

ALCOHOL LICENSE APPLICATION PROCESS

(KEEP THIS PAGE FOR YOUR INFORMATION)

1. Complete the application.
2. Submit the application & investigation fee of \$100 (not applicable toward the license fee) in person to the Community Development Department.
3. After copying the application, the original will be returned to you to take to the Court Services Office (Room 103 in the Courthouse) for fingerprinting *between the hours of 8 AM to Noon and 1:00 PM to 4:00 PM*.
4. At the Court Services Office, tell them you are there to be fingerprinted for an alcohol license. Be sure to let them know that you paid the fee for same at the Community Development Office. Once fingerprinted, you leave the Court Services Office.
5. The Court Services Office will retain the application. The fingerprint results will be provided to the Sheriff's Office for review of and signature by the Sheriff, after which the application will be returned to the Community Development Department.
6. Once the application has been returned from the Sheriff's Office:
 - A. **If for an On-Premises License** (*Restaurant/Café, etc.*)
 - Application will be sent to the Health Department for approval/disapproval regarding health compliance
 - Upon receipt from the Health Department, it will be reviewed by the Community Development Department for approval/disapproval regarding building code compliance
 - Once the application has been reviewed by the Community Development Department, you will be contacted to obtain a sign, which must be posted. The sign reflects the dates of the two readings before the Commissioners.
 - The sign fee is \$30 (not applicable toward the license fee)
 - B. **If for an Off-Premises License** (*Convenience Store, Grocery Store, etc.*)
 - Application will be reviewed by the Community Development Department for approval/disapproval regarding compliance with building codes
 - Once the application has been reviewed by the Community Development Department, you will be contacted to obtain a sign, which must be posted. The sign reflects the dates of the two readings before the Commissioners.
 - The sign fee is \$30 (not applicable toward the license fee)
 - C. **If for a Special Events Facility** (*for which a Special Use Permit has been issued under the Zoning Ordinance; such license allows for the consumption of alcoholic beverages in connection with a scheduled special event or function, which is **not open to the general public**; cash bars are acceptable; alcoholic beverages may not be provided by a caterer*)
 - Application will be reviewed by the Community Development Department for approval/disapproval regarding compliance with building codes
 - Once the application has been reviewed by the Community Development Department, you will be contacted to obtain a sign, which must be posted. The sign reflects the dates of the two readings before the Commissioners.
 - The sign fee is \$30 (not applicable toward the license fee)
 - D. **If for a Temporary Special Event License** (*for non-profit organizations; valid for no more than 2 days*)
 - Once the application has been returned to the Community Development Department, you will be notified as to the dates of the two readings before the Board of Commissioners
7. It is highly suggested that you or your representative be at the two hearings.
8. Following the second hearing, the Board will make its decision to approve or disapprove.
9. If approved, you must pay the license fee and obtain your license from the Community Development Department prior to selling or providing alcohol.

NOTE:

- ▶ If you are purchasing the business, you will need to provide a copy of the sales contract.
- ▶ If you are applying for an **On-Premise** license, you will need to provide a scaled sketch/drawing showing the building of premises and all attached/adjacent porches, verandas, courtyards, decks & patios.
- ▶ If you are applying for a **Temporary Special Event** license, you will need to provide a copy of your certification of bona fide non-profit status and a letter from property owner authorizing the use of the property for the special event.
- ▶ If the location has current/existing license(s), it/they must be surrendered prior to the issuance of a new license(s).
- ▶ If the application is for a sole proprietorship, the proprietor shall be qualified to obtain a license. If the application is for a business operated by a partnership, all members of the partnership shall be qualified to obtain a license. If the application is for a corporation, all stockholders owning at least twenty-five percent (25%) of the corporate stock must qualify. Each proprietor, partner or 25% stockholder shall submit to fingerprinting and investigation, and shall sign a release to obtain information. It shall be the responsibility of the business entity to make determination that the manager physically present on the business premises on a regular basis is of legal age, of good moral character, a citizen of the United States, and said manager abides by the applicable provisions of the Ordinance.

