



2024 ALCOHOL BEVERAGE LICENSE(S) APPLICATION ATTACHMENTS

____/____/____
Date Application Filed

Name of Business (d/b/a)

- New Application
- Renewal Application
- Change In Existing License(s)
 - Applicant/Designated Agent/Manager
 - D/B/A Name
 - Location

Zoning Classification of Business:
(May be Obtained from City Building Inspection Department)

TYPE LICENSE APPLIED FOR (CHECK ALL THAT APPLIES TO BUSINESS)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Package Beer | <input type="checkbox"/> Local Caterer/Concessionaire |
| <input type="checkbox"/> Pouring Beer | <input type="checkbox"/> In-Room Service |
| <input type="checkbox"/> Package Wine | <input type="checkbox"/> Wine Tasting (Package Only) |
| <input type="checkbox"/> Pouring Wine | <input type="checkbox"/> Brew Pub |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Micro- Distillery |
| | <input type="checkbox"/> Micro-Brewery |

- Alcohol Delivery**
- Retail Delivery
 - Package Delivery

- Package Distilled Spirits (Liquor)
- Pouring Distilled Spirits (Liquor) - **Establishments With Food Sales Only**
- Pouring Liquor Private Club

THE LICENSE(S) ARE BEING APPLIED FOR:

- Package Store Restaurant Lounge/Club/Tavern/Pub Non-Profit Organization
- Other: _____

Sales Tax Number: _____ Federal Identification Number: _____

FOR OFFICE USE ONLY

Business ID Number _____ Occupancy Load _____ Business CID Number _____

APPLICANT APPLYING FOR LICENSE

Please List The Applicant Applying For The License. The Applicant May Apply On Behalf Of A Partnership, Corporation Or LLC. **The Applicant Is Responsible For The License And Must Be Fingerprinted. For reference see O.C.G.A. § 3-3-2. For Instructions, Please See Page 3.**

Name of Applicant (Must be an individual): _____

Owner Name: _____
(Individual, Partnership, Corporation, LLC)

d/b/a: _____

Local Business Address: _____

Mailing Address: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

Business Telephone ____/____/____ Fax Number ____/____/____

Contact Number ____/____/____

APPLICANT, PLEASE COMPLETE THE FOLLOWING:

A. ARE YOU A UNITED STATES CITIZEN? PERMANENT RESIDENT ALIEN?

B. ARE YOU A RESIDENT OF THE CITY LIMITS OF DALTON? YES NO

C. ARE YOU A RESIDENT OF THE WHITFIELD COUNTY? YES NO

⇒ **IF APPLYING FOR DISTILLED SPIRITS (PACKAGE LIQUOR) ANSWER THE FOLLOWING QUESTION.**

D. HAVE YOU BEEN A RESIDENT OF THE CITY LIMITS OF DALTON
FOR THE PRECEDING TWELVE MONTHS? YES NO

SIGNATURE OF APPLICANT

STATE OF GEORGIA, WHITFIELD COUNTY, CITY OF DALTON

I, _____, Applicant, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Applicant's Signature

Date

GAPS - GEORGIA APPLICANT PROCESSING SERVICE

OCGA Section 3-3-2 requires all governing authorities that issue alcohol license to fingerprint the applicant.
GAPS - Georgia Applicant Processing Service.

PROCESS

Applicant must register into <https://fieldprintgeorgia.com/individuals> to be printed **before** you go to a fingerprint location. While registering, make sure you select “**City/County Government & Law Enforcement Agencies**”

The Reviewing Agency ID is **GA923365Z**

Applicant can be finger printed anywhere in the State of Georgia. To find a location, enter your Zip Code.

Once your Fieldprint registration is completed. **Please Notify City Clerk’s Office to Approve Application registration.**

When application registration is approved by City Clerk’s Office. Applicant will print the Registration Receipt and take to a Fieldprint location with photo ID to be fingerprinted.

Applicant can correct or challenge the record before a license can be denied (30) days to do so.

For a Step by Step guide please visit our website:

<http://gcicweb.gbi.state.ga.us/ncja/content/fieldprint-user-guides>

APPLICANT ASSISTANCE

Cogent call center: 1-877-617-4361

E-mail: customerservice@fieldprint.com

DESIGNATED AGENT

CITY OF DALTON, GEORGIA ALCOHOL BEVERAGE APPLICATION

If The Applicant Is Either An Individual Who Does Not Reside In The City Or The County Or Is A Partnership, Corporation Or A Limited Liability Company, Then The Applicant Must Name A Designated Agent Who Will Be Responsible For Any Matter Relating To The License. The Designated Agent Must Be An Individual Who Is A Resident Of The City Or Of The County. The Designated agent for a license to sell package distilled spirits must have been a Bona fide resident of the city for at Least twelve (12) months immediately preceding the application

DESIGNATED AGENT FULL NAME:

List the Name, Address, City, State, Zip & Telephone Number for Designated Agent

NAME:

ADDRESS:

CITY, STATE & ZIP:

TELEPHONE NUMBER:

WHAT IS YOUR RELATIONSHIP TO THE BUSINESS APPLYING FOR THIS LICENSE?

