



# City of Danielsville

P.O. Box 339 Danielsville, Ga 30633 | Phone: (706) 795-2189 | Fax: (888) 295-1935

Mayor Michael Wideman  
Mayor Pro Tem Steve Russum  
Council Member Libby Loftis  
Council Member Nancy  
Frederico  
Council Member Dona Miller


Dear Business Owner:

Enclosed you will find your 2024 Application for Business License. Use the following check list to ensure all the proper papers are filled out correctly and all required copies are attached. The application will not be processed unless the application is returned completed.

- |   |   |
|---|---|
| <input type="checkbox"/> Main Application (Pg. 1-2)                             | Pages that apply to your business completed   |
| <input type="checkbox"/> Save Public Benefits Affidavit (Pg.3)                  | Not required for renewals as long as there's no change in the license applicant   |
| <input type="checkbox"/> E-Verify Affidavit (Pg. 4)                             | Not required for renewals as long as there's no change in the license applicant and/or a change in the number of employees  |
| <input type="checkbox"/> Copy of Applicants ID                                  | Valid Driver's License, Passport, or State Issued ID  |
| <input type="checkbox"/> State of Georgia Sales & Use Tax Registration #        | If your business is required to collect sales tax   |
| <input type="checkbox"/> State of GA Professional or Trade License Requirements | Provide a copy of your valid license. See attached list of Professional or Trade Occupations requiring special license.   |
| <input type="checkbox"/> State of GA Permit & Certificate Requirements          | State agencies -Dept of Revenue, Dept of Ag, Health Dept, etc<br>Ex. Lottery, Tobacco, Alcohol, Household Movers Certificate,<br>Food Service Permit, Food Safety (Deli), Live Plants, Fuels & Measures, etc. |
| <input type="checkbox"/> Real and Personal Property Taxes Obligations           | All City and County Real and Personal Property Taxes Owned by the applicant and/or the business must be current.  |

To view the complete ordinance, visit our website at <https://www.danielsvillega.com/> and click on Chapter 32: Licensing and Business Regulations. Some forms included in this package will require a notary. For your convenience, we offer Notary Services at no additional cost. If you have any questions, please feel free to contact our office Monday thru Friday 8am to 5pm 706-795-2189.

Sincerely,

  
Kimberly Davis  
City Clerk

**City of Danielsville**  
 P.O. Box 339, 10 Government Circle  
 Danielsville, Georgia 30633  
 Phone: (706) 795-2189  
 Website: [www.cityofdanielsville.us](http://www.cityofdanielsville.us)

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Please type or print legibly. **Each question must be answered fully.** The statements and answers contained within this application are furnished to the City of Danielsville under oath and subject to the penalties of false swearing.

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

- \*\* Applications for renewal must be filed **by November 12<sup>th</sup>** of each year by 5pm or you must include a 20% penalty.
- \*\* Renewal Applications received on or after January 1<sup>st</sup> shall be treated as if it is an initial application and will accrue a 20% penalty.
- \*\* The City **MUST** receive a copy of the **State of Georgia Alcoholic Beverage License.**
- \*\* The City **MUST** receive a copy of the **Dept. of Agriculture Food Establishment License.** (Retail Packages Only)

**1. LICENSE FEE:**

Type of License:	(Check all that apply)	Fee
Class A Retail Package—Malt Beverage/Beer & Wine	<input type="checkbox"/>	\$1,000
Class B Consumption On-Premises – Distilled Spirits	<input type="checkbox"/>	\$1,200
Class C Consumption On-Premises – Beer & Wine	<input type="checkbox"/>	\$1,000
Class D Wholesaler Domiciled – Distilled Spirits for resale	<input type="checkbox"/>	\$1,200
Class E Wholesaler Domiciled – Malt Beverages and Wine for resale	<input type="checkbox"/>	\$ 500
Wholesaler Non-Domiciled – Distilled Spirits for resale	<input type="checkbox"/>	\$ 100
Wholesaler Non-Domiciled – Malt Beverages and Wine for resale	<input type="checkbox"/>	\$ 50
Class F Hotel/Motel In-Room Service Beer & Wine Only (Consumption on the premises license required)	<input type="checkbox"/>	\$ 250
Class G Alcohol Manufacturer or Distiller	<input type="checkbox"/>	\$1,000
Class H Catering: Malt Beverages, Beer & Wine (no more than 100 event days/year)	<input type="checkbox"/>	\$ 250
Class I Catering: Distilled Spirits (no more than 100 event days/year)	<input type="checkbox"/>	\$ 300

