



## 2026 ALCOHOL BEVERAGE LICENSE APPLICATION

☐ New Application ☐ Renewal ☐ Change in Existing License

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

Cust | ID # \_\_\_\_\_ | \_\_\_\_\_

### 1. BUSINESS INFORMATION

<b>Owner Name</b> (LLC, Corp, Individual):	
<b>D/B/A</b> (Name of Business):	
<b>Physical Address:</b>	
<b>Zoning Classification</b> (C1, C2, etc.):	
<b>Mailing Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip:</b>	
<b>Business Telephone:</b>	<b>Contact Number:</b>
<b>E-mail:</b>	<b>Fax:</b>
<b>Federal Identification Number</b> (EIN):	<b>Sales &amp; Use Tax Number:</b>

### 2. BUSINESS TYPE / CLASSIFICATION

Please Describe your type of business:

<input type="checkbox"/> Bar	<input type="checkbox"/> Café	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Hotel	<input type="checkbox"/> Private Club (Members Only)
<input type="checkbox"/> Micro-brewery	<input type="checkbox"/> Brewpub	<input type="checkbox"/> Local Caterer	<input type="checkbox"/> Preferred Caterer	<input type="checkbox"/> Micro-distillery
<input type="checkbox"/> Hotel Lounge	<input type="checkbox"/> Mall Lounge	<input type="checkbox"/> Restaurant Lounge	<input type="checkbox"/> Event Center	<input type="checkbox"/> Liquor Store
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Retail Store - (i.e. Convenience, Gas etc.)	<input type="checkbox"/> Other _____		

### 3. TYPE OF LICENSE APPLIED FOR

#### Pouring Licenses

- ☐ Beer ☐ Wine  
☐ Distilled Spirits (Bars, Cafe) **No Sunday Sales**  
☐ Distilled Spirits (Restaurants) **Sunday Sales**  
☐ Distilled Spirits (Private Clubs Only) **Sunday Sales**

#### Package Licenses

- ☐ Beer ☐ Wine ☐ Distilled Spirits (Liquor Stores Only)

#### Tasting (Package Stores Only)

- ☐ Beer ☐ Wine ☐ Distilled Spirits (Liquor Stores Only)

#### Alcohol Delivery

- ☐ Retail ☐ Package

#### Other Licenses

- ☐ Brew Pub  
☐ In-room Service  
☐ Local Caterer / Concessionaire  
☐ Preferred Caterer / Concessionaire (NW GA Trade)  
☐ Manufactures, Distilled Spirits  
☐ Manufactures, Malt Beverages  
☐ Micro-Brewery **Sunday Sales**  
☐ Micro-Distillery **Sunday Sales**  
☐ Wholesale Alcoholic beverage

### 4. APPLICANT INFO (The applicant is responsible for the license and must be fingerprinted. For reference, please see

O.C.G.A 3-3-2. For Instructions. Please see Page 2)

<b>Name:</b>		
<b>Residency Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone Number:</b>		

US Citizen? ☐ Yes ☐ No      or      Permanent Resident Alien? ☐ Yes ☐ No  
 Resident of Dalton? (Liquor Stores) ☐ Yes ☐ No      or      Resident of Whitfield County? ☐ Yes ☐ No

I 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 O.C.G.A. § 16-10-71 and Chapter 6 of the City of Dalton Code of Ordinances.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

5. **DESIGNATED AGENT** (If the applicant is either an individual who does not reside in the city or the county, 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)

Name:		
Residency Address:		
City:	State:	Zip:
Telephone Number:		

US Citizen? ☐ Yes ☐ No or Permanent Resident Alien? ☐ Yes ☐ No  
Resident of Dalton? (Liquor Stores) ☐ Yes ☐ No or Resident of Whitfield County? ☐ Yes ☐ No

Relationship to the business applying for the license

☐ Individual Owner ☐ Partner ☐ Largest Stockholder/Member ☐ Affiliate of Business  
☐ Other \_\_\_\_\_

I 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 O.C.G.A. § 16-10-71 and Chapter 6 of the City of Dalton Code of Ordinances.