Check the Appropriate Category

- INDIVIDUAL OWNER PARTNER LARGEST STOCKHOLDER/MEMBER AFFILIATE OF BUSINESS
 OTHER

CITIZENSHIP OF DESIGNATED AGENT

A. ARE YOU A UNITED STATES CITIZEN? PERMANENT RESIDENT ALIEN?

B. ARE YOU A RESIDENT OF THE CITY LIMITS OF DALTON? YES NO

C. ARE YOU A RESIDENT OF THE WHITFIELD COUNTY? YES NO

⇒ IF APPLYING FOR DISTILLED SPIRITS (PACKAGE LIQUOR) ANSWER THE FOLLOWING QUESTION.

D. HAVE YOU BEEN A RESIDENT OF THE CITY LIMITS OF DALTON
FOR THE PRECEDING TWELVE MONTHS? YES NO

SIGNATURE OF DESIGNATED AGENT

STATE OF GEORGIA, WHITFIELD COUNTY, CITY OF DALTON

I, _____, Designated Agent, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Designated Agent's Signature

Date

OWNERSHIP
CITY OF DALTON, GEORGIA ALCOHOL BEVERAGE APPLICATION

CATEGORY OF BUSINESS OWNERSHIP

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership or Limited Partnership
<input type="checkbox"/> Domestic Corporation (Inside Georgia)	<input type="checkbox"/> Limited Liability Company (L.L.C.) (Inside Georgia)
<input type="checkbox"/> Foreign Corporation (Outside Georgia)	<input type="checkbox"/> Limited Liability Company (L.L.C.) (Outside Georgia)

PLEASE LIST THE NAME OF THE INDIVIDUAL OWNER, OR PARTNER, MEMBER OR PRINCIPAL STOCKHOLDER:

Not Applicable, No Individual Partners, Members or Stockholders Holding 5% or More Interest

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

FOREIGN CORPORATIONS/LLC - ONLY

If This Entity Is Organized Outside The State Of Georgia, Please State The Name And Address Of Its Registered Agent In Georgia In The Space Provided.

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

SALE OR TRANSFER OF INTEREST OF BUSINESS

HAS THERE BEEN ANY SALE OR TRANSFER OF INTEREST IN THE ABOVE NAMED BUSINESS APPLYING FOR LICENSE TO ANY UNREGISTERED PERSON IN THE PRECEDING 12 MONTHS?

YES, NO,

- IF YES, A. GIVE NAME _____
- B. DATE OF SALE/TRANSFER _____
- C. TO WHOM WAS BUSINESS TRANSFERRED _____
- D. WHAT PERCENT WAS TRANSFERRED _____
- E. REASON FOR TRANSFER _____

**ADDITIONAL STOCKHOLDERS/PARTNERS
OF
ALCOHOLIC BEVERAGE ESTABLISHMENT**
All Stockholders, Members, Partners Holding 5% or More Interest

Not Applicable, No Stockholders, Members, Partners Holding 5% or More Interest

Please List All Stockholders, Members, Partners, Holding 5% or More Interest.

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

ADDITIONAL STOCKHOLDER/PARTNER - LIST HERE

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

**MANAGER
OF
ALCOHOLIC BEVERAGE ESTABLISHMENT**

Please List The Manager or Managers of The Business

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGER

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGER

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGER

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

**SECURITY PERSONNEL
OF
ALCOHOL BEVERAGE ESTABLISHMENT - SECURITY
FOR POURING OUTLETS ONLY - BARS, LOUNGES, CLUBS, TAVERNS, PUBS
EXCLUDING RESTAURANTS**

Not Applicable, This Application Is for a Restaurant

Please List All Security Personnel.

Security Personnel Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL SECURITY PERSONNEL

Security Personnel Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL SECURITY PERSONNEL

Security Personnel Name _____

Home Address _____

City/State/Zip _____

Phone _____

- Security Personnel Must Wear Clothing While On Duty Which Clearly Identifies Them As Security.
- A Pouring Outlet Must Have A Minimum of One-Security Personnel and at Least (2) Security Persons for Each 100 Persons Present During the Hours of Operation.
- A Restaurant = 51% of Gross Sales is Food During All Times of Operation,

Name-Based Criminal History Record Information Consent Form

Alcohol Application | d/b/a: _____ | _____

I hereby authorize **City of Dalton – City Clerk’s Office** to conduct an inquiry for the purpose listed below and receive any Georgia criminal history record information as authorized by state and federal law.

