

HAVE EITHER OFFICERS, DIRECTORS, OR SHAREHOLDERS WITH MORE THAN 20 PERCENT OF OUTSTANDING SHARES OF STOCK, OR MANAGER OF THE BUSINESS AT ANY PREVIOUS TIME **APPLIED** TO A GOVERNMENTAL ENTITY FOR AN ALCOHOLIC BEVERAGE LICENSE? (NO)_____ (YES)_____ IF SO, PLEASE PROVIDE DETAILS AS TO THE GOVERNMENTAL ENTITY APPLIED WITH AND THE CURRENT STATUS OF THAT APPLICATION_____

HAVE EITHER OFFICERS, DIRECTORS, OR SHAREHOLDERS WITH MORE THAN 20 PERCENT OF OUTSTANDING SHARES OF STOCK, OR 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 EITHER OFFICERS, DIRECTORS, OR SHAREHOLDERS WITH MORE THAN 20 PERCENT OF OUTSTANDING SHARES OF STOCK, OR 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 EITHER OFFICERS, DIRECTORS, OR SHAREHOLDERS WITH MORE THAN 20 PERCENT OF OUTSTANDING SHARES OF STOCK, OR 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 EITHER OFFICERS, DIRECTORS, OR SHAREHOLDERS WITH MORE THAN 20 PERCENT OF OUTSTANDING SHARES OF STOCK, OR 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 CORPORATION TO RECEIVE ALL COMMUNICATIONS, NOTICES, SERVICE OF PROCESS OR OTHER PAPERS OR DOCUMENTS ON BEHALF OF THE CORPORATION 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 CORPORATION.

NAME

MAILING ADDRESS

CITY

STATE

ZIP

IF THE ABOVE SUCH PERSON SHALL CEASE TO BE THE AGENT AND REPRESENTATIVE OF SUCH CORPORATION, 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 OFFICERS, DIRECTORS, AND SHAREHOLDERS WITH MORE THAN 20 PERCENT OF OUTSTANDING SHARES OF STOCK, AND MANAGERS OF THE BUSINESS ADMINISTERED BY THE COOK COUNTY SHERIFF'S DEPARTMENT OR OTHER AUTHORIZED AGENCY UPON PROPER PAYMENT OF ALL FEES.
- (2) A HEAD AND SHOULDER PHOTOGRAPH OF THE OFFICERS, DIRECTORS, SHAREHOLDERS WITH MORE THAN 20 PERCENT OF OUSTANDING SHARES OF STOCK, 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.
- (3) A COPY OF THE ARTICLES OF INCORPORATION ISSUED BY THE SECRETARY OF STATE'S OFFICE ALONG WITH THE LISTING OF OFFICERS/DIRECTORS.

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS AND SHAREHOLDERS WHO OWN EITHER DIRECTLY OR INDIRECTLY MORE THAN 20 PERCENT OF THE OUTSTANDING SHARES OF STOCK THEREOF AND THE MANAGER OR MANAGERS OF THE BUSINESS IN WHICH THE LICENSE APPLIED FOR WILL BE UTILIZED. (ATTACH ADDITIONAL SHEETS AS NEEDED)

NAME _____ TITLE _____

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

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