**Please Note only payments now accepted  
are Cashier's Checks or Money Orders.**

Total License Fee \$

NOTE: License Fees are One Half After July 1<sup>st</sup>  
A 20% Late Fee assessed when renewals are received after November 12<sup>th</sup>

**Total Due: Certified Funds Payable to "City of Danielsville"      \$**

<p><b>For Official Use Only:</b></p> <p>License Fee Enclosed \$ _____ Approved at Council Meeting: _____</p> <p>Name of Business: _____</p> <p>State License #: _____ Occupational Tax License #: _____</p>	<p>Date Received:</p>
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2. **TYPE OF BUSINESS:**

- Bona Fide Eating Establishment       Package Store       Hotel/Motel       Convenience Store
- Manufacturer / Distillery       Super Market       Caterer       Other: \_\_\_\_\_

Do you have ownership or interest in any other package store? \_\_NO\_\_YES      If yes, list below:

o List the name, address and license # of other package store(s): \_\_\_\_\_  
\_\_\_\_\_

3. If Restaurant, Will live entertainment be offered? \_\_NO\_\_ YES If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

4. **BUSINESS INFORMATION:**

Trade Name of Business: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Tax Map Parcel #: \_\_\_\_\_ Zoning: \_\_\_\_\_

GA Sales Tax # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_ Taxpayer ID #: \_\_\_\_\_

5. **PREMISES AND STRUCTURE:**

The alcohol ordinance requires that all licenses be issued for areas with the Commercial zoning classification. It also provides for a distance requirement of 100 yards from any church or alcohol treatment facility, or 200 yards from any school building or daycare facility for consumption on the premises and retail package locations.

**For Restaurant or Special Events:**

- o Does the facility have a full service kitchen? \_\_NO\_\_ YES      o Does the facility have an enclosed patio? \_ NO \_ YES
- o Square Feet of Total Floor Area: \_\_\_\_\_ Square Ft. devoted to Dining Area: \_\_\_\_\_ Attach a copy of the Floor Plan Layout

6. **APPLICANT:**

Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)

Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Sex: \_\_ M \_\_ F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**NOTE:** If the Manager changes, the Applicant must furnish the City with the name and address and copy of driver's license within 10 days of such change.

7. **TYPE OF OWNERSHIP:**

\_\_ Sole Proprietorship \_\_ Publicly Held Corporation      \_\_ LLC      \_\_ Legally Registered Partnership      \_\_ Private Club

**PLEASE SKIP TO THE APPROPRIATE SECTION THAT REFLECTS YOUR BUSINESS TYPE:**

- Sole Proprietor..... #8      Corporation/LLC ..... #9
- Partnership ..... #10      Private Club ..... #11

**8. FOR SOLE PROPRIETOR ONLY**

The License shall be issued in the name of the individual's name.

**OWNER INFORMATION:**

Full Name (No Initials): \_\_\_\_\_  
 Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)  
 Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_  
 Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_  
 My County of Residence is: \_\_\_\_\_.

**MANAGER:** Does the Manager have a Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Full Name (No Initials): \_\_\_\_\_  
 Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)  
 Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_  
 Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**LIST OF EMPLOYEES:**

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Attach a separate page if more space is required.

**9. FOR CORPORATIONS / LLC**

The License shall be issued in the name of an officer who is actively engaged in the management of the business and owner of at least 25% of the corporation. If the corporation is *publically* owned, the license will be issued to the corporation in the store manager's name.