\_\_\_\_\_  
Designated Agent Signature Date

6. **OWNERSHIP INFORMATION** (Please list your business ownership category)

- ☐ Individual ☐ Limited Liability Company (L.L.C.) (Inside Georgia)  
☐ Partnership or Limited Partnership ☐ Limited Liability Company (L.L.C.) (Outside Georgia)  
☐ Domestic Corporation (Inside Georgia)  
☐ Foreign Corporation (Outside Georgia)

Please list the names of all of the individual owners, partners, members or stockholders holding an interest of 5% or more in the company. **Owners will be asked to complete a history record consent form on Page 5.**

- ☐ Not Applicable, no individual partners, members or stockholders holding 5% or more interest in company.

Name	Ownership %:		
Residency Address:			
City:	State:	Zip:	Phone:

Name	Ownership %:		
Home Address			
City:	State:	Zip:	Phone:

Name	Ownership %:		
Residency Address:			
City:	State:	Zip:	Phone:

**If additional space is needed to list all owners with an interest of 5% or more, please provide this as an addendum.**

## 7. **OWNERSHIP INFORMATION (Continued)**

Foreign Corporations / LLC (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			
Residency Address:			
City:	State:	Zip:	Phone:

## 8. **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, please disclose the following information.

Date of Sale / Transfer:
To whom was the business transferred:
What percent was transferred:
Reason for transfer:

## 9. **MANAGER(S)**

Please list the manager or managers of the business. (Up to 3). **Managers will be asked to complete a history record consent form on Page 5.**

Name			
Residency Address:			
City:	State:	Zip:	Phone:

Name			
Residency Address:			
City:	State:	Zip:	Phone:

## 10. **SECURITY PERSONNEL** Sec. 6-76 (Required for pouring outlets other than a restaurant) **Security personnel will be asked to complete a history record consent form on Page 5.**

- Security personnel must be at least 21 years of age with no criminal convictions other than moving traffic violations.
- Security personnel must wear clothing which clearly identifies the personnel as security while on duty.
- From 10:00 pm until closing, the pouring outlet must have a minimum of one (1) security personnel and at least two (2) security personnel for each one hundred (100) persons present during the hours of operation.

☐ Not Applicable, this application is for a restaurant establishment.

Name			
Residency Address:			
City:	State:	Zip:	Phone:

Name			
Residency Address:			
City:	State:	Zip:	Phone:

**11. APPLICANT FINGERPRINT PROCESS & INSTRUCTIONS** – OCGA Section 3-3-2 requires all governing authorities that issue alcohol license to fingerprint the applicant

**Only needs to be completed for a NEW application, disregard for Renewals.**

Only the applicant must get fingerprinted. The City of Dalton has an Information Exchange Agreement with the City of Dalton's Municipal Court. After setting up an appointment, the applicant needs to be present at the address below to be fingerprinted.

Dalton Municipal Court  
535 N. Elm St.  
Dalton, GA 30720

\*Please note Municipal Court holds their court hearings every Wednesday and possible Thursday of the week. It is recommended to contact them at **706-278-1913** to check availability.

- Municipal Court will provide the applicant with an Applicant Privacy Rights form.
- If needed, the Reviewing Agency ID for the City Clerk's Office is **GA923365Z**
- Municipal Court will inform the City Clerk's Office with the fingerprint results.
- I understand the responsibility to commence the fingerprints process falls on the applicant.
- **This form must be completed and submitted to the City Clerk's Office before setting up a fingerprint appointment with Dalton Municipal Court.**

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**12. NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM**

(If additional consent form copies are needed, please provide them as an addendum)

d/b/a: \_\_\_\_\_ Address: \_\_\_\_\_

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:

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
	E – Employment
	M – Working with Mentally Disabled
	N – Working with Elderly
	W – Working with Children
	P – Public Records (no consent required)
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
	U – Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
	J – Civilian Criminal Justice Employment (State & III Info Received)
	Z – Sworn Criminal Justice Employment (State & III Info Received)
<b>This inquiry resulted in the following:</b>	
	No Criminal Record Available
	Criminal Record Attached

