



ALCOHOL LICENSE PACKET INFORMATION

**P.O. Box 300 700 Hwy 293 Emerson, GA 30137
Phone (770) 382-9819**

CITY OF EMERSON

MALT BEVERAGE AND DISTILLED SPIRITS LICENSE

APPLICATION PACKET

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All documents must be completed and returned with a copy of the Driver's License for the Applicant and the Contact Person. No application will be accepted until all items have been completed.

For any application for a Distilled Spirits Package License, the application must include a plat or survey certifying all location requirements have been met.



NOTICE - NEW APPLICANTS FOR MALT BEVERAGE/DISTILLED SPIRITS LICENSE

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THIS IS A PRIVILEGE LICENSE OF THE CITY OF EMERSON, AND, AS SUCH MUST BE APPROVED BY THE CITY COUNCIL IN A REGULARLY SCHEDULED MEETING.

The attached application must be completed and returned to Emerson City Hall along with all attachments by the filing deadline for the meeting in which to be heard.

The application and all attachments **must be typed or legibly printed.** Incomplete or illegible applications will not be accepted. Fill in all blanks, use N/A if not applicable.

The applicant must attend the City Council meeting. If the applicant does not understand the English language, then an interpreter must be present or the application will be tabled.

If the application is approved, the license can be obtained from Emerson City Hall on the first Friday following the Council Meeting in which the application was approved, or it can be mailed to the proper address.

The investigation fee is due and payable when the completed application is returned to Emerson City Hall. If the application is not approved the investigation fee will not be refunded.

Since a license is obtained in the name of a person, not the business, if that person leaves the firm, it will be necessary to re-apply for another license and pay another license and investigation fee.

The applicant must not have any past due city taxes, bills, business license fees, assessments, or any other charges. If there are unpaid obligations, the license will not be processed until such time as the charges are paid.

Each licensee and employee involved in the sales, serving or pouring of malt beverages or distilled spirits must be investigated by the Emerson Police Department.

If entertainment is planned for the establishment then a separate entertainment permit will be required.

All documents and ordinances can be found on our website **www.cityofemerson.org**



ALCOHOL LICENSE APPLICATION

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www.cityofemerson.org

Check the License below for which you wish to apply:

Retail Package	Pouring (Consumed on Premises)
<input type="checkbox"/> Malt Beverage (\$800)	Malt Beverage & Wine (\$1,000)
<input type="checkbox"/> Wine (\$800)	Distilled Spirits (\$2,000)
<input type="checkbox"/> Malt Beverage and Wine (\$1,500)	
<input type="checkbox"/> Distilled Spirits Package (\$5,000)	

Applicant Name: _____ Date: _____

Home Address: _____
(street) (city) (state) (zip)

Home Phone: _____ Cell Phone: _____

Business Name: _____ D/B/A: _____

Business Address: _____
(street) (city) (state) (zip)

Business Phone: _____ Fax: _____

Mailing Address: _____
(street) (city) (state) (zip)

Do you currently hold or have beneficial interest in an alcohol retail package or pouring license either in the City of Emerson or in any other country or municipality in the State of Georgia? If yes, provide details:

Have you ever had a Malt Beverage or Distilled Spirits License before? If yes, state where, when, and how long the license was in your name: _____

Have you ever had any license for the sale of alcoholic beverages revoked? If yes, state why, where and when: _____

Do you owe any past due taxes, bills, fees, assessments or any other charges to the City of Emerson? If so, state what and why: _____

Affidavit of Applicant:

I hereby acknowledge that I have received a copy of the City of Emerson, Georgia Alcohol Ordinance and that I understand the provisions of said ordinance. I realize that the giving of false information on this application may lead to penalties including the suspension or revocation of the license for which I am applying. I have not been convicted under any federal, state, or local law for a criminal offense involving alcoholic beverages, gambling, or tax law violations or any felony involving moral turpitude in the last ten (10) years preceding this application. I will agree to comply with and insist on compliance with all federal, state, and local laws and ordinances by employees and customers alike. I have not had any license for the sale of malt beverages, wine, distilled spirits or alcoholic beverages previously issued to me revoked for cause. I will, in fact, be responsible for the business for which I am applying for a license, and am not acting on behalf of someone else for the purposes of avoiding the provisions of said ordinance of the City of Emerson. I will make an immediate report to the City of Emerson of any changes pertaining to ownership of the business, license holder, contact person, ownership of building, or any change in the information as stated in this application for license. I am at least 21 years of age. I, hereby, expressly authorize the Emerson Police Department to conduct an investigation of my background, for any time they deem necessary.