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
HARRIS COUNTY, GEORGIA

OFFICE USE ONLY

INVESTIGATION FEE: \$100.00 Date Rec'd: _____	SKETCH: Yes No N/A (Sketch NOT required for Transfers/TSE)	READINGS: 1 st _____ 2 nd _____ (Readings NOT required for Transfers)
TRANSFER FEE: \$100.00 Date Rec'd: _____	BUSINESS LICENSE # _____	DECISION: Approve Disapprove
TOTAL DUE: \$ _____ Paid by: Cash Card Check (# _____)	CERT. OF OCCUPANCY: Yes No N/A	LICENSE(S): _____
SIGN FEE: \$30.00 [N/A for Transfers or for Temporary Special Events (TSE)] Date Rec'd: _____	FOOD PERMIT # _____ N/A	Total Due: \$ _____
Paid by: Cash Check (# _____)	PREVIOUS OWNER LIC: Yes No N/A	Paid by: Cash Check (# _____)
	SAVE AFFIDAVIT: Yes No	Date Rec'd: _____ Issued: _____
	SALES CONTRACT/AGREEMENT: Yes No	FINGERPRINTS: _____ Received _____ Destroyed _____
	DATE APP TO: S/O: _____	HEALTH: _____ DCD: _____
	DATE REC'D FROM: S/O: _____	HEALTH: _____ DCD: _____

TO BE COMPLETED BY APPLICANT

DATE of APPLICATION: _____

TYPE of LICENSE:

Retail: Beer Off Premises Beer On Premises Special Events Facility Winery Tasting Room
 Wine Off Premises Wine On Premises Temporary Special Event
 Pkg/Liquor Off Premises Distilled Spirits by Drink Concessionaire

TYPE of ESTABLISHMENT:

Café Golf Course Non-Profit Org Private Club Resort Special Events Facility
 Convenience Store Grocery Store Package Store Pub Restaurant Winery

IF ON-PREMISES:

• Menu Available? Yes No
• # Seats available: less than 25 25-50 more than 50
• # Days per Week Meals are Served: _____
• Type of Water? Public Private Well
• Juke Box? Yes No
• Pool Table(s)? Yes No
If "yes", number of tables: _____
• Required: A scaled sketch/drawing showing building of premises and all attached/adjacent porches, verandas, courtyards, decks & patios.

DISTANCE: Number of Yards from Your Building to the NEAREST Building (Residence, School, etc.): _____ yards

TYPE of OWNERSHIP: Proprietorship Partnership Other (specify) _____
 Corporation Bona Fide Non-Profit

REASON FOR APPLICATION: New Business New Owner (TRANSFER)
 New Location Temporary Special Event

IF FOR TEMPORARY SPECIAL EVENT (cannot exceed two days neither of which can be a Sunday):

• Date(s) of Special Event: _____
• To Benefit what Charitable or Civic Organization(s): _____
• Location/Address of Special Event: _____
• Required with this application: (a) Certification of Bona Fide Non-Profit Status
(b) Letter from Property Owner authorizing use of property for special event

1. Name of APPLICANT: _____
2. Name of BUSINESS: _____
 - a. Business STREET address: _____
City/State/Zip: _____
 - b. Business MAILING address: _____
City/State/Zip: _____
 - c. Phone number of business: _____
 - d. Business Email address: _____
 - e. Name of person who will be the active manager of the business: _____
 - f. Address of active manager: _____
3. If you are purchasing the business, from whom are you purchasing? _____
 - a. When will purchase be finalized? _____
 - b. Required with this application: A copy of the sales contract/agreement.
4. If you are leasing the building/land, from whom do you lease? _____

5. Who owns the building/land where the business is operated/located? _____
6. APPLICANT Information:
 - a. Interest in this business: _____
 - b. Home mailing address: _____
City/State/zip: _____
 - c. Years at present address: _____ If less than 5 years, indicate previous address: _____
 - d. Email address: _____
 - e. Phone number(s): Home _____ Cell _____ Other _____
 - f. Social Security number: _____
 - g. Are you a citizen of the United States? YES NO
 - h. Are you a resident of the State of Georgia? YES NO
 - i. Birth Date: _____ Birth Place: _____
7. List employers' **names and addresses** for the past five years and the positions you held.
 - a. _____
 - b. _____
 - c. _____
8. Has applicant/owner, partner, corporate officer or stockholder, been convicted or entered a plea of nolo contendere within ten (10) years prior to filing this application, of any felony or misdemeanor of this or any other State or any municipal ordinance, except traffic violations? YES NO [If YES, describe in detail and give dates on reverse side.]
9. If a corporation, indicate (on reverse side):
 - a. the corporation name and address, when and where incorporated, and the names and addresses of the officers and directors, their social security numbers, and the office held by each.
 - b. the names and addresses of stockholders holding 25% or more of the corporation.
10. If a partnership or individual, indicate (on reverse side) the names of any other persons or firms owning any interest in or receiving any funds from the operation of business.
11. If for a retail license, has applicant:
 - a. any financial interest in manufacture or wholesale of alcoholic beverages? YES NO
 - b. received financial aid/assistance from any alcoholic beverage manufacturer or wholesaler? YES NO
12. Indicate (on reverse side) all persons, corporations, partnerships or associations that will receive any financial gain or payment derived from any interest or income from the operation. (Includes payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation.) If any corporation is listed as receiving an interest or income from this operation, indicate the names of the officers and directors of said corporation together with the names of the principal stockholders.
13. Does/has applicant/owner, partner, corporate officer, or stockholder:
 - a. hold an interest in any alcoholic beverage license in this or any other jurisdiction? YES NO [If YES, give details on reverse side.]
 - b. ever applied for a license and been denied? YES NO [If YES, give details and dates on reverse side.]
 - c. had a license revoked? YES NO [If YES, give details and dates on reverse side.]
14. List **names and addresses** of three personal references (not relatives) whom you have known for at least five years:
 - a. _____
 - b. _____
 - c. _____

