



P.O. Box 69, Chickamauga, GA 30707

P : 706-375-3177

## City of Chickamauga Alcohol Permit Application Checklist

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | New Business (Business license, certificate of Occupancy, etc)   |
| <input type="checkbox"/> | <input type="checkbox"/> | City of Chickamauga Alcohol Permit Application fully completed, signed, dated and notarized?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of applicant(s) state driver's license and a copy of the State of Georgia Alcoholic License Application   |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of the lease agreement or deed attached. [Ord.5.50.360]   |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Occupational Tax or Occupational Tax Application attached  |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete sets of fingerprints for each owner, registered agent and/or corporate officer(s)?<br><b>Fingerprints will be forwarded to the Georgia Crime Information Center and files may be searched by the City of Chickamauga Police Department, upon their discretion, within a period of two years immediately preceding the date of such application for any instance of criminal activity. The federal records, if any, shall be obtained and returned to the agency considering such application.</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the applicant a U.S. Citizen or a permanent resident alien?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the Pourers permit been fully completed, signed and dated.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the applicant at least 21 years of age?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicant (Pourers Permit) meets the requirement of the Ordinance? [Ord. 5.50.320] <b>Every partner, corporate officer and trustee that will be pouring or serving alcohol must submit a pourer's permit along with applicable fees</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Application accompanied by a certified check, money order, or cash for all permit fees.  |
| <input type="checkbox"/> | <input type="checkbox"/> | License fee and separate check and/or cash in the amount of \$300 to defray administrative costs?<br><b>(Note: Administrative defrayment fee of \$300.00 is non-refundable [Ord.5.50.1200]. This fee includes the criminal and background history for the owner or registered agent only. All other partners, corporate officers, and trustees must fill out a separate consent form and submit with fingerprints and pay the required fees.)</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the business a Corporation?<br>If you answered yes to the above question then you need to provide the following<br>1. Names of shareholders having more than 5% interest in the business<br>2. Registered agent information   |

3. Manager, partners, officers information provided?
4. Two copies of each person's (owner, manager, partner, officer, etc.) driver's license. The copy of the driver's license must be legible.
5. A pourer's permit application and fees must be submitted for each applicant.

Are details plans of the building and outside premises attached?

**If a new building is being built, proposed plans and specification and a building permit of the proposed building must be attached to the application. [Ord.5.50.360]**

## City of Chickamauga Alcohol Permit Application Checklist

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the building(s) in compliance with applicable City, County, State of Georgia Alcoholic Beverage Codes, State Revenue Commissioner, State Minimum Standard Building and Life Safety Codes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the county plat map attached to the application? (Survey with a legal description of the site may be used in place of the plat map)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the distance from the premises to any school building, Kindergarten, Day Care Center, Church, Municipal Park or Municipal Recreation Area more than 300 feet.                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the establishment have an outdoor patio and is the establishment in compliance with Alcohol Ordinance?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Property zoned for requested permitted use?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicant(s) meets the requirement of the City Alcohol Ordinance?   |

**The City Manager will not approve any applications unless the premise is in compliance with all City of Chickamauga ordinances, including, without limitation, any ordinances dealing with building safety or zoning.**

**No license defined in the City of Chickamauga Liquor Ordinance shall be issued to a person who is not a legal resident of the United States and at least 21 years of age. In the interest of Public Employees, the City Manager will not grant to any City of Chickamauga employee whose duties include the regulation or policing of alcoholic beverages or licenses, or any tax-collecting activity.**

**The premises of the holder a retail consumption dealer license for the sale of alcoholic beverages shall be open to inspection at any and all times by officers or officials authorized to conduct such inspections by the City, State or Federal authorities. Licenses under this Ordinance shall be displayed prominently at all times on the premises for which same was issued. Please note that if business should have a new manager, the name, address and telephone numbers shall be filed with the Planning Department within (3) days of the date of such employment.**

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**DEPARTMENT USE ONLY:**

- |               |                                 |                                   |             |
|---------------|---------------------------------|-----------------------------------|-------------|
| City Clerk:   | <input type="checkbox"/> Denied | <input type="checkbox"/> Approved | Date: _____ |
| City Planner: | <input type="checkbox"/> Denied | <input type="checkbox"/> Approved | Date: _____ |
| City Council: | <input type="checkbox"/> Denied | <input type="checkbox"/> Approved | Date: _____ |
- Check this box if written notice has been sent to the applicant giving reasons for denial and advising of rights to appeal. Attach the notice of denial to the application paperwork.

