

# THE CITY OF DALTON, GEORGIA

## 2020 ALCOHOL BEVERAGE LICENSE(S) APPLICATION

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Application Filed

\_\_\_\_\_  
Name of Business

- New Application
- Renewal Application
- Change In Existing License(s)
  - Applicant/Designated Agent
  - Manager
  - Name
  - Owner
  - Location

Zoning Classification of Business   
*(May be Obtained from City Building Inspection Department)*

### **TYPE LICENSE APPLIED FOR (CHECK ALL THAT APPLIES TO BUSINESS)**

- |   |   |
|---|---|
| <input type="checkbox"/> Package Beer   | <input type="checkbox"/> Local Caterer/Concessionaire |
| <input type="checkbox"/> Pouring Beer   | <input type="checkbox"/> In-Room Service              |
| <input type="checkbox"/> Package Wine   | <input type="checkbox"/> Wine Tasting (Package Only)  |
| <input type="checkbox"/> Pouring Wine   | <input type="checkbox"/> Brew Pub                     |
| <input type="checkbox"/> Manufacturer   | <input type="checkbox"/> Micro-Distillery             |
|   | <input type="checkbox"/> Micro-Brewery                |
| <input type="checkbox"/> Package Distilled Spirits (Liquor)   |   |
| <input type="checkbox"/> Pouring Distilled Spirits (Liquor) - <b><u>Establishments With Food Sales Only</u></b> |   |
| <input type="checkbox"/> Pouring Liquor Private Club  |   |

### **THE LICENSE(S) ARE BEING APPLIED FOR:**

- Package Store    Restaurant    Lounge/Club/Tavern/Pub    Non-Profit Organization
- Other: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_ Federal Identification Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Business ID Number \_\_\_\_\_ Occupancy Load \_\_\_\_\_ Business CID Number \_\_\_\_\_

**APPLICANT APPLYING FOR LICENSE  
THE CITY OF DALTON, GEORGIA  
ALCOHOL BEVERAGE APPLICATION**

Please List The Applicant Applying For The License. The Applicant May Apply On Behalf Of A Partnership, Corporation Or LLC. **The Applicant Is Responsible For The License And Must Be Fingerprinted. For reference see O.C.G.A.§ 3-3-2. For Instructions, Please See Page 3.**

Name of Applicant: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
(Individual, Partnership, Corporation, LLC)

d/b/a: \_\_\_\_\_

Local Business Address: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

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

Business Telephone \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Fax Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Contact Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**APPLICANT, PLEASE COMPLETE THE FOLLOWING:**

- A. ARE YOU A UNITED STATES CITIZEN?  PERMANENT RESIDENT ALIEN?
- B. ARE YOU A RESIDENT OF THE CITY LIMITS OF DALTON? YES  NO
- C. ARE YOU A RESIDENT OF THE WHITFIELD COUNTY? YES  NO

⇒ **IF APPLYING FOR DISTILLED SPIRITS (PACKAGE LIQUOR) ANSWER THE FOLLOWING QUESTION.**

- D. HAVE YOU BEEN A RESIDENT OF THE CITY LIMITS OF DALTON FOR THE PRECEDING TWELVE MONTHS? YES  NO

**SIGNATURE OF APPLICANT**

STATE OF GEORGIA, WHITFIELD COUNTY, CITY OF DALTON

I, \_\_\_\_\_, Applicant, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

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

\_\_\_\_\_  
Date

# GAPS - GEORGIA APPLICANT PROCESSING SERVICE

OCGA Section 3-3-2 requires all governing authorities that issue alcohol license to fingerprint the applicant.  
GAPS - Georgia Applicant Processing Service.

## PROCESS

Applicant must register into <https://www.aps.gemalto.com/ga/index.htm> to be printed **before** you go to a fingerprint location.

The Reviewing Agency ID is **GA923365Z**

Applicant can be finger printed anywhere in the State of Georgia

Once GAPS registration is completed. Applicant will print Applicant Registration Receipt and take to GAPS location with photo ID

Applicant can correct or challenge the record before a license can be denied (30) days to do so

For a Step by Step guide please visit our website:  
<https://www.cityofdalton-ga.gov/alcoholapplication>  
- Last Link on Bottom of Alcohol Page

## APPLICANT ASSISTANCE

Cogent call center: 1-888-439-2512

Option 1: An applicant can choose this option if they need assistance registering,

Option 2: An applicant can choose this option should they need to modify or need to cancel a registration.