- o Date of Incorporation: \_\_\_\_\_ Place of Incorporation: \_\_\_\_\_
- o State Parent Corporation, if applicable: \_\_\_\_\_
- o Number of Shares of Capital Stock Authorized (if applicable): \_\_\_\_\_ Number of Shares Outstanding: \_\_\_\_\_
- o Is the corporation owned by a parent corporation or held by a holding company?  YES  NO

If yes, explain: \_\_\_\_\_

- o For Corporations or LLC's, list Officers, Directors, Members, and/or Principal Shareholders with 20% or more of the stock:

NAME:	Social Security #	Position:	Interest %
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**Attach a separate page if more space is required.**

**MANAGER:** Does the Manager have a Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)

Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**LIST OF EMPLOYEES:**

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

**Attach a separate page if more space is required.**

**10. FOR PARTNERSHIP**

The License shall be issued in the name of a partner who is actively engaged in the management of the business and owner of at least 25% of the partnership.

Date the Partnership was formed: \_\_\_\_\_ Attach Partnership Agreement

o List Partners:

Name & Resident Address:	Social Security #	G-General L-Limited S-Silent:	Interest: Investment \$	Participation %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Attach a separate page if more space is required.**

**MANAGER:** Does the Manager have a Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Full Name (No Initials): \_\_\_\_\_  
 Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)  
 Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_  
 Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**LIST OF EMPLOYEES:**

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

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Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

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Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

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Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

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Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

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Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

**Attach a separate page if more space is required.**

**11. FOR CATERERS AND NON-PROFITS**

The license shall be issued in the name of an officer who is actively engaged in the management of the business.

Caterers are defined in Section 32-101.61 and Non-Profits 32-101.63 of the City of Danielsville's Alcohol Ordinance

- o Date of Organization under the laws of the State of Georgia: \_\_\_\_\_
- o State the total number of regular dues paying members: \_\_\_\_\_
- o Is any member, officer, agent or employee compensated directly or indirectly from the profits of the sale of alcoholic beverages beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club? Please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- o Attach minutes of the annual meeting setting salaried.
- o For private club list officers, directors, and/or principal shareholders with 20% or more of the stock:  
 NAME: \_\_\_\_\_ Security # \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach a separate page if more space is required.

**MANAGER:** Does the Manager have a Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Full Name (No Initials): \_\_\_\_\_  
 Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Proof of Residence Required)  
 Phone #s: \_\_\_\_\_ / \_\_\_\_\_ GA Driver's License # \_\_\_\_\_ (Copy of License Required)  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_  
 Sex:  M  F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**LIST OF EMPLOYEES:**

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Employee Name: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Position:  Server  Cashier Danielsville Alcohol Pouring Permit?  YES  NO (Attach Copy)

Attach a separate page if more space is required.

New Applicant  
 Renewal for Year \_\_\_\_\_

**CRIMINAL HISTORY AFFIDAVIT  
ALCOHOL HANDLING PERMIT**

Business: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE READ CAREFULLY**

- Photo identification is REQUIRED and must be PRESENTED in order for your criminal history to be obtained.
- NO information about you will be released to third parties.
- You must provide all Information requested below and this form MUST be signed in the presence of a notary public at the Danielsville City Hall.
- Once accessed and received for the stated purpose (alcohol handling permits), the City of Danielsville will NOT keep a copy of your criminal history on file and will shred-printed copies if one is made. If you wish to have a copy printed for your records, the cost will be \$0.25 per page.

