

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
CITY OF LAKE PARK, GEORGIA

I. Applicant:

A. Name of Applicant: _____
Residence Address: _____
Residence Telephone: _____ Work Telephone: _____

B. Business Name: _____
Business Address: _____
Business Telephone: _____

This Business is a -

- Individual Proprietorship
 Corporation (Please state what form of corporation i.e. "S", "C", etc.)
 Partnership
 Club
 Joint Venture
 Association
 Limited Liability Company

(i) For Corporations, please provide the following information:

Date of Incorporation: _____
Federal Employer or Tax Identification Number: _____
State of Incorporation: _____

Names and Addresses of Officers:

Names and Addresses of Directors:

Names and Addresses of the 3 largest Principal Stockholders:

Name and Address of Registered Agent:

(ii) For Partnerships, please provide the following information:

Date of formation of partnership: _____

Federal Employer or Tax Identification Number: _____

State of formation: _____

Names and Addresses of all partners:

Names and Addresses of Managing personnel:

Name and Address of Agent for service purposes:

Is there a written partnership agreement?

Yes No

If Yes, provide a copy of that agreement with your application.

If No, please state the terms of your partnership agreement and attach to this application as an Exhibit. All partners must sign this application and designate the partner who will be the holder of the license and primarily responsible for overseeing the conduct of business under this license.

(iii) For Joint Ventures, please provide the following information:

Date of formation of Joint Venture: _____

Federal Employer or Tax Identification Number: _____

State of formation: _____

Names and Addresses of all participants in the Joint Venture:

Names and Addresses of Managing personnel:

Name and Address of Agent for service purposes:

Is there a written Joint Venture agreement?

Yes No

If Yes, provide a copy of that agreement with your application.

If No, please state the terms of your Joint Venture agreement and attach to this application as an Exhibit. All participants in the Joint Venture must sign this application and designate the member who will be the holder of the license and primarily responsible for overseeing the conduct of business under this license.

(iv) For Limited Liability Companies, please provide the following information:

Date of Formation: _____

Federal Employer or Tax Identification Number: _____

State of Formation: _____

Names and Addresses of Members:

Names and Addresses of Managing Members:

Names and Addresses of the 3 largest Principal Members:

Name and Address of Registered Agent:

II. The License:

(i) Proposed location for use of license:

(ii) License Requested:

Wholesale Malt Beverages only

Retail Spiritus Liquors only

Retail Wine only

Retail Malt Beverages only

Retail Liquor by the drink only

(iii) Nearest Church location and distance in feet: _____

(iv) Nearest school location and distance in feet: _____

III. Employees:

(i) Service Employees: List here all Employees and their addresses who will be involved in the provision of alcoholic beverages pursuant to the proposed license, including management:

Has any person listed in Sections I or III ever had a license revoked or a license application refused? Yes No

If Yes, answer the following:

Where: _____

When: _____

By Whom: _____

For what reason: _____

Has any person listed in Sections I or III been convicted in the last five (5) years of a misdemeanor or felony involving gambling? Yes No

If Yes, answer the following:

Where: _____

When: _____

By Whom: _____

Has any person listed in Sections I or III been convicted in the last five (5) years of a misdemeanor or felony involving a violation of the Georgia Controlled Substances Act?

Yes No

If Yes, answer the following:

Where: _____

When: _____

By Whom: _____

Has any person listed in Sections I or III been convicted in the last five (5) years of any felony, in this or any state? Yes No

If Yes, answer the following:

Where: _____

When: _____

By Whom: _____

IV. Certification and consent:

"I hereby swear under oath, for myself or as the authorized representative of the business applicant as the case may be, that the business to be conducted pursuant to the license or licenses requested herein, if granted, shall be conducted in accordance with the laws of the State of Georgia, the United States of America, and the Ordinances of the City of Lake Park, Georgia, and that the proposed license location meets all of the standards necessary for issuance of a similar license by the State of Georgia."

Applicant

Sworn to and Subscribed
before me this ____ day
of _____, 19____.

Notary Public

(Note, each Partner, Applicant, Joint Venturer, or Managing Member of a Limited Liability Company must certify separately under oath)

"I hereby consent to the City of Lake Park, Georgia, by and through its duly authorized personnel, obtaining and making full investigations and reports relating to the facts, statements and information contained herein, and to the obtaining of full criminal histories and such other reports and investigatory information as Lake Park, Georgia may deem proper in its investigation of this application".

This the ____ day of _____, 19____.

