

HAVE ANY PARTNERS, MEMBERS OR MANAGERS OF PARTNERSHIP OR THE MANAGER OF THE BUSINESS EVER HELD AN ALCOHOLIC BEVERAGE LICENSE ISSUED BY ANY GOVERNMENTAL ENTITY? (NO)_____ (YES)_____ IF SO, PLEASE PROVIDE DETAILS AS TO THE CIRCUMSTANCES OF THAT LICENSE AND THE PRESENT STATUS OF SUCH LICENSE.

HAVE ANY PARTNERS, MEMBERS OR MANAGERS OF PARTNERSHIP OR THE MANAGER OF THE BUSINESS EVER HELD AN ALCOHOLIC BEVERAGE LICENSE ISSUED BY ANY GOVERNMENTAL ENTITY WHICH HAS BEEN SUSPENDED OR REVOKED? (NO)_____ (YES)_____ IF SO, PLEASE PROVIDE DETAILS AS TO THE CIRCUMSTANCES THEREOF

HAVE ANY PARTNERS, MEMBERS OR MANAGERS OF PARTNERSHIP OR THE MANAGER OF THE BUSINESS EVER BEEN CONVICTED OF, ENTERED A PLEA OR NOLO CONTENDERE TO, OR FORFEITED A BOND ON, ANY CRIME OTHER THAN TRAFFIC VIOLATIONS? (NO)_____ (YES)_____ IF SO, PLEASE PROVIDE DETAILS AS TO THE NATURE AND CIRCUMSTANCES THEREOF

WILL ANY PARTNERS, MEMBERS OR MANAGERS OF PARTNERSHIP OR THE MANAGER OF THE BUSINESS BE EITHER DIRECTLY OR INDIRECTLY INTERESTED IN THE PROFITS OR LOSSES OF THE BUSINESS IN WHICH THE LICENSE APPLIED FOR WILL BE UTILIZED? (NO)_____ (YES)_____ IF SO, PLEASE PROVIDE DETAILS AS TO THE CIRCUMSTANCES THEREOF

TYPE OF LICENSE DESIRED:

- (1) WHOLESALE MALT BEVERAGE LICENSE _____
- (2) RETAIL MALT BEVERAGE PACKAGE LICENSE _____
- (3) RETAIL MALT BEVERAGE CONSUMPTION LICENSE _____
- (4) WHOLESALE WINE LICENSE _____
- (5) RETAIL WINE PACKAGE LICENSE _____
- (6) RETAIL WINE CONSUMPTION LICENSE _____
- (7) RETAIL DISTILLED SPIRITS CONSUMPTION LICENSE _____

I HEREBY AGREE THAT I AM FULLY QUALIFIED IN ALL RESPECTS TO BE THE HOLDER OF AN ALCOHOLIC BEVERAGE LICENSE ISSUED BY THE CITY OF ADEL AND THAT I AM ENTITLED TO HAVE THE LICENSE REQUESTED ISSUED IN ACCORDANCE WITH THE ALCOHOL ORDINANCE OF THE CITY OF ADEL. I FURTHER AGREE THAT THE LOCATION WITH RESPECT TO WHICH THE LICENSE IS SOUGHT MEETS ALL CONDITIONS, QUALIFICATIONS AND CRITERIA ESTABLISHED FOR THE LOCATION OF A BUSINESS UTILIZING THE ALCOHOLIC BEVERAGE LICENSE APPLIED FOR.

I HEREBY PROVIDE WRITTEN CONSENT THAT THE CITY OF ADEL HAS THE CONTINUING PERMISSION AND AUTHORITY TO MONITOR THE PUBLIC RECORDS OF THE CITY, COUNTY, THE STATE AND OF THE UNITED STATES TO ENSURE ON-GOING COMPLIANCE WITH THE STATEMENTS SET FORTH IN THIS APPLICATION. ANY LICENSE GRANTED UPON AN APPLICATION THAT DOES NOT CONTAIN SUCH WRITTEN CONSENT SHALL AUTOMATICALLY EXPIRE AT MIDNIGHT ON DECEMBER 31 OF THE YEAR IN WHICH ISSUED. SUCH LICENSE CANNOT BE RENEWED UNDER THE PROVISION OF SECTIONS 6-77 AND 6-79 OF THE ALCOHOL ORDINANCE OF THE CITY OF ADEL. RATHER, THE CITY SHALL TREAT THE REQUEST FOR RENEWAL FOR SUCH LICENSE AS AN APPLICATION FOR A NEW LICENSE UNDER SECTION 6-66.