**Applicant Information**

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

(Day/Month/Year) \_\_\_\_\_

Height: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Weight: \_\_\_\_\_

Driver's License Number : \_\_\_\_\_

Eye Color: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

HairColor: \_\_\_\_\_

**\*See Next Page for Sec. 32-101.17 - Qualifications of licensee \***

**Purpose of Request:** \_\_\_\_\_

I \_\_\_\_\_, am at least 18 years of age (or applicant is a supermarket, convenience store, brewery, or drug store) having been born on \_\_\_\_\_. I hereby authorize the City of Danielsville to access and receive criminal history record information (CHRI) on me through either the U.S. Department of Justice or any state or county agency anywhere in the United States. I have read or had read to me the entire Danielsville Beer & Wine Ordinance. I have had the opportunity to ask any questions concerning that ordinance. I understand that I cannot sell beer or wine to anyone Under 21 years of age, to any person who appears intoxicated or drunk, or any person who is mentally ill. I further swear and affirm that I have not in the past five years been convicted of any violation of alcoholic beverage laws or regulation pending against me now.

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

<b>Danielsville Police Department</b>	
<input type="checkbox"/> Qualified	<input type="checkbox"/> Disqualified
Reason for Disqualification: _____	
Approved by: _____	

SEAL

Notes: \_\_\_\_\_



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**Sec. 32-101.17 - Qualifications of licensee**

(a) No license for the sale of alcoholic beverages shall be granted to any person who is not a citizen of the United States or an alien lawfully admitted for permanent residence. The applicant must not be less than 21 years of age.

(b) No person shall be granted any alcoholic beverage license unless proper information establishes to the satisfaction of the city council or its designee that such person, partners in the firm, officers and directors of the corporation have not been convicted or pled guilty or entered a plea of nolo contendere, and have been released from parole or probation, to any crime involving moral turpitude, illegal gambling or illegal possession or sale of controlled substances or the illegal possession or sale of alcoholic beverages, including the sale or transfer of alcoholic beverages to minors in a manner contrary to law, keeping a place of prostitution, pandering, pimping, public indecency, prostitution, solicitation of sodomy, or any sexually-related crime within a period of two years immediately prior to the filing of such application. At the time an application is submitted for any alcoholic beverage license, the applicant shall, by a duly sworn affidavit, certify that neither the applicant, nor any of the other owners of the establishment, has been so convicted in the two years preceding the filing of the application. An applicant's first time conviction for illegal possession of alcohol as a misdemeanor or violation of a city ordinance shall not, by itself, make an applicant ineligible for an alcohol license. If any applicant, partner, or officer used in the sale or dispensing of any alcoholic beverage, after a license has been granted, be convicted or plead guilty or nolo contendere to a crime involving moral turpitude, illegal gambling or illegal possession or sale of controlled substances or the illegal possession or sale of alcoholic beverages, including the sale or transfer of alcoholic beverages to minors in a manner contrary to law, keeping a place of prostitution, pandering, pimping, public indecency, prostitution, solicitation of sodomy, or any sexual related crime, then the license shall be immediately revoked and canceled.

(c) No license for the sale of alcoholic beverages shall be granted to any person convicted under any federal, state or local law of any felony, within five years prior to the filing of application for such license.

(d) It shall be unlawful for any city employee directly involved in the issuance of alcoholic beverage licenses under this chapter to have any whole, partial or beneficial interest in any license to sell alcoholic beverages in the city.

(e) No license for the sale of alcoholic beverages shall be granted to any person who has had any license issued under the police powers of the city previously revoked within two years prior to the filing of the application.

(f) The city council may decline to issue a license when any person having any ownership interest in the operation of such place of business or control over such place of business does not meet the same requirements as set forth in this section for the licensee.

(g) A license application may be denied to any applicant for any alcoholic beverage license if the applicant lacks adequate participation in the proposed business to direct and manage its affairs, or if the application is intended to be a mere surrogate for a person or persons who would not otherwise qualify for a license for any reason whatsoever. Each person signing an application for a license under this chapter must file concurrently with the application a sworn affirmation as to his interest and/or involvement with the entity seeking the license.