**City of  
Chickamauga  
Alcohol Permit Application**

**INSTRUCTIONS AND CONDITIONS FOR APPLYING FOR  
LICENSE TO SELL ALCOHOLIC BEVERAGES  
CITY OF CHICKAMAUGA,  
GEORGIA**

- Every question must be fully and correctly answered, type written or legibly hand printed. Do not use initials. Spell out all names. Failure to do so may result in the denial or, if granted, the later revocation of a license. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached.
- The completed application form and the required investigation fee of \$300.00 must be submitted at the time application is made to the planning department. Upon approval of the application, all additional fees must be tendered prior to issuance of license. Fees must be submitted in the form of certified cash, check or money order. All checks will be deposited daily as received by the City of Chickamauga Planning Department.
- Any change in the ownership, or any other status of the licensed operation which would change any answers on the original application must be reported in writing to the City of Chickamauga Planning Department within thirty (30) calendar days from the time of such change. Failure to do so may result in the revocation of the license.
- Background screening is required on all agents and officers. Planning Department will determine specific screening requirements upon review of application.
- The applicant shall be responsible for determining the distance of the proposed licensed location for each of the following: school building, kindergarten, day care center, church building, municipal park, municipal recreation area, and private residence (street address and name required) as required by the ordinance. A current certified plat from a registered surveyor is required to confirm the distance requirements and must accompany the application. The plat must show straight line measurements from point to point that certify the distance required.
- No license shall be issued if property is not zoned properly as defined by the applicable local zoning ordinances. Contact the City of Chickamauga Planning Department for zoning questions.
- The applicant shall be responsible for filing plans to review with Planning Department for occupancy requirements.
- All corporate applicants, without regard to the number of stockholders, shall list the names and addresses of the officers of the corporation. In addition they shall name an agent whose name shall appear on the license issued to the corporation. The corporation shall provide the name and address of the agent, who shall be the individual who does in fact have regular, managerial, and supervisory authority over the business conducted on the licensed premises. In addition, the manager shall be an agent for service for the corporation in addition to all other methods allowed for serving a corporation by the laws of Georgia.
- Information requested concerning race and sex identification of applicants, corporations and stockholders are for investigative purposes only.
- Georgia Crime Information Center Council (GCIC) rules require that the consent form on the last page of the application form be completed, signed and notarized prior to any information being accessed for release of criminal history investigations by the Police Department in reference to your application for license to sell alcoholic beverages.
- A review of the regulations of the Georgia Department of Revenue is recommended. Local Alcohol Agents may be reached at Georgia Department of Revenue, P.O. Box 1843, Athens, GA. 30603

- A State of Georgia Alcohol License is required before you can purchase and sell alcoholic beverages. Please contact the Georgia Department of Revenue, Registration, P.O. Box 740001, Atlanta, GA. 30374-001. Phone 404-651-8651 for their requirements, fees, and application.
- Contact the Federal Alcohol, Tobacco, and Firearms Licensing Department for their requirements. Federal ATF, Licensing Department, 2600 Century Center Parkway, Atlanta, Georgia, 30345. Phone Number 404-679-5040.
- A copy of the City of Chickamauga Alcohol Ordinance is a part of this application package. Please read it carefully and retain it for your information.
- No person shall be employed to dispense, sell, serve, take orders, mix alcoholic beverages, or serve in any managerial position, until such person has been fingerprinted or cleared by the chief of police or his designee, indicating that the person is eligible for such employment. All bartenders and any person who pours alcohol shall be at least 21 years of age.
- A personal financial statement must be submitted with each application. The application must include:
  - Balance Sheet (Assets, Liabilities, and Net Worth); Estimate of Annual Income; Estimate of Annual Expenses; Contingent Liabilities.
  - Life Insurance (List those policies you own.); Securities; Notes and Accounts Receivable; Real Estate Owned; Mortgages and Contracts Owned; Personal Property; Notes Payable.
- When completed, the application must be dated, signed, and verified under oath to assure that your license is processed timely. Allow approximately a thirty (30) day period for application processing.
- Legal Notices: When obtaining an Alcohol License from the City of Chickamauga, it is necessary to post a legal notice in the City's Public Organ. The City of Chickamauga will post the Legal Notice. This notice shall be advertised once a week for two weeks prior to consideration of the application by City Council.
- City Council Consideration: When obtaining a Distilled Spirits (Liquor) License (By the Drink), it is necessary for the applicant and all concerned to be present at the City Council Meeting. As long as all prerequisites and requirements have been met, Council will take action on the applications.

**Application for Alcohol Beverages License should be returned to:**

Location Address: City of Chickamauga  
City Clerk  
P.O. Box 69  
Chickamauga, Georgia  
30707

Mailing Address: City of Chickamauga  
City Clerk  
P.O. Box 69  
Chickamauga, Georgia  
30707

Phone: 706-375-3177

**Note: Faxed applications or photocopied applications will not be accepted, or the application will be denied. Only an original application filled out in black ink and notarized in the appropriate areas will be accepted. PLEASE CONTACT THE PLANNING DIRECTOR IF FURTHER ASSISTANCE IS NEEDED**

## City of Chickamauga Alcohol Permit Application

BUSINESS INFORMATION SECTION			
LEGAL BUSINESS NAME			
BUSINESS ADDRESS (PHYSICAL ADDRESS)			
CITY		STATE	ZIPCODE
PRIMARY PHONE NUMBER	SECONDARY NUMBER OR MOBILE	FAX NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM THE BUSINESS ADDRESS)			
CITY		STATE	ZIPCODE
FEDERAL EMPLOYMENT ID NUMBER (FEI)		GEORGIA SALES TAX ID NUMBER (STI)	
GEORGIA DEPARTMENT OF REVENUE ALCOHOL LICENSE NUMBER (IF YOU APPLICATION HAS NOT BEEN APPROVED YET THEN PLEASE SUBMIT A COPY OF THE STATE APPLICATION)			