Check one:

- ☐ I do have understanding of the English language
☐ I do not have understanding of the English language

If I do not understand the English language, I understand I must have an interpreter accompany me to the City Council meeting.

**I HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED
CORRECTLY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.**

Applicant

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

Notary Public

CONTACT PERSON

Contact Person Name:

(First) (Middle) (Last)

Home Address:

(street) (city) (state) (zip)

Mailing Address:

(street) (city) (state) (zip)

Home Phone: _____ Cell Phone: _____

REFERENCES:

List the names, addresses, and phone numbers of three (3) persons who can attest to your good moral character and fitness to have this license in the spaces

(1) _____
Name Phone Number

Address

(2) _____
Name Phone Number

Address

(3) _____
Name Phone Number

Address

I designate the above listed person as the **CONTACT PERSON** for the license in which I have applied.

Applicant

Date

Notary

Contact Person

Date

Notary

** Attach complete investigation release form if contact person is different from licensee.*



REQUIREMENTS FOR ALCOHOL PERMIT APPLICANTS

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I, _____, being a person of good moral character, hereby make application for a license to engage in the retail package sale of malt beverage, wine and/or distilled spirits, or to pour alcohol beverages in the City of Emerson, Georgia.

Business Title: _____ (Owner, Manager, Officer in Charge)

Check if you can comply with the regulations and answer all questions:

- ☐ I have not been convicted within ten (10) years of the date of this application of a violation of the laws of this state, or any other state, relating to the sale of alcoholic beverages or a felony.
- ☐ I have not been revoked, for cause such as a violation of regulations or improper operation, within three (3) years preceding this application, any license issued to me by the City of Emerson, the State of Georgia, or any other state, to sell alcoholic beverages of any kind.
- ☐ I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested and shall be responsible for qualifications and conduct of my employees.
- ☐ I understand that a violation of any of the ordinances of the City of Emerson, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, or wine, shall subject my license to immediate revocation.
- ☐ I have been a resident of the United States for at least (3) years.
- ☐ I am a resident of Bartow County and name myself as the contact person for the license for which I have applied. *(If not a resident of Bartow County, you must name a contact person. The contact person must complete a "contact person" form and is subject to all provisions of this ordinance.)*
- ☐ No employee of this business has pleaded guilty or been convicted of any felony within the last five (5) years and No employee of this business has pleaded guilty or been convicted of any crime relating to the manufacture or sale of intoxicating beverages.

Applicant's Signature

Date

EMPLOYEE AFFIDAVIT & INVESTIGATION RELEASE

Identification Information _____ Case Number: _____

Full Name _____

Address _____

City _____ State _____ Zip _____

Employment Establishment _____ Cell Phone #: _____

Social Security Number _____ Race/Sex: _____

Date of Birth _____ Driver's Lic. # _____ State: _____

I hereby acknowledge that I have received a copy of the City of Emerson, Georgia Alcohol Ordinance and that I understand the provisions of said ordinance. I realize that the giving of false information on this application may lead to penalties including the suspension or revocation of the identification card for which I am applying.

I have not been convicted under any federal, state, or local law for a criminal offense involving alcoholic beverages, gambling, or tax law violations or any felony involving moral turpitude in the last (3) years preceding the date of this application.

I have not had any license for the sale of malt beverages, wine, distilled spirits or alcoholic beverages previously issued to me revoked for cause within the last (3) years preceding the date of this application. I do not have any past due city taxes, bills, fees, assessments or any other charges. I am able to read and write the English language.

I hereby, expressly authorize the City of Emerson to conduct an inquiry for purpose code E-**which is for Employment** and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

This authorization is valid for 5 days from the date of signature.

**I HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED
CORRECTLY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.**

Applicant Signature

Date

Sworn to and subscribed before me this _____ day of _____, 20____

Notary

Date