



CITY OF LAKE PARK, GEORGIA
APPLICATION FOR NEW ALCOHOLIC BEVERAGE LICENSE

I. Applicant:

A. Name of Applicant(s): _____
Residence Address: _____
Residence Telephone: _____ cell _____
Birth date: _____ SS# _____
Email: _____

B. Business Name: _____
Business Address: _____
Business Telephone: _____ fax _____
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: _____ State of Incorporation: _____

Federal Employer or Tax Identification Number: _____

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 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 of Tax Identification Number: _____

State of formation: _____

Name 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 this 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 Member: _____

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 alcohol beverages pursuant to the proposed license, including management:

Has any person listed in Section I or III ever had a license revoked or a license application refused? _____ 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 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 violation or felony involving a violation of the Georgia Controlled Substances Act? _____ YES _____ NO

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 _____, 20_____.

Notary Public

Print Name: _____

(Note, each Partner, Applicant, Joint Venture, 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 _____, 20_____.

Signature of Applicant: _____

V City Action:

Review by Clerk: _____ Application Complete? _____ Yes _____ No

Investigation Complete and details attached? Date: _____

Public Hearing Date : _____

Public Hearing Date : _____

Public Hearing Date: _____

Disposition: _____ Accepted Date: _____

_____ Refuse Date : _____