BUSINESS STATUS SECTION
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP    DATE THAT PARTNERSHIP WAS FORMED: _____ (PROVIDE LEGAL PROOF OF PARTNERSHIP) <input type="checkbox"/> CORPORATION (THIS INCLUDES S CHAPTER AND LIMITED LIABILITY) (PROVIDE IRS LETTER OF CORPORATE STATUS)
<b>ALL PARTNER'S AND CORPORATE OFFICER'S MUST PAY THE BACKGROUND CHECK FEE OF \$15.00. EACH PARTNER OR CORPORATE OFFICER WHO WILL SERVE OR POUR DRINKS MUST COMPLETE A POURER'S PERMIT FORM AND PAY AN ADDITIONAL \$10.00 FEE FOR THE POURER'S PERMIT CARD</b>

PERSONAL INFORMATION OF PRIMARY OWNER OR REGISTERED AGENT SECTION			
NAME OF OWNER OR REGISTERED AGENT		<input type="checkbox"/> OWNER <input type="checkbox"/> REGISTERED AGENT	
DRIVER'S LICENSE NUMBER (APPLICANT MUST POSSESS A VALID GEORGIA DRIVER LICENSE)			
DATE OF BIRTH (MM/DD/YYYY FORMAT)		SOCIAL SECURITY NUMBER	
PRIMARY PHONE NUMBER		SECONDARY NUMBER OR MOBILE	
PHYSICAL HOME ADDRESS			
CITY		STATE	ZIPCODE

## Alcohol Permit Application

\*ALL INDIVIDUALS IN THIS SECTION MUST SUBMIT A SEPARATE FORM FOR CRIMINAL HISTORY AND BACKGROUND CHECK AND PAY EXTRA FEES

<b>PERSONAL INFORMATION OF BUSINESS PARTNER'S SECTION</b>			
<small>ONLY COMPLETE THIS SECTION IF "PARTNERSHIP" WAS CHECKED IN QUESTION 9. IF "CORPORATION" WAS CHECKED THEN MOVE ON TO THE CORPORATE OFFICER'S SECTION IN THE NEXT PAGE. Where the applicant is a partnership or corporation, the provisions of this section shall apply to all its partners, officers and majority stockholders. In the case of a partnership, the license will be issued to all the partners owning at least five percent of the partnership; or if no partner owns five percent of the partnership, then the general partner, managing partner or the partner with the greatest ownership will be licensed.</small>			
	NAME OF BUSINESS PARTNER	PERCENTAGE OF OWNERSHIP	
	DRIVER'S LICENSE NUMBER (MUST POSSESS A VALID STATE DRIVER LICENSE)		
	DATE OF BIRTH (MM/DD/YYYY FORMAT)	SOCIAL SECURITY NUMBER	
	PRIMARY PHONE NUMBER	SECONDARY NUMBER OR MOBILE	
	PHYSICAL HOME ADDRESS		
	CITY	STATE	ZIPCODE

	NAME OF BUSINESS PARTNER	PERCENTAGE OF OWNERSHIP	
	DRIVER'S LICENSE NUMBER (MUST POSSESS A VALID STATE DRIVER LICENSE)		
	DATE OF BIRTH (MM/DD/YYYY FORMAT)	SOCIAL SECURITY NUMBER	
	PRIMARY PHONE NUMBER	SECONDARY NUMBER OR MOBILE	
	PHYSICAL HOME ADDRESS		
	CITY	STATE	ZIPCODE

	NAME OF BUSINESS PARTNER	PERCENTAGE OF OWNERSHIP	
	DRIVER'S LICENSE NUMBER (MUST POSSESS A VALID STATE DRIVER LICENSE)		
	DATE OF BIRTH (MM/DD/YYYY FORMAT)	SOCIAL SECURITY NUMBER	
	PRIMARY PHONE NUMBER	SECONDARY NUMBER OR MOBILE	
	PHYSICAL HOME ADDRESS		
	CITY	STATE	ZIPCODE

**YOU MAY DUPLICATE THIS PAGE TO INCLUDE ALL BUSINESS PARTNERS ASSOCIATED WITH YOUR COMPANY**

## Alcohol Permit Application

\*ALL INDIVIDUALS IN THIS SECTION MUST SUBMIT A SEPARATE FORM FOR CRIMINAL HISTORY AND BACKGROUND CHECK AND PAY EXTRA FEES

### CORPORATE OFFICERS, STOCKHOLDERS, AND TRUSTEES INFORMATION SECTION

Where the applicant is a partnership or corporation, the provisions of this section shall apply to all its partners, officers and majority stockholders. In the case of a corporation, the license shall be issued jointly to the corporation and the majority stockholder, if an individual. Where the majority stockholder is not an individual, the license shall be issued jointly to the corporation and its agent registered under the provisions of this chapter.