## LOCATION

An approved location for GAPS - IS AS FOLLOWS, however you can be fingerprinted at any GAPS location in Georgia:

National Title Pawn of Cleveland  
2102 Cleveland Highway  
Dalton, GA 30721  
706-279-1163

Monday through Friday 9:30am to 12 Noon and 1:00pm to 4:00pm  
Saturdays 9:30am to 2:30pm

For other Locations in Georgia, visit: <https://www.aps.gemalto.com/ga/index.htm>



**OWNERSHIP**  
**CITY OF DALTON, GEORGIA ALCOHOL BEVERAGE APPLICATION**

**CATEGORY OF BUSINESS OWNERSHIP**

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership or Limited Partnership
<input type="checkbox"/> Domestic Corporation (Inside Georgia)	<input type="checkbox"/> Limited Liability Company (L.L.C.) (Inside Georgia)
<input type="checkbox"/> Foreign Corporation (Outside Georgia)	<input type="checkbox"/> Limited Liability Company (L.L.C.) (Outside Georgia)

**PLEASE LIST THE NAME OF THE INDIVIDUAL OWNER, OR PARTNER, MEMBER OR PRINCIPAL STOCKHOLDER:**

Not Applicable, No Individual Partners, Members or Stockholders Holding 5% or More Interest

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

**FOREIGN CORPORATIONS/LLC - ONLY**

If This Entity Is Organized Outside The State Of Georgia, Please State The Name And Address Of Its Registered Agent In Georgia In The Space Provided.

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

**SALE OR TRANSFER OF INTEREST OF BUSINESS**

HAS THERE BEEN ANY SALE OR TRANSFER OF INTEREST IN THE ABOVE NAMED BUSINESS APPLYING FOR LICENSE TO ANY UNREGISTERED PERSON IN THE PRECEDING 12 MONTHS?

YES,       NO,

- IF YES, A. GIVE NAME \_\_\_\_\_
- B. DATE OF SALE/TRANSFER \_\_\_\_\_
- C. TO WHOM WAS BUSINESS TRANSFERRED \_\_\_\_\_
- D. WHAT PERCENT WAS TRANSFERRED \_\_\_\_\_
- E. REASON FOR TRANSFER \_\_\_\_\_

**ADDITIONAL STOCKHOLDERS/PARTNERS  
OF  
ALCOHOLIC BEVERAGE ESTABLISHMENT**  
All Stockholders, Members, Partners Holding 5% or More Interest

Not Applicable, No Stockholders, Members, Partners Holding 5% or More Interest

**Please List All Stockholders, Members, Partners, Holding 5% or More Interest.**

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

**ADDITIONAL STOCKHOLDER/PARTNER**

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

**ADDITIONAL STOCKHOLDER/PARTNER**

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

**ADDITIONAL STOCKHOLDER/PARTNER - LIST HERE**

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

**MANAGER  
OF  
ALCOHOLIC BEVERAGE ESTABLISHMENT**

**Please List The Manager or Managers of The Business**

Manager Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**ADDITIONAL MANAGER**

Manager Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**ADDITIONAL MANAGER**

Manager Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**ADDITIONAL MANAGER**

Manager Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**SECURITY PERSONNEL  
OF  
ALCOHOL BEVERAGE ESTABLISHMENT - SECURITY  
FOR POURING OUTLETS ONLY - BARS, LOUNGES, CLUBS, TAVERNS, PUBS  
EXCLUDING RESTAURANTS**

Not Applicable, This Application Is for a Restaurant

**Please List All Security Personnel.**

Security Personnel Name _____
Home Address _____
City/State/Zip _____
Phone _____

**ADDITIONAL SECURITY PERSONNEL**

Security Personnel Name _____
Home Address _____
City/State/Zip _____
Phone _____

**ADDITIONAL SECURITY PERSONNEL**

Security Personnel Name _____
Home Address _____
City/State/Zip _____
Phone _____

- Security Personnel Must Wear Clothing While On Duty Which Clearly Identifies Them As Security.
- A Pouring Outlet Must Have A Minimum of One-Security Personnel and at Least (2) Security Persons for Each 100 Persons Present During the Hours of Operation.
- A Restaurant = 51% of Gross Sales is Food During All Times of Operation,

**2020 CONSENT FORM**  
**CITY OF DALTON, GEORGIA**  
**ALCOHOL BEVERAGE APPLICATION**

I HEREBY AUTHORIZE THE CITY OF DALTON, AND ITS DEPARTMENTS AND COMMISSIONS TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUING UNTIL REVOKED IN WRITING BY ME.

