



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 : \_\_\_\_\_