	NAME OF OFFICER, STOCK HOLDER, OR TRUSTEE	OFFICE HELD AND/OR PERCENTAGE OF STOCK	
DRIVER'S LICENSE NUMBER (MUST POSSESS A VALID STATE DRIVER LICENSE)			
DATE OF BIRTH (MM/DD/YYYY FORMAT)		SOCIAL SECURITY NUMBER	
PRIMARY PHONE NUMBER		SECONDARY NUMBER OR MOBILE	
PHYSICAL HOME ADDRESS			
CITY		STATE	ZIPCODE

	NAME OF OFFICER, STOCK HOLDER, OR TRUSTEE	OFFICE HELD AND/OR PERCENTAGE OF STOCK	
DRIVER'S LICENSE NUMBER (MUST POSSESS A VALID STATE DRIVER LICENSE)			
DATE OF BIRTH (MM/DD/YYYY FORMAT)		SOCIAL SECURITY NUMBER	
PRIMARY PHONE NUMBER		SECONDARY NUMBER OR MOBILE	
PHYSICAL HOME ADDRESS			
CITY		STATE	ZIPCODE

	NAME OF OFFICER, STOCK HOLDER, OR TRUSTEE	OFFICE HELD AND/OR PERCENTAGE OF STOCK	
DRIVER'S LICENSE NUMBER (MUST POSSESS A VALID STATE DRIVER LICENSE)			
DATE OF BIRTH (MM/DD/YYYY FORMAT)		SOCIAL SECURITY NUMBER	
PRIMARY PHONE NUMBER		SECONDARY NUMBER OR MOBILE	
PHYSICAL HOME ADDRESS			
CITY		STATE	ZIPCODE

**YOU MAY DUPLICATE THIS PAGE TO INCLUDE ALL CORPORATE OFFICERS ASSOCIATED WITH YOUR COMPANY**



## City of Chickamauga Alcohol Permit Application

<b>PREVIOUS ADDRESS SECTION</b>
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IF THERE IS ANY INDIVIDUAL LISTED IN THIS APPLICATION WHO HAS RESIDED AT THEIR CURRENT ADDRESS FOR LESS THAN FIVE (5) YEARS THEN COMPLETE THE INFORMATION BELOW.

	NAME OF PERSON		
	DATE OF BIRTH ( <b>MM/DD/YYYY FORMAT</b> )	SOCIAL SECURITY NUMBER	
	PREVIOUS ADDRESS	PERIOD OF TIME AT RESIDENCE FROM: _____ TO: _____	
	CITY	STATE	ZIPCODE
	PREVIOUS ADDRESS	PERIOD OF TIME AT RESIDENCE FROM: _____ TO: _____	
	CITY	STATE	ZIPCODE

	NAME OF PERSON		
	DATE OF BIRTH ( <b>MM/DD/YYYY FORMAT</b> )	SOCIAL SECURITY NUMBER	
	PREVIOUS ADDRESS	PERIOD OF TIME AT RESIDENCE FROM: _____ TO: _____	
	CITY	STATE	ZIPCODE
	PREVIOUS ADDRESS	PERIOD OF TIME AT RESIDENCE FROM: _____ TO: _____	
	CITY	STATE	ZIPCODE

	NAME OF PERSON		
	DATE OF BIRTH ( <b>MM/DD/YYYY FORMAT</b> )	SOCIAL SECURITY NUMBER	
	PREVIOUS ADDRESS	PERIOD OF TIME AT RESIDENCE FROM: _____ TO: _____	
	CITY	STATE	ZIPCODE
	PREVIOUS ADDRESS	PERIOD OF TIME AT RESIDENCE FROM: _____ TO: _____	
	CITY	STATE	ZIPCODE

**YOU MAY DUPLICATE THIS PAGE TO INCLUDE ALL INDIVIDUALS ASSOCIATED WITH YOUR COMPANY**

## City of Chickamauga Alcohol Permit Application

TYPE OF BUSINESS SECTION										
<b>15</b>	<p>CHECK ONLY ONE BOX</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> RESTAURANT</td> <td style="width: 33%;"><input type="checkbox"/> GROCERY STORE</td> <td style="width: 33%;"><input type="checkbox"/> CONVENIENCE STORE</td> </tr> <tr> <td><input type="checkbox"/> HOTEL IN-ROOM SERVICE</td> <td><input type="checkbox"/> SERVICE STATION</td> <td><input type="checkbox"/> GROWLER SHOP</td> </tr> <tr> <td><input type="checkbox"/> OTHER _____</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> CONVENIENCE STORE	<input type="checkbox"/> HOTEL IN-ROOM SERVICE	<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> GROWLER SHOP	<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> CONVENIENCE STORE								
<input type="checkbox"/> HOTEL IN-ROOM SERVICE	<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> GROWLER SHOP								
<input type="checkbox"/> OTHER _____										

ALCOHOL LICENSE SECTION	
BOXES 15-19 ALL THE ALCOHOL LICENSES THAT MAY BE CHOSEN. (YOU MAY ONLY CHOOSE ONE MAJOR CATEGORY PER APPLICATION)	

