WHITE COUNTY BOARD OF COMMISSIONERS
Business Tax Office
59 South Main Street, Suite A
Cleveland, Georgia 30528

Phone (706) 865-2235 – Fax (706) 865-1324

APPLICATION FOR WHOLESALE DEALER LICENSE UNDER THE WHITE COUNTY ALCOHOLIC BEVERAGE ORDINANCE NO. 2008-38 AND ANY AMENDMENTS THEREOF

NOTE: The granting of a license under the application shall be a mere privilege subject to be revoked and annulled and will be subject to any further ordinances which may be enacted. The holder of a license issued under this application is required to apply for and obtain an alcoholic beverage license from the state of Georgia BEFORE ANY SALES COMMENCE. Additionally, county licensees are required to abide by all applicable state regulations and laws in addition to the County ordinances.

A separate application must be made for each location and for each license category. Any misstatement or concealment of fact in the application shall be grounds for denial or revocation of the license issued and shall make the applicant liable to prosecution for perjury under the laws of the state.

1. NAME OF WHOLESALE DEALER _____

   Business Location Address _____

   City _____ State _____ Zip Code _____

   Does this business have an Occupation License issued by White County?

   ☐ Yes ☐ No If yes, please insert current License No. _____

   If no, please explain _____

2. Product to be sold at wholesale: ☐ Malt Beverages ☐ Wines ☐ Both

3. Applicant/Managing Agent:
   (Must be at least 21 years of age, a U. S. citizen or an alien lawfully admitted for permanent residency, a resident of Georgia)

   Managing Agent: _____

   Race _____ Sex _____ Birth Date _____ SSN_____

   Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Managing Agent Phone No. _____

(Note: If the managing agent changes, the licensee shall notify the County within five (5) days of the change. A fee of $100.00 will be charged for the processing of an application for the change of the managing agent and such applicant must be approved by the Alcoholic Beverage Commission.)

4. Registered Agent: _____
(Must be a resident of White County, Georgia and is the person upon whom any process, notice or demand under the Alcoholic Beverage Ordinance is to be served. A written, notarized consent of such agent to serve in this capacity must be filed with this application.)

Registered Agent Physical Address: _____

City: _____ State _____ Zip Code _____

Registered Agent Mailing Address: _____

City: _____ State _____ Zip Code _____

Registered Agent's Phone No. _____

Registered Agent: Race _____ Sex ____ Birth Date _____ SSN _____

(Note: If the registered agent changes, the licensee shall notify the County within five (5) days of the change. A fee of $25.00 will be charged for the processing of an application for the change of the registered agent.)

5. Type of Ownership (Please mark appropriate box and fill out section a, b, or c as indicated):

☐ Individual(a) ☐ Partnership (b) ☐ Limited Liability Company (b) ☐ Corporation (c)

a) For Individual:

Full Legal Name _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Race _____ Sex _____ Birthdate _____ SSN _____

b) For Partnership or LLC:

Partnership or LLC Name _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Partners or LLC members having a 5% or greater interest shall list the names, addresses and ownership interest of each:

- Full Legal Name _____ % Interest _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

- Full Legal Name _____ % Interest _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

- Full Legal Name _____ % Interest _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

- Full Legal Name _____ % Interest _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

(Attach additional pages if necessary)

c) **For Corporation:**
All applicants who are not natural persons shall list the names, addresses and ownership interest of each owner of a 5% or greater interest.

Name of Corporation _____
(Name must be shown exactly as in Articles of Incorporation or Charter)

Date of Incorporation _____ Place of Incorporation _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Officers:

- Full Legal Name _____

  % Stock Owned _____ Office Held _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

- Full Legal Name _____

  % Stock Owned _____ Office Held _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

- Full Legal Name _____

  % Stock Owned _____ Office Held _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

- Full Legal Name _____

  % Stock Owned _____ Office Held _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

Age: _____ Length of Residency: _____
(Attach additional pages if necessary)

Stockholders (if different from Officer names):

- Full Legal Name _____

  % Stock Owned _____ Office Held _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

- Full Legal Name _____

  % Stock Owned _____ Office Held _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

- Full Legal Name _____

  % Stock Owned _____ Office Held _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____
  (Attach additional pages if necessary)

Trustees or the designated fiduciary agent(s) for other types of legal entities:

- Full Legal Name _____

  % Stock Owned _____ Office Held _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

Age: _____ Length of Residency: _____

- Full Legal Name _____

  % Stock Owned _____ Office Held _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

- Full Legal Name _____

  % Stock Owned _____ Office Held _____

  Home Address _____ Home Phone _____

  City _____ State _____ Zip Code _____

  Age: _____ Length of Residency: _____

(Attach additional pages if necessary)

6. **Property:**

Owner of the property (land and building) where the business will be located:

Name _____ Address_____

City _____ State _____ Zip Code _____

Is the space where the business is to be located rented or leased? ☐ Yes ☐ No

If yes, please state name of landlord or lessor and address:

Name _____ Address _____

City _____ State _____ Zip Code _____

If the space is rented or leased, is the rent for the premises to be paid to the landlord or lessor on a percentage of the receipts of the business or contingent upon the amount of business done? ☐ Yes ☐ No.