Signature of Applicant: _____

V. City Action:

Review by Clerk: Application Complete? ____ Yes ____ No
Investigation Complete and details attached? Date: _____
Disposition: ____ Accepted Date: _____
 ____ Refused Date: _____

CONSENT FORM

(To be executed by each employee and applicant)

I hereby authorize THE CITY OF LAKE PARK, GEORGIA to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Address

DOB

SSN

Sex

Race

Signature

Date

Notary Public

CITY OF LAKE PARK, GEORGIA
120 Essa Street
Lake Park, Georgia 31632
229-559-7470

APPLICATION FOR SUNDAY SALES ANCILLARY LICENSE

INSTRUCTIONS: THIS APPLICATION MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

SUNDAY SALES ANCILLARY LICENSE: IN ORDER TO OBTAIN A SUNDAY SALES ANCILLARY LICENSE, YOU MUST HOLD A VALID ALCOHOLIC BEVERAGE LICENSE ISSUED BY THE CITY OF LAKE PARK AND GEORGIA DEPARTMENT OF REVENUE.

SUNDAY HOURS OF SALES: THE SUNDAY SALES ANCILLARY LICENSE ALLOWS THE SALES OF BEER, WINE, AND DISTILLED SPIRITS FOR CONSUMPTION ON PREMISES ON SUNDAYS FROM 12:30 P.M. UNTIL 12:00 MIDNIGHT AND PACKAGE SALES FROM 12:30 P.M. UNTIL 11:30 P.M. ALLOWED

TYPE OF LICENSE (check one): ___ **NEW** ___ **AMENDMENT** ___ **RENEWAL**

DOES THE TYPE OF BUSINESS (check all that apply):

___ Derive at least 50 percent of its total annual gross food and beverage sales from the sale of prepared meals or food?

___ Derive at least 50 percent of its total annual gross income from the rental of rooms for overnight lodging?

TYPE OF LICENSE AND ANNUAL FEES (check all that apply):

Sunday Sales for RETAIL CONSUMPTION ON PREMISES **\$500**

Sunday Package Sales **\$500**

There shall be an application fee of \$100.00 for all applications for new alcoholic beverage licenses.

CURRENT LICENSE INFORMATION:

(a) Lake Park Alcohol Beverage License No.: _____ Expires: _____

(b) Lake Park Occupation Tax Certificate No.: _____ Expires: _____

BUSINESS INFORMATION:

(a) Corporation or Partnership Name: _____

(b) Business or D/B/A Name: _____

(c) Local Street Address: _____

(d) Mailing Address: _____

City: _____ State: _____ Zip Code: _____

(e) Telephone No.: _____ Fax No.: _____

APPLICANT/LICENSEE INFORMATION (authorized to apply on behalf of licensee):

(a) Applicant/Licensee Name: _____
(b) Title/Position: _____
(c) Contact Phone No.: _____
(d) Contact Email: _____

PLANNING DEPARTMENT USE ONLY

Reviewed By: _____ Date: _____

APPROVED BY: _____ Date: _____

CERTIFICATION

This is to certify that no change has taken place with respect to the operation of the above named business affecting its ownership as stated in the previous application. I certify and affirm that I have read Section 3-16 of the City of Lake Park Alcoholic Beverage Ordinance (attached hereto) and that I am in compliance with the ordinance. The answers to all questions in the previous applications about the above named business are correct and remain unchanged. Additionally I certify to compliance to the City of Lake Park and the State of Georgia laws governing the above named business. All sections of the application have been answered fully and correctly.

Signature of Applicant/Licensee

Print Name

Title Date

Sworn to and subscribed before me
This _____ of _____, 20____

Notary Public

Section 3-16. Legal hours of sale; separate from package sale rooms; adequate seating

(a) Sales by the drink. No licensee shall sell, give away or otherwise dispense distilled spirits, wines, champagnes or malt beverages or other alcoholic beverages by the drink for consumption on the premises except between the hours of 9:00 a.m. and 2:00 a.m. Monday through Saturday and between the hours of 12:30 p.m. to 12:00 Midnight on Sunday, according to standard time in effect at the time the sale is made. To clarify, Saturday sales by the drink shall be allowed to continue until 2:00 a.m. Sunday morning.

Sunday alcohol sales of alcoholic beverages by the drink for consumption on the premises shall be permitted only in licensed liquor or beer and wine by the drink establishments which (1) obtain a Sunday sales license; and (2) derive at least fifty percent (50%) of their annual gross sales from the sale of prepared meals or food in all of the combined retail outlets of the individual establishments where food is served and in any licensed establishment which derives at least fifty percent (50%) of its total annual gross income from the rental of rooms for overnight lodging. Alcoholic beverages shall not be sold or dispensed in the same room used for the sale of packaged alcoholic beverages except where adequate seating arrangements are provided for the licensee's patrons.

(b) Package sales. Package sales of distilled spirits, malt beverages, wine and other alcoholic beverages by licensees shall be permitted between the hours of 9:00 a.m. and 12:00 Midnight Monday through Saturday and between the hours of 12:30 p.m. to 11:30 p.m. on Sunday, according to standard time in effect at the time the sale is made.