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator’s Initials: \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature\_\_\_\_\_  
Title

**13. NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM**

(If additional consent form copies are needed, please provide them as an addendum)

d/b/a: \_\_\_\_\_ Address: \_\_\_\_\_

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:

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
	E – Employment
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	U – Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
	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

**14. NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM**

(If additional consent form copies are needed, please provide them as an addendum)

d/b/a: \_\_\_\_\_ Address: \_\_\_\_\_

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:

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
	E – Employment
	M – Working with Mentally Disabled
	N – Working with Elderly
	W – Working with Children
	P – Public Records (no consent required)
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
	U – Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
	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

**15. SURVEYOR'S AFFIDAVIT *Sec.6-103* (Distance requirements)**

**Only to be completed for NEW applications or for any change in physical location.**

Is there currently an active city of Dalton licensed establishment at the physical address below?

- ☐ Yes (You're not required to do a duplicate survey)  
☐ No (Must obtain a new survey)

**Name of Business:**

**Physical Address:**

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 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

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 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. \*

2a) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Alien Registration Number for Non-Citizens

\*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:

\_\_\_\_\_  
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.

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

\_\_\_\_\_  
\*\* (Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)

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

\_\_\_\_\_  
Printed Name

Must be affixed with notary signature and seal

Subscribed and sworn before me

On this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A § 36-60-6(d)  
CITY OF DALTON, GEORGIA

Check only 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

Or

☐ 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 fewer 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

Must be affixed with notary signature and seal

Subscribed and sworn before me

On this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary public

My commission expires:

## 16. AFFIDAVIT FOR BUSINESS TYPE / CLASSIFICATION

This is to certify that the establishment below is categorized according to their type of business.

**Name of Business:**

**Physical Address:**

Check the appropriate category

If this business meets all of the following criteria for a restaurant - check this category

☐ Restaurant

- Where meals are served and are actually and regularly prepared and served, without sleeping accommodations
- Is there seating of a minimum of 40 or more people
- Certificate of approval from the county health department.
- Maintain a full-service kitchen which consists of, at a minimum, a three-compartment pot sink, a stove or grill permanently installed and a refrigerator.
- Will be serving meals every hour that it is open and the serving of such meals shall be the principal business conducted, with the serving of distilled spirits, beer and/or wine to be consumed on the premises as only incidental thereto.
- The licensee will derive a minimum of 50 percent of its total annual gross sales, over any 12-month period of time, from the sale of prepared meals or food.

If the business does not meet all criteria for a restaurant, check the following category

☐ Other

\_\_\_\_\_  
Applicant/designated agent/owner

\_\_\_\_\_  
Notary

\_\_\_\_\_  
City of Dalton – Code Enforcement

\_\_\_\_\_  
Date

### **CERTIFICATION & 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 business establishment. A copy of this chapter can also be viewed at [www.daltonga.gov](http://www.daltonga.gov).

\_\_\_\_\_  
Signature of applicant/designated agent/owner

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## 17. AFFIDAVIT FOR MIX DRINK TAX / HOTEL-MOTEL TAX

This is to certify that I've received information with regards to the following excise taxes. If applicable, you'll receive a blank copy template of the report that needs to be submitted to our office.

- **Chapter 6, Division 5. – Alcoholic Beverage by the drink**

If your establishment has a pouring distilled license, there is imposed and levied upon every purchase of an alcoholic beverage for the purposed by the dink within this city a tax in the amount of three percent (3%) due by on or before the 20<sup>th</sup> of the month following each monthly period.

- **Chapter 106, Article II. – Taxation**

If your establishment is a hotel-motel, there is imposed and levied a city tax for every occupancy of a guest in the amount of seven percent (7%) due by on or before the 20<sup>th</sup> of the month following each monthly period.

