

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

Phone (706) 865-2235 – Fax (706) 769-0705

**APPLICATION FOR FARM WINERY TASTING ROOM 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. A farm winery must be qualified and licensed by the state before making application to White County and 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. Type of License – please check one:

New Renewal Modification or Change in Ownership

2. Type of Business:

Farm Winery

Tasting Room on Site Off-Site Tasting Room Other*

*Please explain

Will live entertainment be offered? Yes No

If yes, please explain:

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. Business Name
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

5. 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.)

6. 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)

7. 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 within the location restrictions set out in the Alcoholic Beverage Ordinance?

Yes No.

8. 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

9. 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.

10. 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.

11. 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.

12. 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.

13. References

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

<input type="text"/>	<input type="text"/>
Name	Address
<input type="text"/>	<input type="text"/>
Name	Address
<input type="text"/>	<input type="text"/>
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 completed 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.**