<b>16</b>	<input type="checkbox"/> RETAIL SALES TO BE CONSUMED ON THE PREMISES (CHECK ALL THAT APPLY) <ul style="list-style-type: none"> <li><input type="checkbox"/> DISTILLED SPIRIT SALES (FOR THE FIRST FIXED BAR) - \$2500</li> <li><input type="checkbox"/> BEER SALES - \$500.00</li> <li><input type="checkbox"/> WINE SALES - \$500.00</li> <li><input type="checkbox"/> BEER &amp; WINE SALES – \$1,000.00</li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> </ul> <p style="font-size: x-small; margin-top: 10px;">By submitting this application for a Sunday Sales Permit, the applicant certifies that their business establishment will operate in compliance with “The Gross Sales” provisions of Georgia Law. Sunday sales permit holders are subject to audit for compliance with State Law. Each Establishment is encouraged to maintain Financial Records on food sales and alcohol sales by separate business locations to demonstrate compliance with State Law.</p>								
<b>17</b>	<input type="checkbox"/> RETAIL PACKAGE SALES (CHECK ALL THAT APPLY) <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> BEER SALES - \$500.00</td> <td style="width: 50%;"><input type="checkbox"/> WINE SALES - \$500.00</td> </tr> <tr> <td><input type="checkbox"/> BEER &amp; WINE SALES - \$1,000.00</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> GROWLER SHOP \$500.00</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> BEER SALES - \$500.00	<input type="checkbox"/> WINE SALES - \$500.00	<input type="checkbox"/> BEER & WINE SALES - \$1,000.00	<input type="checkbox"/>	<input type="checkbox"/> GROWLER SHOP \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BEER SALES - \$500.00	<input type="checkbox"/> WINE SALES - \$500.00								
<input type="checkbox"/> BEER & WINE SALES - \$1,000.00	<input type="checkbox"/>								
<input type="checkbox"/> GROWLER SHOP \$500.00	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<b>18</b>	<input type="checkbox"/> WHOLESALE ALCOHOL SALES WITH DEALER LOCATED IN CITY LIMITS (CHECK ALL THAT APPLY) <ul style="list-style-type: none"> <li><input type="checkbox"/> BEER SALES - \$250.00</li> <li><input type="checkbox"/> WINE SALES - \$250.00</li> <li><input type="checkbox"/> BEER &amp; WINE SALES - \$500.00</li> <li><input type="checkbox"/> DISTILLED SPIRIT SALES - \$1,000.00</li> </ul>								
<b>19</b>	<input type="checkbox"/> WHOLESALE ALCOHOL SALES WITH DEALER LOCATED OUTSIDE CITY LIMITS <ul style="list-style-type: none"> <li><input type="checkbox"/> ALCOHOLIC BEVERAGE SALES - \$1,000.00</li> </ul>								
<b>20</b>	<input type="checkbox"/> HOTEL/MOTEL ALCOHOL SALES <ul style="list-style-type: none"> <li><input type="checkbox"/> IN ROOM SERVICE - \$100.00</li> </ul>								

Add Total Amount of license types selected : \_\_\_\_\_ (Line 1)

Criminal History & Background Check: TOTAL **\$150.00** (Line 2) \*Cost is only for owner or registered agent\*

All other background checks: \_\_\_\_\_ **\$150.00** (Line 3) \*Add all partners, officers, and managers\*

**TOTAL**

**Total Renewal Cost:** \_\_\_\_\_ (Add Line 1, 2, and 3)

**City of  
Chickamauga  
Alcohol Permit Application**

<b>PROPERTY INFORMATION SECTION</b>			
<b>PROPERTY STATUS</b>			
<input type="checkbox"/> OWNED (PLEASE PROVIDE PROOF OF OWNERSHIP) <input type="checkbox"/> LEASED (PLEASE PROVIDE A LEASE AGREEMENT)			
<b>PARCEL INFORMATION ( THIS SECTION MUST BE FILLED OUT)</b>			
NAME OF PROPERTY OWNER			
PROPERTY OWNER'S PHYSICAL ADDRESS			
CITY		STATE	ZIPCODE
MAP & PARCEL NUMBER		ACREAGE OF THIS PARCEL	

## City of Chickamauga Alcohol Permit Application

**\*ALL INDIVIDUALS IN THIS SECTION MUST SUBMIT A SEPARATE FORM FOR CRIMINAL HISTORY AND BACKGROUND CHECK AND PAY EXTRA FEES**

<b>PERSONAL INFORMATION OF MANAGERS SECTION</b>			
PROVIDE THE NAMES OF ALL THE MANAGERS OF THE BUSINESS AND HOW THEY ARE COMPENSATED. NEW MANAGERS MUST FILE WITH THE CITY OF CHICKAMAUGA PLANNING DEPARTMENT WITHIN THREE (3) BUSINESS DAYS OF HIRE.			
	NAME OF PERSON	METHOD OF COMPENSATION	
	DATE OF BIRTH ( <b>MM/DD/YYYY FORMAT</b> )	SOCIAL SECURITY NUMBER	
	PREVIOUS PLACE OF EMPLOYMENT	PERIOD OF EMPLOYMENT FROM: _____ TO: _____	
	PHYSICAL ADDRESS		
	CITY	STATE	ZIPCODE

	NAME OF PERSON	METHOD OF COMPENSATION	
	DATE OF BIRTH ( <b>MM/DD/YYYY FORMAT</b> )	SOCIAL SECURITY NUMBER	
	PREVIOUS PLACE OF EMPLOYMENT	PERIOD OF EMPLOYMENT FROM: _____ TO: _____	
	PHYSICAL ADDRESS		
	CITY	STATE	ZIPCODE

	NAME OF PERSON	METHOD OF COMPENSATION	
	DATE OF BIRTH ( <b>MM/DD/YYYY FORMAT</b> )	SOCIAL SECURITY NUMBER	
	PREVIOUS PLACE OF EMPLOYMENT	PERIOD OF EMPLOYMENT FROM: _____ TO: _____	
	PHYSICAL ADDRESS		
	CITY	STATE	ZIPCODE

**YOU MAY DUPLICATE THIS PAGE TO INCLUDE ALL INDIVIDUALS ASSOCIATED WITH YOUR COMPANY**

**This Manager's Section shall only apply to establishments holding a license for consumption of alcoholic beverages on the premises.**