(h) For purposes of this chapter, a conviction or plea of guilty or nolo contendere shall be ignored as to any offense for which a defendant was allowed to avail themselves of the Georgia First Offender Act (1968 Ga. Laws, page 324), as amended. Except, however, that any such offense shall not be ignored if the defendant violated any term of probation imposed by the court granting first offender treatment or committed another crime and the sentencing court entered an adjudication of guilt as to the crime for which the defendant had previously been sentenced as a first offender.

# APPLICATION AFFIDAVIT

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

## OATH

STATE OF GEORGIA, MADISON COUNTY

I, \_\_\_\_\_, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING APPLICATION AND ANY ATTACHMENTS SUBMITTED HEREIN, ARE TRUE AND CORRECT.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

I SOLEMNLY SWEAR THAT I, PARTNERS IN THE FIRM, OFFICERS AND DIRECTORS OF THE CORPORATION HAVE NOT BEEN CONVICTED, PLEAD GUILTY OR NOLO CONTENDERE TO A CRIME INVOLVING MORAL TURPITUDE, ILLEGAL GAMBLING OR ILLEGAL POSSESSION OR SALE OF A CONTROLLED SUBSTANCES OR THE ILLEGAL POSSESSION OR SALE OF ALCOHOLIC BEVERAGES, INCLUDING THE SALE OR TRANSFER OF ALCOHOLIC BEVERAGES TO MINORS IN A MANNER CONTRARY TO LAW, KEEPING A PLACE OF PROSTITUTION, PANDERING, PIMPING, PUBLIC INDECENCY, PROSTITUTION, SOLICITATION OF SODOMY, OR ANY SEXUAL RELATED CRIME IN THE PAST TWO YEARS. I SOLEMNLY SWEAR THAT I AM A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

(Seal)

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Signature

MY COMMISSION EXPIRES: \_\_\_\_\_

### FOR OFFICIAL USE ONLY:

News Paper Ad  Establishment Ad Posted (If New)  Save Affidavit

Criminal History (every Employee copy of DL)  E-Verify

Applicant Driver's License

NEW  RENEWAL

### PLANNING & DEVELOPMENT REVIEW

Premise & Structure (Ordinance Article IV):

Distance to each facility measuring in a straight line, corner to corner:

Church \_\_\_\_\_ School Building \_\_\_\_\_ Daycare Facility \_\_\_\_\_

Alcohol Treatment Facility \_\_\_\_\_

Applicant has completed all necessary inspections: Fire Department \_\_\_\_\_ Health Department \_\_\_\_\_

Department of Agriculture - Retail Package only \_\_\_\_\_

Applicant has obtained all necessary permits and licenses: Building Permit \_\_\_\_\_ Business License \_\_\_\_\_

DATE RECEIVED

**CITY CLERK REVIEW:**

Background Check Completed: \_\_\_\_\_

Fingerprinting Completed: \_\_\_\_\_ (If new Application or change in prior application)

Dates of Advertisement: \_\_\_\_\_

City Council Meeting: \_\_\_\_\_ Approved \_\_\_ Denied

## **CHAPTER 32: LICENSING AND BUSINESS REGULATION**

### **Sec. 32-101.29 – Disciplinary Action Department of Revenue Reporting**

As used in this ordinance, the following terms shall be defined in the same manner and in accordance with the provisions of O.C.G.A. § 3-3-2.1 as follows:

(1) "Disciplinary action" means any citation or arrest arising out of the violation of any law, rule, regulation, resolution, or ordinance of a governmental entity relating to the manufacture, distribution, sale, or possession of alcoholic beverages against a licensee, an employee of a licensee, or any person holding a financial interest in the license of the licensee on the premises or place of business of any licensee.

(2) "Governmental entity" means the United States government, any state governmental, any local government, and any department, agency, or instrumentality thereof.

(3) "Licensee" means any person issued a license pursuant to this title by a governmental entity to operate a bar.