I understand the responsibility to file these reports falls on the licensee. I also understand that my business e-mail will be used for courtesy reminders every month from our staff. Furthermore, payment for these taxes can be made online at [www.daltonga.gov](http://www.daltonga.gov)

\_\_\_\_\_  
Signature of applicant/designated agent/owner

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**18. AFFIDAVIT IN SUPPORT OF APPLICATION FOR ALCOHOL LICENSE**

Personally, appeared before the undersigned officer duly authorized to administer oaths came \_\_\_\_\_, (Applicant, Designated Agent) who deposes and states under oath the following:

**-1-**

My name is \_\_\_\_\_. I am over the age of 18 years, *sui juris*, laboring under no disabilities, and am otherwise competent to make and give this Affidavit.

**-2-**

I am an individual applying for an alcohol license with City of Dalton, or I am the principal owner or designated agent of (d/b/a) \_\_\_\_\_ (said individual applicant or corporate applicant hereinafter referenced as "Applicant").

**-3-**

I have fully reviewed the application of Applicant for an alcohol license in the City of Dalton for the year **2026**, including all attachments thereto, and I have actual and personal knowledge of the statements and representations made therein.

**-4-**

All statements or other representations set forth in said alcohol application and attachments thereto, and any other documents submitted therewith, are true and correct.

**-5-**

I further certify that, on behalf of Applicant, I have received and have completely reviewed Chapter 6 of the City of Dalton Code of Ordinances regarding alcohol, and I fully understand the requirements set forth therein.

**-6-**

I hereby acknowledge this affidavit is given under penalty of perjury and the penalties set forth in Chapter 6 of the City of Dalton Code of Ordinances.

Further the affiant sayeth not, this \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

**By:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Sworn to and subscribed before me**

**this \_\_\_\_ day of \_\_\_\_\_, 202\_\_.**

\_\_\_\_\_

**Notary Public**

**My Commission expires:** \_\_\_\_\_



## ALCOHOL BEVERAGE APPLICATION CHECK LIST

APPLICATIONS MUST HAVE ALL ITEMS TO BE CONSIDERED COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

- **COMPLETED APPLICATION**
- **\$200.00 APPLICATION FEE (CREDIT, CHECK, MONEY ORDER OR CASH)**
  - 3% Service fee for credit card usage
- **SWORN AFFIDAVIT FROM A REGISTERED SURVEYOR (See Page 10) **New Applications Only****
  - The City does not recommend any specific surveyor.
- **CERTIFICATE OF RESIDENCY (PACKAGE LIQUOR ONLY) / DRIVER'S LICENSE (ALL OTHER LICENSES) **New Applications Only****
  - [https://www.whitfieldcountygga.com/courts/probate\\_court/index.php](https://www.whitfieldcountygga.com/courts/probate_court/index.php)
- **PROVIDED CERTIFICATE OF INSURANCE IN COMPLIANCE WITH SEC. 6-76(c) DESIGNATING THE CITY AS A CERTIFICATE HOLDER. **New Applications & Renewals****
- **ARTICLES OF INCORPORATION (See Page 4 if applicable) **New Applications Only****
  - <https://sos.ga.gov/index.php/corporations>
- **LEASE AGREEMENT AND / OR SECURITY OR WARRANTY DEED **New Applications Only****
- **PAID PROPERTY TAX FOR REAL ESTATE AND / OR PERSONAL PROPERTY **New Applications & Renewals****
  - <https://www.whitfieldpay.com/>
- **AFFIDAVITS **New Applications & Renewals****
  - Verifying Status for City Public Benefit (See Page 11 left side)
  - Private Employer Affidavit | E-Verify (See Page 11 right side)
  - Affidavit for business classification (See Page 12)
  - Mix Drink / Hotel-motel Tax Affidavit (See Page 13)
  - Affidavit in Support of Alcohol License Application (p. 14)
- **FINGERPRINT BACKGROUND CHECK (See Page 6) **New Applications Only****
  - APPLICANT ONLY
- **BACKGROUND CONSENT FORM **New Applications & Renewals****
  - DESIGNATED AGENT, MANAGER(S), SECURITY
- **COPY OF FOOD SERVICE PERMIT – IF RESTAURANT **New Applications Only****
  - <https://www.nghd.org/nghd-locations-listing/item/whitfield-county-eh>
  - 136 Gillespie Dr. Dalton, GA (706) 272-2005