OATH OF APPLICANT

I hereby certify that I am familiar with the "Ordinance to Control and Regulate the Sale of and Distribution of Alcoholic Beverages in Harris County", and State Laws and Regulations, and Federal Laws and Regulations governing the operation of this type business. Further, I certify that I agree to abide by such Ordinances, Laws and Regulations. I also certify that I have received a copy of the current "Ordinance to Control and Regulate the Sale and Distribution of Alcoholic Beverage in Harris County".

I, being duly sworn according to law, do swear that the foregoing statements and facts are true, and no false or fraudulent statement is made herein, and such answers were made in order to procure the granting of such a license. I understand that any falsehoods are grounds for automatic dismissal of this application or subsequent revocation of the license.

Sworn to and subscribed before me this _____ day of _____, 20____. _____
Applicant's Signature

Notary Public
Commission Expires _____
(Seal) _____
Date Signed

••••• STOP - End of Completion by Applicant •••••

APPLICATION OF _____ DATED _____

NAME OF BUSINESS _____

RECOMMENDATIONS OF APPROVAL/DISAPPROVAL

SHERIFF'S RECOMMENDATION
(based on criminal background check):

Approval _____ Disapproval _____

Signature _____

Date Signed _____

SHERIFF'S COMMENTS:

HEALTH DEPARTMENT RECOMMENDATION:

Approval _____ Disapproval _____

Approval Pending Issuance of Food Permit _____

Signature _____

Date Signed _____

HEALTH DEPARTMENT COMMENTS:

Type of Water: Public ___ Private ___ Well ___

COMMUNITY DEVELOPMENT RECOMMENDATION
(based on building code, distance, zoning, parking):

Approval _____ Disapproval _____

Signature _____

Date Signed _____

COMMUNITY DEVELOPMENT COMMENTS:

NEW APPLICATIONS: DECISION OF HARRIS COUNTY BOARD OF COMMISSIONERS

Approved _____ Disapproved _____

Chairman

Vice Chairman

Commissioner

Commissioner

Commissioner

HCBOC CONDITIONS:

Attest _____
Andrea Dzioba, County Clerk

TRANSFERS: DECISION OF HARRIS COUNTY CLERK

Approved _____ Disapproved _____

Julie Oliver, Executive Assistant Date

**AFFIDAVIT VERIFYING STATUS
FOR COUNTY PUBLIC BENEFIT APPLICATION
PURSUANT TO O.C.G.A. § 50-36-1
Harris County, Georgia**

By executing this affidavit under oath, as an applicant for a Harris County, Georgia, **Alcohol License**, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to an application for a Harris County **Alcohol License** or other public benefit for:

_____ (insert name of business, corporation, partnership or other private entity on behalf of which person is applying)

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secured and verifiable document, as required in O.C.G.A. § 50-36-1(e)(1), with this affidavit.

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, and face criminal penalties as allowed by such criminal statute.

Signature of Applicant

Date

Printed Name

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

Notary Public
My Commission Expires: _____

(seal)

THIS DOCUMENT TO BE EXECUTED & ATTACHED TO NEW ALCOHOL APPLICATION

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

I have read and received a copy of the NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS.

Signature/ Print Name

Date

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

I have read and received a copy of the Privacy Act Statement.

Signature/ Print Name

Date

APPLICANT TO KEEP THIS PAGE

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