



**CITY OF ELLAVILLE  
P O BOX 839  
ELLAVILLE, GA 31806  
229-937-2207**

**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

TYPE OF APPLICATION (PLEASE CHECK THE APPROPRIATE BLOCKS)

LIQUORS \_\_\_\_\_ ON PREMISES YES ( ) NO ( ) RETAIL YES ( ) NO ( )

MALT BEVERAGES \_\_\_\_\_ ON PREMISES YES ( ) NO ( ) RETAIL YES ( ) NO ( )

WINE \_\_\_\_\_ ON PREMISES YES ( ) NO ( ) RETAIL YES ( ) NO ( )

Before the undersigned attesting officer, duly authorized by law to administer oaths, personally appeared the undersigned applicant for a license or permit for the sale of alcoholic beverages in the City of Ellaville, Georgia, and, being first duly sworn, on oath, states that the information given, statements made, and questions answered in this application are true and correct:

1. State the official name which the business or establishment to be licensed will be conducted:

\_\_\_\_\_  
\_\_\_\_\_

2. If natural person(s), state the name(s), Social Security number(s), telephone number(s), mailing address(es), and birth date(s) of all applicant(s) and/or owner(s) of business to be licensed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If applicant is a partnership of any kind, state the names, Social Security numbers, telephone numbers and mailing addresses of all members of the partnership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Attach a copy of partnership Agreement or Articles of Partnership to this Application.

5. If Applicant is a corporation, state the following:

(a) Shareholders' names, Social Security numbers, telephone numbers, and addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Officers' names, Social Security numbers, telephone numbers, and addresses:

President: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(c) Members of Board of Directors names, Social Security numbers, telephone numbers and addresses:

Board Member: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Board Member: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Board Member: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Board Member: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. If applicant is a corporation, attach a copy of the Articles of Incorporation and Certificate of Incorporation:

7. State the name(s), Social Security number(s), telephone number(s), and mailing address (es) of any persons or entities, other than those named above, who will have any financial interest or beneficial ownership interest in the establishment or business to be licensed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. State the name(s), Social Security number(s), and mailing address (es) and birth date(s) of each person who will manage the establishment or business to be licensed:

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9. State whether or not the above-named manager(s) has ever been convicted of a crime or has ever been the subject of an alcoholic beverage license suspension or revocation by the State of Georgia or any other city or jurisdiction:

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10. If the response to the preceding was in the affirmative, state the date, nature, and name of said revoking or suspending body or agency:

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11. State whether or not the applicant and/or any of the officials, entities, or persons named above have ever been convicted of violating any ordinance, regulation, or law of any jurisdiction with regard to the sale or distribution of alcoholic beverages:

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12. If your response to the preceding was in the affirmative, give a detailed description of such violation, including the name of the jurisdiction where the violation occurred:

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13. State whether or not the applicant and/or any of the officials, entities or persons named above have ever been the subject of a suspension or revocation proceeding which regard to any alcoholic beverage license or permit:

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14. If the answer to the preceding was in the affirmative, state a detailed description of such adverse administrative action and the name of the jurisdiction wherein such action occurred:

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15. State whether or not any of the individuals or entities identified above have been convicted of any crime and, if so, state a detailed description which includes the nature of the offense, date of conviction, and name of the jurisdiction:

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16. If applicant or any of the individuals or entities named above holds an alcohol beverage license from any other jurisdiction or from the State of Georgia, state the name of each such jurisdiction and of the licensed location for any State license or attach a copy of each such license to this application:

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17. State the physical address of the location to be licensed:

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18. If the location for which the license is sought has been or is now licensed, state the name of the business or establishment and the name of the license:

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\_\_\_\_\_

19. State the nature of the business to be conducted at or upon the location to be licensed (i.e., restaurant, convenience store, lounge or bar, pool hall, etc.):

\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby stipulates and states that all statements given in this application are true and correct and made for the purpose of inducing aforesaid City to issue or renew said alcoholic beverage license(s). Applicant further states this document is sworn to and subscribed hereto with the full knowledge that any statement herein, given falsely shall constitute perjury and may result in the revocation of the license granted or the refusal to grant such license. The applicant agrees to comply and abide by the City's Alcoholic Beverage Ordinance.

Applicant further acknowledges that application must be fully completed at the time of filing and that applications may not be supplemented, amended, or revised after filing with the Clerk, except to correct misspelling or names. APPLICANT HEREBY AGREES AND CONSENTS PURSUANT TO PUBLIC LAW 93-579 OF THE PRIVACY ACT OF 1974, THE DISCLOSURE OF INFORMATION OBTAINED IN THIS APPLICATION MAY BE SUBMITTED TO ANY AGENCY OF THE CITY, COUNTY, STATE, AND FEDERAL GOVERNMENT FOR THE PURPOSES OF OBTAINING THE NECESSARY INFORMATION TO PROCESS THE APPLICATION.

Sworn to and subscribed to this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
APPLICANT(s)

\_\_\_\_\_  
APPLICANT(s)

\_\_\_\_\_  
APPLICANT(s)

\_\_\_\_\_  
APPLICANT(s)

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
NOTARY PUBLIC

[SEAL]

City of Ellaville, Georgia

Date application and check received City: \_\_\_\_\_

City Clerk: \_\_\_\_\_

# CITY OF ELLAVILLE BUSINESS LICENSE APPLICATION

55 S Wilson St  
Ellaville, GA 31806  
PH- 229-937-2207

P. O. Box 839  
Ellaville, GA 31806  
FAX- 229-937-5569

## Affidavit Verifying Legal Status Of Applicant for Ellaville Business License

By executing this affidavit under oath, as an applicant for a Ellaville, Georgia Business 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 Ellaville, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

\_\_\_\_\_  
(Business Name)

And

\_\_\_\_\_  
(Business Owner)

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.\*

My Country of Citizenship is: \_\_\_\_\_

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.

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

\_\_\_\_\_  
Date

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

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

Notary Public

\_\_\_\_\_  
My Commission Expires:

### FOR OFFICE USE ONLY

\_\_\_\_\_  
Alien Registration number and date of expiration

Attach a copy of driver's license and/or alien registration card

**\*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.