Full Name (print)			
Maiden or Previously Used Name			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for 90/180/___ days from date of signature.
- I, _____, give consent to the above-named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature

Date

Notary

Date

Purpose Code Used:

NON-CRIMINAL JUSTICE PURPOSES	
	E – Employment
	M – Working with Mentally Disabled
	N – Working with Elderly
	W – Working with Children
	P – Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
	U – Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
	J – Civilian Criminal Justice Employment (State & III Info Received)
	Z – Sworn Criminal Justice Employment (State & III Info Received)

This inquiry resulted in the following:

	No Criminal Record Available
	Criminal Record Attached

Date of Inquiry: _____ Time of Inquiry: _____ Operator’s Initials: _____

Agency Designee Signature

Title

Name-Based Criminal History Record Information Consent Form

Alcohol Application | d/b/a: _____ | _____

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Date

Notary _____
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Agency Designee Signature _____
Title

Name-Based Criminal History Record Information Consent Form

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Signature

Date

Notary

Date

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Date of Inquiry: _____ Time of Inquiry: _____ Operator’s Initials: _____

Agency Designee Signature

Title

**SURVEYOR'S AFFIDAVIT
FOR
CITY OF DALTON, GEORGIA
ALCOHOLIC BEVERAGE LICENSE(S)**

A Registered Surveyor Must Complete This Sworn Affidavit. Attach The Survey To This Application. The Survey Must Be Completed Within Thirty (30) Days Prior To Making Application.

The Undersigned Has Made The Measurement Of Distances Shown On The Attached Survey Plat For The Facility Proposed For Alcoholic Beverage License From The City Of Dalton And Find That Distance Shall Be Measured By The Most Direct Route Of Pedestrian Travel On The Ground Along The Right-Of-Way. Distance Shall Be Measured From The Nearest Building Wall Of Any Church Or Nearest Property Line Of Any School, Public Library, College Campus Or Public Recreation Area To The Center Of Any Door Of Customer Entry Of The Proposed Premises Of The Applicant.

- The Above Named Business MEETS All Distance Requirements As Specified In Section 6-103 and in O.C.G.A. 3-3-21 & 3-4-49 From Schools, Churches Etc.”.
- The Above Named Business DOES NOT Meet The Distance Requirements As Specified In Section 6-103 and in O.C.G.A. 3-3-21 & 3-4-49 From Schools, Churches Etc.”.
- The Above Named Business DOES NOT Meet All Distance Requirements As Specified In Section 6-103 and in O.C.G.A. 3-3-21 & 3-4-49, Refer to Sub-section (3) Regarding Grand fathering Of Certain Locations With Regard To Distance.

REGISTERED SURVEYOR

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

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

CITY OF DALTON, GEORGIA

THIS PAGE MUST BE NOTARIZED

Business Name

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit As Referenced In O.C.G.A. Section 50-36-1, I Am Stating The Following With Respect To My Application For A City Of Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit (Circle One) For

[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

1) ___ I Am A United States Citizen

Or

2) ___ I Am A Legal Permanent Resident 18 Years Of Age Or Older Or I Am An Otherwise 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. *

The secure and verifiable document provided with this affidavit can best be classified as:

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 Code Section 16-10-20 Of The Official Code Of Georgia.

Signature Of Applicant

Date

Printed Name

* Alien Registration Number For Non-Citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

Date of Birth

Notary Public

My Commission Expires: _____

*Note: 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: _____

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A § 36-60-6(d)

CITY OF DALTON, GEORGIA

MUST BE NOTARIZED

Please Check One:

By executing this affidavit, the undersigned private employer verifies its **compliance** with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has **registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

By executing this affidavit, the undersigned private employer verifies that it is **exempt** from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs ten (10) or less employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 20__ in _____(city), _____(state).

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:

SIGN OFF SHEET

- This Is to Certify That I Have Received and Read the City of Dalton Code of Ordinances Chapter 6 Entitled Alcoholic Beverage.
- This Is to Also to Certify That I Understand the Rules & Regulations Required by the City of Dalton to Include but Not Inclusive of the Following:

Closing & Vacation of Premises

Hours of Operations

Sales to Underage Persons

- This Is to Certify That I Understand That a Copy of this Chapter Shall Remain on the Premises of My Establishment Permanently.

Applicant/Designated Agent - Owner

Notary

CERTIFICATION
CITY OF DALTON, GEORGIA ALCOHOL BEVERAGE APPLICATION

Business Name

Address

Will Begin Business On -----
Date

OR

Is Already In Operation

And, Will Begin the Sale of Alcohol Beverage on -----
Date

- I certify that I Have Received and Read the City of Dalton Code of Ordinances Chapter 6 Entitled Alcoholic Beverage and that I Understand the Rules & Regulations Required by the City of Dalton; And A Copy of Chapter 6 Will Remain on the Premises.

Signature

Title

Date