Check the appropriate Box:

- INDIVIDUAL OWNER     
  PRINCIPAL STOCKHOLDER/MEMBER     
  MANAGER  
 PARTNER     
  DESIGNATED AGENT     
  SECURITY

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

-----  
 SIGNATURE

-----  
 DATE

NOTARY \_\_\_\_\_ DATE \_\_\_\_\_

⇒ NOTE  
 DESIGNATED AGENT, INDIVIDUAL OWNER, ALL PARTNERS, PRINCIPAL STOCKHOLDER/MEMBER, SECURITY AND ALL MANAGERS MUST COMPLETE THIS FORM. *PLEASE REFER TO SECTION "PERSONS WITH PRIOR CONVICTIONS"*

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SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

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NOTARY \_\_\_\_\_ DATE \_\_\_\_\_

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FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

-----  
 SIGNATURE

-----  
 DATE

NOTARY \_\_\_\_\_ DATE \_\_\_\_\_

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FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

-----  
 SIGNATURE

-----  
 DATE

NOTARY \_\_\_\_\_ DATE \_\_\_\_\_

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**SURVEYOR'S AFFIDAVIT  
FOR  
CITY OF DALTON, GEORGIA  
ALCOHOLIC BEVERAGE LICENSE(S)**

A Registered Surveyor Must Complete This Sworn Affidavit. Attach The Survey To This Application. The Survey Must Be Completed Within Thirty (30) Days Prior To Making Application.

The Undersigned Has Made The Measurement Of Distances Shown On The Attached Survey Plat For The Facility Proposed For Alcoholic Beverage License From The City Of Dalton And Find That Distance Shall Be Measured By The Most Direct Route Of Pedestrian Travel On The Ground Along The Right-Of-Way. Distance Shall Be Measured From The Nearest Building Wall Of Any Church Or Nearest Property Line Of Any School, Public Library, College Campus Or Public Recreation Area To The Center Of Any Door Of Customer Entry Of The Proposed Premises Of The Applicant.

The Above Named Business MEETS All Distance Requirements As Specified In Section 6-103 and in O.C.G.A. 3-3-21 & 3-4-49 From Schools, Churches Etc.”.

The Above Named Business DOES NOT Meet The Distance Requirements As Specified In Section 6-103 and in O.C.G.A. 3-3-21 & 3-4-49 From Schools, Churches Etc.”.

The Above Named Business DOES NOT Meet All Distance Requirements As Specified In Section 6-103 and in O.C.G.A. 3-3-21 & 3-4-49, Refer to Sub-section (3) Regarding Grand fathering Of Certain Locations With Regard To Distance.

\_\_\_\_\_  
REGISTERED SURVEYOR

SWORN TO AND SUBSCRIBED BEFORE  
ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

***AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT  
APPLICATION***

**CITY OF DALTON, GEORGIA**

**THIS PAGE MUST BE NOTARIZED**

\_\_\_\_\_  
Business Name

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit As Referenced In O.C.G.A. Section 50-36-1, I Am Stating The Following With Respect To My Application For A City Of Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit (Circle One) For

\_\_\_\_\_  
[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

1) \_\_\_ I Am A United States Citizen

Or

2) \_\_\_ I Am A Legal Permanent Resident 18 Years Of Age Or Older Or I Am An Otherwise Qualified Alien Or Non-Immigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older And Lawfully Present In The United States.\*

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_  
In Making The Above Representation Under Oath, I Understand That Any Person Who Knowingly And Willfully Makes A False, Fictitious, Or Fraudulent Statement Or Representation In An Affidavit Shall Be Guilty Of A Violation Of Code Section 16-10-20 Of The Official Code Of Georgia.

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
\* Alien Registration Number For Non-Citizens

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

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

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

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

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

\*Note: O.C.G. A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S. C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below: \_\_\_\_\_

**PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A § 36-60-6(d)**

**CITY OF DALTON, GEORGIA**

MUST BE NOTARIZED

Please Check One:

By executing this affidavit, the undersigned private employer verifies its **compliance** with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has **registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number  
(E-Verify Company ID Number)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

By executing this affidavit, the undersigned private employer verifies that it is **exempt** from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs ten (10) or less employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.  
Executed on \_\_\_\_\_, \_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

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

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

# SIGN OFF SHEET

- This Is to Certify That I Have Received and Read the City of Dalton Code of Ordinances Chapter 6 Entitled Alcoholic Beverage.
- This Is to Also to Certify That I Understand the Rules & Regulations Required by the City of Dalton to Include but Not Inclusive of the Following:

Closing & Vacation of Premises

Hours of Operations

Sales to Underage Persons

- This Is to Certify That I Understand That a Copy of this Chapter Shall Remain on the Premises of My Establishment Permanently.

-----  
Applicant/Designated Agent - Owner

-----  
Notary

**CERTIFICATION**  
**CITY OF DALTON, GEORGIA ALCOHOL BEVERAGE APPLICATION**

-----  
Business Name

-----  
Address

Will Begin Business On -----  
Date

OR

Is Already In Operation

And, Will Begin the Sale of Alcohol Beverage on -----  
Date

- I certify that I Have Received and Read the City of Dalton Code of Ordinances Chapter 6 Entitled Alcoholic Beverage and that I Understand the Rules & Regulations Required by the City of Dalton; And A Copy of Chapter 6 Will Remain on the Premises.

-----  
Signature

-----  
Title

-----  
Date