENT FORM

I hereby authorize _____

to receive any financial history record information pertaining to me which may be in the files of any state or local financial agency.

Full Printed Name

Address

Age

Ethnicity

Date of Birth

Social Security No.

Signature of Applicant

Notary

_____/_____/_____
Date