

City of Lyons

161 NE Broad St
Lyons, GA 30436
Office (912) 526-3636
Fax (912) 526-0607



ALCOHOL LICENSE APPLICATION

YEAR 20__

DATE OF APPLICATION _____

TRADE NAME/PROPOSED TRADE NAME OF PROPOSED BUSINESS:

- NEW APPLICATION RENEWAL MANAGEMENT STATUS CHANGE
- MALT/BEER BEVERAGE WINE LIQUOR
- ON PREMISES CONSUMPTION OFF PREMISES CONSUMPTION
- SUNDAY SALES

INSTRUCTIONS: EACH AND EVERY QUESTION MUST BE FULLY ANSWERED (TYPEWRITTEN OR PRINTED IN INK). IF THE QUESTION DOES NOT PERTAIN, SO INDICATE. IF THE SPACE PROVIDED IS NOT SUFFICIENT, ANSWER THE QUESTION ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT SUCH SEPARATE SHEET IS ATTACHED. WHEN COMPLETED, IT MUST BE DATED, SIGNED AND VERIFIED UNDER OATH BY THE APPLICANT, NOTARIZED AND FILED WITH THE LICENSE DEPARTMENT TOGETHER WITH ALL SUPPORTING PAPERS.

OATH

OATH: I DO SOLEMNLY SWEAR, SUBJECT TO CRIMINAL PENALTIES FOR FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE TO THE FOREGOING QUESTIONS IN THIS APPLICATION ARE TRUE AND COMPLETE, AND NO FALSE OR FRAUDULENT STATEMENT OR ANSWER IS MADE HERIN TO PROCURE GRANTING OF A LICENSE, THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION CONDITIONED UPON A FRAUDULENT STATEMENT OR ANSWER HEREIN SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. SHOULD ANY CHANGE OCCUR DURING THE YEAR FOR WHICH A LICENSE IS ISSUED PURSUANT TO THIS APPLICATION WHICH SHOULD REQUIRE A DIFFERENT ANSWER TO ANY QUESTION CONTAINED IN THIS APPLICATION, SUCH CHANGE MUST BE REPORTED AS A WRITTEN AMENDMENT TO THIS APPLICATION WITHIN FIVE (5) DAYS OF THE CHANGE. THE FAILURE TO MAKE SUCH AMENDMENT SHALL BE CAUSED FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED. I HAVE RECEIVED A COPY OF THE CITY OF LYONS MALT BEVERAGE AND WINE ORDINANCE AS AMENDED AND SWEAR AFFIRM THAT I WILL ABIDE BY AND COMPLY WITH ALL OF THE TERMS OF THE ORDINANCE.

SIGNATURE OF APPLICANT

DATE

BUSINESS AND/OR ORGANIZATION NAME

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20__

NOTARY PUBLIC, STATE OF GEORGIA

MY COMMISSION EXPIRES: _____

PLEASE PRINT OR TYPE ALL INFORMATION

APPLICANT NAME: _____ DOB: _____

PHONE NUMBER: (WORK): _____ (HOME): _____

(MOBILE): _____ SS# _____

DRIVERS LICENSE # _____

PRESENT PERSONAL ADDRESS: _____

NAME OF SPOUSE: _____

PROPOSED OUTLET MANAGER IF DIFFERENT FROM APPLICANT
NAME: _____

HOME ADDRESS: _____

PHONE: (____) _____

LIST ALL CONVICTIONS, GUILTY PLEAS AND PLEAS OF NOLO CONTENDERS FOR VIOLATION OF ALL LAWS, CITY, STATE, AND FEDERAL OF BOTH OUTLET MANGER AND SPOUSE.

LIST ALL CONVICTIONS, GUILTY PLEAS AND PLEAS OF NOLO CONTENDERS FOR VIOLATION OF ALL LAWS, CITY, STATE, AND FEDERAL OF BOTH APPLICANT AND SPOUSE.

APPLICANT'S PREVIOUS PERSONAL ADDRESSES FOR THE PAST 5 YEARS:

BUSINESS ADDRESS/ADDRESSES FOR PREVIOUS EMPLOYERS FOR THE PAST 5 YEARS

LOCATION OF PROPOSED BUSINESS: _____

ZONING DISTRICT: _____ /Map Parcel No: _____

NAME OF PROPERTY OWNER/LANDLORD: _____

PERSONAL ADDRESS OF PROPERTY OWNER/LANDLORD: _____

TRADE NAME/PROPOSED TRADE NAME OF PROPOSED BUSINESS:

NAMES AND ADDRESSES OF ALL PERSON HAVING ANY FINANCIAL INTEREST IN THE
BUSINESS BY WAY OF OWNERSHIP OF BUILDING, PROPERTY, OR STOCK, RECEIPT OF
INCOME FROM THE BUSINESS OR OTHERWISE:

OTHER REQUIRED INFORMATION TO BE INCLUDED WITH APPLICATION

- SURVEYOR'S CERTIFICATE
 - SCALE DRAWING OF APPLICANTS PREMISES OR PROPOSED PREMISES
 - PROPOSED OFF STREET PARKING FACILITIES
 - ALL OUTDOOR LIGHTING ON THE PREMISES OR PROPOSED PREMISES
 - STREET ADDRESS AND TOOMBS COUNTY TAX MAP PARCEL NUMBER
 - CURRENT ZONING CLASSIFICATION OF THE PREMISES AND PROPOSED PREMISES
 - THE DISTANCE IN YARDS AS MEASURED IN A STRAIGHT LINE FROM THE NEAREST PROPERTY LINE OF THE PREMISES OR PROPOSED PREMISES TO NEAREST PROPERTY LINE OF EACH OF THE FOLLOWING: THE NEAREST SCHOOL GROUND OR COLLEGE CAMPUS, THE NEAREST CHURCH BUILDING AND THE NEAREST ALCOHOLIC TREATMENT CENTER WHICH IS OWNED AND OPERATED BY THE STATE OR ANY COUNTY OR MUNICIPAL GOVERNMENT.
- PROOF OF CITIZENSHIP FOR APPLICANT AND MANAGER
- COPY OF DRIVER'S LICENSE FOR APPLICANT AND MANAGER

I DO HEREBY AUTHORIZE THE REVIEW OF, AND FULL DISCLOSURE OF, ALL RECORDS CONCERNING MYSELF TO THE CITY AUTHORIZED AGENT OF THE CITY OF LYONS. I UNDERSTAND THAT ANY INFORMATION OBTAINED BY PERSONAL HISTORY BACKGROUND INVESTIGATION, WHICH IS DEVELOPED DIRECTLY OF INDIRECTLY, IN WHOLE OR PART, UPON THIS RELEASE AUTHORIZATION WILL BE CONSIDERED IN COMPILING ANY REPORT FOR THE CITY OF LYONS.

I CERTIFY THAT ANY PERSON(S) WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION: AND I DO HEREBY RELEASE SAID PERSON(S) FROM ANY AND ALL LIABILITY, WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

APPLICANT'S SIGNATURE

DATE

MANAGER'S SIGNATURE

DATE

**Georgia Bureau of Investigation Georgia
Crime Information Center**

Consent Form

I hereby authorize the City of Lyons, to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name: (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

This authorization is valid for 180 days from the date of signature.

ALL INFORMATION GIVEN WILL BE SUBJECT TO VERIFICATION

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THE APPLICATION IS GROUNDS FOR FINE, REVOCATION OF LICENSE, OR BOTH. IF MANAGEMENT CHANGES I AGREE TO FURNISH CORRECTED INFORMATION TO THE CITY OF LYONS WITHIN 10 DAYS. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.

 APPLICANT'S SIGNATURE DATE NOTARY PUBLIC DATE

ALCOHOL LICENSES FEES

ADMINISTRATION FEE(NON-REFUNDABLE) \$100.00 \$ _____

FOR WHOLESALE DEALERS:

WHOLESALE: BEER OR MALT BEVERAGES \$100.00 \$ _____

WHOLESALE: WINE \$100.00 \$ _____

WHOLESALE: DISTILLED SPIRITS \$100.00 \$ _____

FOR RETAIL DEALERS:

BY THE DRINK FOR CONSUMPTION ON THE PREMISES: BEER, MALT BEVERAGES OR WINE \$600.00 \$ _____

BY THE DRINK FOR CONSUMPTION ON THE PREMISES: DISTILLED SPIRITS \$650.00 \$ _____

BY THE DRINK FOR CONSUMPTION ON THE PREMISES (SUNDAY): BEER, MALT OR WINE \$100.00 \$ _____

BY THE DRINK FOR CONSUMPTION ON THE PREMISES (SUNDAY): DISTILLED SPIRITS \$350.00 \$ _____

RETAIL PACKAGE: BEER, MALT AND WINE BEVERAGES \$300.00 \$ _____

RETAIL PACKAGE: DISTILLED SPIRITS \$3000.00 \$ _____

ALL PAPERWORK HAS BEEN TURNED IN AND A COPY OF THIS APPLICATION WILL BE SENT TO BACKGROUND CLERK AT POLICE DEPARTMENT BY EMAIL. A COPY OF THIS APPLICATION WILL BE SCANNED INTO THE ALCOHOL LICENSE FOLDER UNDER THE SERVER.

I HAVE RECEIVED ALL PAPERWORK AND WILL FOLLOW PROPER PROCESSING PROCEDURE.

____ SURVEYOR'S CERTIFICATE
(initials)

____ PROOF OF CITIZENSHIP FOR APPLICANT AND MANAGER
(initials)

____ COPY OF DRIVER'S LICENSE FOR APPLICANT AND MANAGER
(initials)

____ PROPERTY TAXES CURRENT
(initials)

____ FEES PAID
(initials)

A CRIMINAL HISTORY RECORD CHECK WAS PERFORMED ON THE SUBJECT INDICATED ON THIS FORM. PLEASE INITIAL EACH LINE WHERE APPLICABLE:

IDENTIFIABLE RECORDS WERE LOCATED IN:
____ LOCAL CRIMINAL FILES
____ STATE OF GEORGIA CRIMINAL FILES
____ FEDERAL CRIMINAL FILES

NO IDENTIFIABLE RECORDS WERE LOCATED IN:
____ LOCAL CRIMINAL FILES
____ STATE OF GEORGIA CRIMINAL FILES
____ FEDERAL CRIMINAL FILES

ADDITIONAL NOTES:

SIGNATURE OF PERSON PERFORMING THE CHECK

TITLE

DATE

CITY MANAGER REVIEW

() APPROVED FOR SUBMISSION TO CITY COUNCIL

SIGNATURE

DATE