(a)(1) Pursuant to O.C.G.A. § 3-3-2.1(b)(1), a licensee in the City of Danielsville shall be required to notify the Georgia Department of Revenue of the details of any disciplinary action taken against such licensee, including the date such action was taken, the nature of such action, and any other information required by the Georgia Department of Revenue. Such notification shall be reported within 45 days of any officer, department, agency, or instrumentality of the county taking such disciplinary action.

(2) Pursuant to O.C.G.A. § 3-3-2.1(b)(2), the first violation of paragraph (1) of subsection (a) of this section shall be subject to a fine by the state revenue commissioner and a second or subsequent violation within a 3 year period may constitute grounds for suspension, revocation, or cancellation of the license of the licensee.

(b) Pursuant to O.C.G.A. § 3-3-2.1(c), the Police Chief or his designee will report to the Georgia Department of Revenue any disciplinary action taken against a licensee. Such action will be reported within 45 days of any officer, department, agency, or instrumentality of the county taking such disciplinary action.

(c) All notification and reporting of disciplinary actions under subsections (a) and (b) of this section shall be made by utilizing the reporting method implemented by rule and regulations of the Georgia Department of Revenue.

*Reference: Ordinance #235 of 9/12/2016*

**BEER AND WINE LICENSE ADVERTISEMENT**  
(FOR RENEWALS)

Please review your copy of the Danielsville Beer and Wine Ordinance adopted by the City Council. Below you will find the wording & specification of the newspaper advertisement which **must** be published two (2) times in the legal organ of Madison County, Georgia, during the thirty (30) day period immediately prior to the December 13<sup>th</sup> Regular Business Council Meeting. Please contact The Madison County Journal for deadline date(s) for completing the printing requirements one (1) week prior to the December 13<sup>th</sup> meeting. You are responsible for expenses incurred for such advertising and you are required to show proof of two (2) newspaper advertisements by affidavit of publisher, which should be sent to the City Clerk to be included in your application package prior to the December 13<sup>th</sup> meeting. If you have any questions concerning the application process, please contact our office during regular business hours (Monday-Friday 8 a.m. to 5 p.m.)

**AD COPY**

BEER AND WINE APPLICATION

Notice is hereby given that the Owner of \_\_\_\_\_  
Name of Store

located at \_\_\_\_\_ has made application to the  
Street Address

City of Danielsville for a (Renewal) Malt Beverage and Wine License.

The hearing on such application will be held at the December 11<sup>th</sup>, 2023

Special Called Meeting beginning at 7 PM.

**BEER AND WINE LICENSE ADVERTISEMENT**  
**Premises Distilled Spirits**  
**(FOR RENEWALS)**

Please review your copy of the Danielsville Beer and Wine Ordinance adopted by the City Council. Below you will find the wording & specification of the newspaper advertisement which **must** be published two (2) times in the legal organ of Madison County, Georgia, during the thirty (30) day period immediately prior to the December 13<sup>th</sup> Regular Business Council Meeting. Please contact The Madison County Journal for deadline date(s) for completing the printing requirements one (1) week prior to the December 13<sup>th</sup> meeting. You are responsible for expenses incurred for such advertising and you are required to show proof of two (2) newspaper advertisements by affidavit of publisher, which should be sent to the City Clerk to be included in your application package prior to the December 13<sup>th</sup> meeting. If you have any questions concerning the application process, please contact our office during regular business hours (Monday-Friday 8 a.m. to 5 p.m.)

<p><b>AD COPY</b></p> <p><b>BEER AND WINE APPLICATION</b> <b>Premises Distilled Spirits</b></p> <p>Notice is hereby given that the Owner of _____ <span style="display: block; text-align: right; font-size: small;">Name of Store</span></p> <p>located at _____ has made application to the <span style="display: block; text-align: center; font-size: small;">Street Address</span></p> <p>City of Danielsville for a (Renewal) Consumption on Premises Distilled Spirits and Malt Beverage and Wine License. The hearing on such application will be held at the December 11<sup>th</sup>, 2023</p> <p>Special Called Meeting beginning at 7 PM.</p>
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