SIGNATURE OF AUTHORIZED AGENT

I DO SOLEMNLY SWEAR THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER SWEAR THAT, IN THE EVENT THIS APPLICATION IS APPROVED AND A LICENSE ISSUED, I WILL AT ALL TIMES COMPLY WITH ALL THE PROVISIONS OF THE ORDINANCE OF THE CITY OF ADEL FOR THE REGULATION OF BEER, WINE AND DISTILLED SPIRITS AND I WILL AT ALL TIMES COMPLY WITH THE LAWS OF THE STATE OF GEORGIA REGULATING THE SALES OF BEER, WINE AND DISTILLED SPIRITS. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT ANY VIOLATION OF SAID ORDINANCE BY ME OR ANY EMPLOYEE OF MINE SHALL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING REVOCATION OF MY LICENSE.

DATE

SIGNATURE OF AUTHORIZED AGENT

ATTEST:

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____, DAY
OF _____, 20____.

NOTARY PUBLIC OR CITY CLERK

PLEASE NAME ONE OR MORE PERSONS AS THE AGENT AND REPRESENTATIVE FOR THE PARTNERSHIP TO RECEIVE ALL COMMUNICATIONS, NOTICES, SERVICE OF PROCESS OR OTHER PAPERS OR DOCUMENTS ON BEHALF OF THE PARTNERSHIP IN CONNECTION WITH ANY MATTER ARISING OUT OF OR CONNECTED WITH THE ISSUANCE, HOLDING, SUSPENSION, REVOCATION OR OTHER ACTION WITH RESPECT TO SUCH LICENSE. THE MAILING ADDRESS PROVIDED BELOW SHALL SERVE AS SUFFICIENT NOTICE TO THE PARTNERSHIP.

NAME

MAILING ADDRESS

CITY STATE ZIP

IF THE ABOVE SUCH PERSON SHALL CEASE TO BE THE AGENT AND REPRESENTATIVE OF SUCH PARTNERSHIP, ANOTHER PERSON SHALL IMMEDIATELY BE APPOINTED BY THE LICENSE HOLDER AND WRITTEN NOTICE SHALL BE GIVEN TO THE CITY STATING THE NAME AND ADDRESS OF SUCH NEW AGENT AND REPRESENTATIVE.

ADDITIONAL REQUIREMENTS:

- (1) A COMPLETE SET OF FINGERPRINTS WITH RESPONSE INFORMATION OF THE PARTNERS, MEMBERS AND MANAGERS ADMINISTERED BY THE COOK COUNTY SHERIFF'S DEPARTMENT UPON PROPER PAYMENT OF ALL FEES.
- (2) A HEAD AND SHOULDER PHOTOGRAPH OF THE PARTNERS, MEMBERS AND MANAGERS, SUCH AS IS CONTAINED ON A STATE DRIVER'S LICENSE, TAKEN WITHIN THE PAST THREE YEARS, SHALL BE PROVIDED UPON SUBMITTAL OF THE APPLICATION.

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL PARTNERS, MEMBERS AND MANAGERS OF SUCH PARTNERSHIP AND THE MANAGER OR MANAGERS OF THE BUSINESS IN WHICH THE LICENSE APPLIED FOR WILL BE UTILIZED. (ATTACH ADDITIONAL SHEETS AS NEEDED)

NAME _____ POSITION _____

CURRENT RESIDENCE ADDRESS _____

(Street, P. O. Box)

(City State Zip Code County)

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

SEX _____ HEIGHT _____ WEIGHT _____

CURRENT BUSINESS ADDRESS _____

Name of Business

Street City State Zip Code County

PREVIOUS RESIDENCE ADDRESSES WITHIN THE LAST TEN YEARS:

(Street City Zip Code State) From To

(Street City Zip Code State) From To

(Street City Zip Code State) From To

APPLICANT'S CURRENT OR PREVIOUS BUSINESS ADDRESSES WITHIN THE LAST TEN YEARS:

(Name of Business Address From To

(Name of Business Address From To

(Name of Business Address From To
