

CITY OF COMMERCE ALCOHOL LICENSE APPLICATION

IDENTIFICATION SECTION

1	Enter state taxpayer identifier (STI) here:	
2	Name of Licensee (Individual):	Social Security Number: Date of Birth:
3	Is Licensee a Corporation? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", name and address of Registered Agent:	
4	Legal Business Name and address where alcohol will be sold/served: General Manager Name:	
5	License Year for which Application is made:	

ALCOHOL INFORMATION SECTION

6	When did you or will you being selling alcoholic beverages for which this application is made? Date: / /	
7	Type of License: (Check all that apply) 1) Retail Package (Check all that apply) <input type="checkbox"/> Beer - Application Fee & License Fee \$500.00 <input type="checkbox"/> Wine - Application Fee & License Fee \$500.00 2) Consumption on Premise (Pouring) (Check all that apply) <input type="checkbox"/> Beer - Application Fee & License Fee \$500.00 <input type="checkbox"/> Wine - Application Fee & License Fee \$300.00 <input type="checkbox"/> Liquor - Application Fee & License Fee \$1500.00 (CBD) 3) <input type="checkbox"/> Off Premise Catering - 4) Wholesaler - \$100.00	
8	Type of Business: (check one) <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Stores <input type="checkbox"/> Wholesale <input type="checkbox"/> Catering	
9	Do you comply with the distance requirements of City Ordinance Sect. 6-30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

CRIMINAL HISTORY CONSENT FORM

10	I, _____, hereby give my permission to the City of Commerce Police Department to fingerprint me, also authorize the City of Commerce Police Department to run a criminal background check for the purpose of investigating my background in order to obtain an Occupational License to operate a place of business handling Alcoholic Beverages.
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SIGNATURE SECTION

11	I declare under penalty of perjury that this application has been examined by me, and to the best of my knowledge and belief is true, correct and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ _____ / _____ / _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature Title Date </div> <p style="font-size: small; margin-top: 10px;">(Must be signed by licensee. If the licensee is a corporation, must be signed by an officer of the corporation. Stamped signature not acceptable)</p> <p>I hereby certify that _____ is personally known to me, that said applicant signed the foregoing application after stating to me personal knowledge and understanding of all statements and answers made herein, and, under oath actually administered by me, has sworn that said statements and answers are true.</p> <p>This _____ day of _____, _____</p> <p style="text-align: right; margin-right: 50px;">Notary Public</p> <p style="text-align: center; margin-top: 20px;">AFFIX SEAL</p>
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FOR OFFICE USE ONLY

12	Check all that apply: <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor <input type="checkbox"/> Catering
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CITY OF COMMERCE PERSONNEL STATEMENT

Please Type or Print

This form must be completed by the following persons and submitted with all alcohol license applications: (1) licensee; (2) anyone with an ownership interest in the business, either direct or indirect; and (3) in the case of a corporation, the president, vice president, secretary and treasurer. EACH QUESTION MUST BE FULLY ANSWERED. If additional space is required, attach an additional sheet of paper.

1	Last Name	First	MI	Social Security No.
2	Date of Birth: / /	Race	Male _____	Female _____
3	Home address (Do not use P.O. Box)			
	City	State	Zip	Home Phone () () ()
4	Address or Day Contact (Do not use P.O. Box)			
	City	State	Zip	Home Phone () () ()
5	Marital Status Single _____ Married _____ Divorced _____			
	If Married, spouse's name: First _____ MI _____ Social Security No. _____			
6	Are you a resident of Georgia? Yes _____ No _____ If "yes", how long? Years _____ Months _____			
7	<p>Have you ever been arrested, indicted, or convicted for any offense by any state, county, city, federal or foreign governmental authority? Yes _____ No _____ If "yes", five full details. Do NOT include minor traffic violations. Give reasons charged or held, date, place where charged and disposition. FAILURE TO MAKE FULL DISCLOSURE IN RESPONSE TO THIS QUESTION MAY RESULT IN DENIAL OR SUBSEQUENT REVOCATION OF THE LICENSE.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
8	<p>Have you ever had any beneficial interest in any other alcoholic beverage business in this or any other state in which the alcohol license was denied or revoked or any other disciplinary action was taken? ("Beneficial interest" as used here means: when a person holds the license in his own name or when he has a legal), equitable or other ownership interest in, or has any legally enforceable interest or has financial interest, or derives economic benefit from, or has control over a business.)</p> <p>Yes _____ No _____ If "yes", complete the following:</p> <p>Alcohol License No. _____ % And Type Interest _____</p> <p>Legal Business Name: _____</p> <p>Trade Name / DBA Name: _____</p> <p>Number and Street _____</p> <p>City _____ County _____ State _____ Zip _____</p> <p>Describe what action was taken:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			