No person shall be employed to dispense, sell, serve, take orders, mix alcoholic beverages, or serve in any managerial position, by an establishment holding a license under this chapter until the person has been fingerprinted or cleared by the chief of police or his/her designee, indicating that the person is eligible for such employment. (5.50.320 (A))

## City of Chickamauga Alcohol Permit Application

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there anyone connected with this business that is not a legal resident of the United States and at least twenty one (21) years of Age? <b>If yes, give full details on separate sheet.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | If not an U.S. Citizen, can they legally be employed in the United States? <b>If yes, give full details on separate sheet and submit copies of eligibility.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there anyone connected with this business that has applied for a beer, wine, and or liquor license from any City or County in the State of Georgia and been denied? <b>If yes, give full details on separate sheet.</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had revoked, for cause, within two (2) years preceding this application, any permit issued by the City of Chickamauga, the State of Georgia, or any other state, to sell alcoholic beverages of any kind. <b>If yes, give full details on separate sheet.</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there anyone, connected with this business, who holds another alcohol license? <b>If yes, give full details on separate sheet.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there anyone connected with this business that has been convicted of a felony or a crime involving moral turpitude, or convicted of violations(s) of the ordinances of the city or county governing alcoholic beverages licensed within a ten (10) year period, or the violation of any state or federal laws pertaining to the manufacture, possession, transportation or sale of malt beverages, wine or intoxicating liquors, or the taxability within the last five (5) years immediately prior to the filing of said application? <b>If yes, give full details on separate sheet.</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there anyone connected with this business that has been convicted for selling alcohol to an under-age person within the last three (3) years? <b>If yes, give full details on separate sheet.</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there anyone connected with this business that is an official or public employee whose duties include the regulation or policing of alcoholic beverages or licenses, or any tax collecting activity. <b>If yes, give full details on separate sheet.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will adult entertainment be a part of the business operations? <b>If yes, give full details on separate sheet.</b>  |

**City of  
Chickamauga  
Alcohol Permit Application**

**I understand that a violation of any of the regulations of the City of Chickamauga, or a violation of any law or regulations of the state of Georgia, pertaining to the sale of malt beverages or wine, shall subject my permit to immediate revocation, and that permit may be revoked at the discretion of the City Manager, or the City of Chickamauga Police Department.**

**I, \_\_\_\_\_, solemnly swear, subject to the criminal penalties for false swearing, as provided under Georgia, that all information in this application and supporting documents for a license to sell alcoholic beverages in City of Chickamauga, Georgia are true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said license. Should any changes occur during the year for which the license is issued pursuant to this application, which would require a different answer to any questions contained in this application, such change will be reported as an amendment to this application within two business days. The failure to make such amendment shall be cause for the revocation of any license.**

**I have received and have read a copy of the City of Chickamauga, Georgia Alcohol Ordinance.**

**Signature of applicant:** \_\_\_\_\_

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

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

\_\_\_\_\_  
**NOTARY PUBLIC**  
\*THIS APPLICATION MUST BE NOTARIZED

Applicants who are denied may not reapply for a license for at least one year from the final date of such denial [Ord.5.50.070 (e)].

City Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LICENSE FOR THE SALE OF ALCOHOLIC BEVERAGES  
CITY OF CHICKAMAUGA  
GEORGIA**

**Do not write in this section. This section is for department use only.**

**“This license is a mere privilege subject to be revoked and annulled, and is subject to any further ordinances which may be enacted.”**

## City of Chickamauga Pourers Permit Application

PERMIT STATUS SECTION	
<b>PLEASE CHECK ONE OF THE FOLLOWING REASONS FOR APPLYING FOR THIS PERMIT</b>	
	<input type="checkbox"/> MANAGER <input type="checkbox"/> ASSISTANT MANAGER <input type="checkbox"/> BARTENDER <input type="checkbox"/> SERVER <input type="checkbox"/> HOST/HOSTESS <input type="checkbox"/> OTHER _____
	NAME OF COMPANY

APPLICANT INFORMATION SECTION			
	NAME OF APPLICANT		
	LIST ALL PREVIOUS LAST NAMES AND ALIASES		
	DRIVER'S LICENSE NUMBER ( <b>APPLICANT MUST POSSESS A VALID GEORGIA DRIVER LICENSE</b> )		
	DATE OF BIRTH ( <b>MM/DD/YYYY FORMAT</b> )	SOCIAL SECURITY NUMBER	
	PRIMARY PHONE NUMBER	SECONDARY NUMBER OR MOBILE	
	PHYSICAL HOME ADDRESS		
	CITY	STATE	ZIPCODE
<b>LIST TWO PREVIOUS EMPLOYER'S INFORMATION BELOW</b>			
	COMPANY NAME	PERIOD OF TIME EMPLOYED FROM: _____ TO: _____	
	PHYSICAL ADDRESS		
	CITY	STATE	ZIPCODE
	COMPANY NAME	PERIOD OF TIME EMPLOYED FROM: _____ TO: _____	
	PHYSICAL ADDRESS		
	CITY	STATE	ZIPCODE



## City of Chickamauga Pourers Permit Application

### **Regulations as to employees and manager.**

The following regulations shall apply to all establishments holding a license for consumption of alcoholic beverages on the premises:

- A. No person shall be employed to dispense, sell, serve, take orders, mix alcoholic beverages, or serve in any managerial position, by an establishment holding a license under this chapter until the person has been fingerprinted or cleared by the chief of police or his/her designee, indicating that the person is eligible for such employment. All bartenders and any person who pours alcohol shall be at least twenty-one years of age.
- B. This section shall not be construed to include employees whose duties are limited solely to those of busboy(s), cook(s), or dishwasher(s).
- C. No permit shall be issued until such time as a signed application has been filed with the police department, chief of police or designee, and upon paying a fee which shall be established by the city council, and a search of the criminal record of the applicant completed. The application shall include, but shall not be limited to, the name, date of birth, and prior arrest record of the person, though the fact of an arrest record shall be used for investigative purposes only, and shall give rise to no presumption or inference of guilt. Due to the inclusion of arrest information, these applications shall be regarded as confidential and shall not be produced for public inspection without a court order.
- D. The chief of police or his/her designee shall have a complete and exhaustive search made relative to any police record of the person fingerprinted or cleared. If there is no record of a violation of this chapter, the chief of police or his/her designee shall issue a permit to the person, by mail, stating that the person is eligible for employment. If it is found that the person is not eligible for employment, the chief of police or his/her designee shall notify the person, in writing, that they are not eligible for employment, the cause of such denial and their right to appeal.
- E. No person shall be granted a pouring permit unless it appears to the satisfaction of the chief of police or his/her designee, that the person has not been convicted or pleaded guilty or entered a plea of nolo contendere to any crime involving moral turpitude, illegal gambling, or illegal possession or sale of controlled substances or the illegal sale or possession of alcoholic beverages, including the sale or transfer of alcoholic beverages to minors in a manner contrary to law, keeping a place of prostitution, solicitation of sodomy, or any sexual-related crime within a period of five years of the date of conviction and has been released from parole or probation. A person's first time conviction for illegal possession of alcohol as a misdemeanor or violation of a city or county ordinance shall not, by itself, make a person ineligible for an alcohol pouring permit. No person shall be granted a pouring permit who has been convicted, pleaded guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within five years of the date of conviction and has not been released from parole or probation prior to the filing for application for the permit. For purposes of this chapter, a conviction or plea of guilt or nolo contendere shall be ignored as to any offense for which the defendant who was allowed to avail himself/herself of the Georgia First Offender Act (1968 Ga. Laws, p. 324) as amended. Except, however, that any such offense shall not be ignored where the defendant violated any term of probation imposed by the court granting first offender treatment or committed another crime and the sentence in court entered an adjudication of guilt as to the crime for which the defendant had previously been sentenced as a first offender.
- F. An alcohol pouring permit shall be issued for a period of one calendar year from the date of the original application. As noted in subsection K of this section, the alcohol pouring permit must be in the possession of the employee while the employee is working at the licensed establishment. This permit must be in the possession of the employee while the pouring permit holder is working and available for inspection by members of the police department or the city's staff.
- G. No person shall be issued a permit if it is determined that the person falsified, concealed or covered up any material fact by any device, trick or scheme while making application to the police department for an alcoholic beverage pouring permit under this section. If it is determined that a person is in violation of this subsection and a permit is denied for this reason, then thirty calendar days must elapse from the date of notification per certified mailing before a new application and fee may be resubmitted.
- H. All permits issued through administrative error shall be terminated and seized by the chief of police or his/her designee, or the city clerk or his/her designee.
- I. Replacement permits will be issued within thirty days of original date upon paying one-half of the fee charged for alcohol pouring permits. After thirty days of the original application date, a new application and fee must be submitted.
- J. All permits issued under this chapter shall remain the property of the police department and shall be produced for inspection upon the demand of any officer or designee of the police department or employee of the business license department.
- K. No licensee shall allow any employee or manager required to hold a permit to work on the premises unless the employee or manager has in their possession a current valid city pouring permit. For new employees, a receipt issued by the city police permit unit may be used for a maximum of thirty days from the date of issuance. Licensees are required by this chapter to inspect and verify that each employee required to do so has in their possession a valid current alcohol pouring permit.
- L. It is the duty of all persons holding any license to sell alcoholic beverages to file with the chief of police, or his/her designee, the name of the establishment, the license number and a list of all employees, with their home addresses and home telephone numbers, twice annually during the month of June and again during the month of December.
- M. Any person(s) convicted of any violation(s) of this section shall receive a minimum fine of two hundred dollars.  
(Ord. 03-004 (part), 2003)

P.O. Box 69, Chickamauga, GA 30707

P : 706-375-3177

## City of Chickamauga Pourers Permit Application

Answer the following questions. If you cannot answer “Yes” to any of the questions below then your application will be denied

Yes      No

- Is the applicant at least 18 years of age?  
**Note: Permit shall be issued for a period of one calendar year. Permitted pourers must posses such permit at all times while employed at the licensed establishment. This is to include owners and managers**
- Is the applicant a U.S. Citizen or a permanent resident alien?
- Has the Pourers permit application been fully completed, signed and dated.
- Has the Criminal History and Background Check Consent Form been fully completed, signed, dated and notarized.
- Have you included a certified check, money order, or cash for the permit fee of \$25.00

I, \_\_\_\_\_, understand that I will receive a pourer’s permit upon completion of this form and the criminal history and background check consent form. I further understand that if there is any negative information returned from GCIC or the Chickamauga Police Department then my permit will be revoked.