Names and addresses of all entities having any whole, partial, beneficial or other interest in and to the land and building on and in which the store is located:

Name _____ Address _____

City _____ State _____ Zip Code _____

Name _____ Address _____

City _____ State _____ Zip Code _____

(Attach additional pages if necessary)

Is the building located outside the restricted areas as set out in the Alcoholic Beverage Ordinance? ☐ Yes ☐ No.

7. **Silent, undisclosed partners or joint venturers:**

Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venture; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firms, companies, corporations or others?

☐ Yes ☐ No If yes, please state name of person or other entity with address and amount of percentage of profits and receipts to be split:

Name _____ Address _____ %_____

City _____ State _____ Zip Code _____

8. **Residency/Age requirement:**

Is there any party identified in Question 5 or Question 6 who is not a legal resident of the United States and at least twenty-one (21) years of age?

☐ Yes ☐ No If yes, please give full details on separate sheet.

If not a U. S. Citizen, can they legally be employed in the United States?

☐ Yes ☐ No If yes, please explain on separate sheet and submit copies of eligibility.

9. **Disclosure of previous denials:**

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who has applied for a beer, wine, and/or liquor license from White County or other City or County in the State of Georgia or other state or political subdivision?

☐ Yes ☐ No If yes, please give full details of disposition on separate sheet.

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who has had an alcoholic beverage license revoked or suspended by or surrendered to any federal, state or local authority?

☐ Yes ☐ No If yes, please give full details of disposition on separate sheet.

10. **Disclosure of licenses held:**

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who holds another alcohol license in any retail category or any license under any wholesale category?

☐ Yes ☐ No If yes, please give full details on separate sheet.

11. **Disclosure of felony/other convictions or offenses:**

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who:

- Has been convicted under any federal, state or local law of any felony or a misdemeanor involving moral turpitude? ☐ Yes ☐ No If yes, please give full details on separate sheet including dates, charges and disposition.

- Has been convicted under any state, federal or local law of any felony not involving moral turpitude within ten (10) years immediately preceding the filing of this application?

  ☐ Yes ☐ No If yes, please give full details on separate sheet including dates, charges and disposition.

- Has been convicted under any federal, state or local law of a misdemeanor, particularly, but not limited to, those involving alcoholic beverages, gambling or tax law violations within the last ten years immediately prior to filing of this application?

  ☐ Yes ☐ No If yes, please give full details on separate sheet including dates, charges and disposition.

- Has been found in violation of the ordinances or resolutions of White County, or any other county or municipality, governing alcoholic beverages licenses within the last five years immediately prior to the filing of this application?

  ☐ Yes ☐ No If yes, please give full details on separate sheet.

- Who has remaining any delinquent ad valorem taxes due White County or has any outstanding fines, assessments, liens, fi. fas., penalties, or judgments due to White County or is currently in any violation of any White County ordinance or resolution?

☐ Yes ☐ No If yes, please give full details on separate sheet.

12. **References**

Give the names and addresses of three citizens of White County as references (written references must be attached):

Name	Address
Name	Address
Name	Address

All of the foregoing information is hereby given and all of the foregoing statements are hereby made under oath, willfully, knowingly and absolutely, and the same is and are hereby sworn to be true under penalty for false swearing as provided by law.

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

_____
Applicant Signature

_____
Notary Public

_____
Printed Name of Applicant

My Commission expires:

_____

_____
Title of Applicant

NOTE:

- **This application will not be accepted until it is completed with all required attachments.**
- **This written application for the license shall be a permanent record which the licensee must maintain current as required by the White County Code. Failure to maintain a current application shall be grounds for revocation of the license.**
- **The Alcoholic Beverage Commission shall act within sixty (60) days from the date of the filing of the <u>completed</u> application; however, if the Alcoholic Beverage Commission deems it subject to additional investigation, the applicant shall be given notice in writing to "show cause" why the license should not be denied.**
- **A part of the license fee is refundable as set out in the regulations if the applicant withdraws the application before Alcoholic Beverage Commission action.**
- **If the applicant withdraws the application before Alcoholic Beverage Commission action or if the Alcoholic Beverage Commission denies the application for a license, the applicant shall be entitled to a refund of the license fee less any investigative expense and less an additional charge of $150.00 to cover the clerical costs of initiating the application process.**

- **In the event a license is revoked, surrendered or suspended, there shall be no refund whatsoever.**