Signature	Print Name	Date
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**DEPARTMENT USE ONLY:**

Yes      No

- Does the applicant (Pourers Permit) meet the requirement of the Ordinance?

City Clerk:               Denied               Approved              Date: \_\_\_\_\_

Police Chief:               Denied               Approved              Date: \_\_\_\_\_

- Check this box if written notice has been sent to the applicant giving reasons for denial and advising of rights to appeal. Attach the notice of denial to the application paperwork.

P.O. Box 69, Chickamauga, GA 30707

P : 706-375-3177

## City of Chickamauga Criminal History and Background Check Consent Form

APPLICANT INFORMATION SECTION							
NAME OF APPLICANT							
LIST ALL PREVIOUS LAST NAMES AND ALIASES							
DRIVER'S LICENSE NUMBER ( <b>APPLICANT MUST POSSESS A VALID GEORGIA DRIVER LICENSE</b> )							
DATE OF BIRTH ( <b>MM/DD/YYYY FORMAT</b> )				SOCIAL SECURITY NUMBER			
RACE <input type="checkbox"/>	ETHNICITY <input type="checkbox"/>	SEX <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	HEIGHT	EYE COLOR	HAIR COLOR	
MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>				SPOUSES NAME			
LEGAL STATUS U.S. CITIZEN      RESIDENT ALIEN – LIST YOUR INS NUMBER: _____							
CITY					STATE	ZIPCODE	

BUSINESS INFORMATION SECTION		
NAME OF PLACE OF EMPLOYMENT		
PHYSICAL ADDRESS		
CITY		STATE      ZIPCODE

ARREST INFORMATION SECTION			
IF YOU HAVE EVER BEEN ARRESTED THEN PLEASE LIST ALL ARRESTS BELOW (MUST INCLUDE ALL CHARGES EVEN IF THEY WERE DISMISSED OR EXPUNGED) LIST ANY ADDITIONAL ARRESTS ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS APPLICATION			
DATE ARRESTED	CHARGE	ARRESTING AGENCY	COURT DISPOSITIONS
DATE ARRESTED	CHARGE	ARRESTING AGENCY	COURT DISPOSITIONS
DATE ARRESTED	CHARGE	ARRESTING AGENCY	COURT DISPOSITIONS

**BUSINESS PARTNERS AND CORPORATE OFFICERS MUST SUBMIT A SEPARATE CHECK FOR \$41.00 TO DEFRAY INVESTIGATIVE COSTS**

P.O. Box 69, Chickamauga, GA 30707

P : 706-375-3177

## City of Chickamauga Criminal History and Background Check Consent Form

NOTE: THE COPY OF THE REQUEST FOR THE CRIMIAL HISTORY MUST BE MAINTAINED FOR FOUR (4)  
YEARS FOR THE PURPOSE OF GCIC/NCIC AUDITS.

ILLEGAL USE OF THE INQUIRY FOR ANY REASON OTHER THAT STATED ABOVE IS A VIOLATION OF STATE LAW AND  
GCIC/NCIC POLICY AND PROCEDURES AND COULD RESULT IN THE  
PROSECUTION AND/OR SANCTIONS AGAINST YOU.

(Note: Unless all blanks are completed on this form and the form is notarized, no information will be released.)

\*\*\*\*\* Rules of Georgia Crime Information Center Council Chapter (GCIC) 140-02 Section 140-02 04 Criminal Justice Information Exchange and  
Discrimination. Amended \*\*\*\*\*

Criminal justice agencies may disseminate criminal history records to private persons, businesses, public agencies, political subdivisions, authorities and instrumentalities, including state or federal licensing and regulatory agencies, or to their designated representatives. For dissemination purposes, criminal history records include all available criminal history information; except information relating to any arrest or charges disposed of under the provisions of the Georgia First Offender Act shall not be provided after the person has been discharged from First Offender s tatus and exonerated of the charges. At the time of each request requestors shall provide the fingerprints or the signed and notarized consent of the person whose record is requested. The signed and notarized consent must be in a formal approved by GCIC and must include the person's full name, address, social security number, race, sex and date of birth. Criminal justice agencies which disseminate criminal history records to private individu als and to public and private agencies shall advise all requestors that if an employment or licensing decision adverse to the record subject is made, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. This disclosure must include information that a criminal history check was made, the specific contents of the record, and the effect the record had upon the decision.

The City of Chickamauga requires an **annual** investigation of all licensees. A new Consent will be required with each renewal. The criminal investigation is done by the City of Chickamauga Police Department through the State of Georgia and GCIC does the background investigation.

By signing this form I, \_\_\_\_\_, the applicant, understand the reason for this inquiry. I also authorize the City of Chickamauga and its designees to receive my criminal history from the Chickamauga Police Department. I further authorize the City of Chickamauga and its designees to receive my background history form the Georgia Crime Information Center. I understand that I will receive a pourer's permit upon completion of this form and the criminal history and background check consent form. I further understand that if there is any negative information returned from GCIC or the Chickamauga Police Department or if I falsely entered any information then my permit will be revoked.

\_\_\_\_\_  
SIGNATURE

SWORN AND SUBSCRIBED BEFORE ME THIS

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

\_\_\_\_\_  
DATE

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