



# MORGAN COUNTY PLANNING AND DEVELOPMENT

150 East Washington Street, Suite 200  
P.O. Box 1357  
Madison, Georgia 30650  
(706)342-4373 Office · (706)343-6455 Fax

## Application for the Sale of Alcoholic Beverages

### Applicant Information

Owner's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(If the Owner is a Corporation or a multiple partner ownership, then provide information on each individual and attach to this application)

Physical Address: \_\_\_\_\_

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

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

### Establishment Information

Retail Business     Wholesale Business     Catering Business     Restaurant

Establishment Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

### Type of License

Package Sale of Malt Beverages and Wine                       Wholesale of Malt Beverages and Wine  
 Sale of Malt Beverages and Wine for Consumption on the Premises     Alcoholic Beverage Catering

**Owner's Agent or Manager Information**

Owner's Agent or Manager's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Employee Information**

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_



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**Alcoholic Beverage  
Sworn Affidavit of No Changes to Premise**

I, \_\_\_\_\_, certify that no changes or additions to the building or grounds of \_\_\_\_\_ have occurred since the original diagram of building was submitted to the Morgan County Board of Commissioners. The diagram of building is on file with Morgan County.

I also certify that no changes have occurred regarding distances to Churches, Schools or Rehabilitation Centers. A diagram conducted by a registered surveyor is on file with the Morgan County Board of Commissioners.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Sworn to and Subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Signature



# Georgia Security and Immigration Compliance Act Applicant Benefit Affidavit

Applicant: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

By executing this affidavit under oath, as an applicant for an **Alcoholic Beverage License**, as referenced in O.C.G.A. § 50-36-1, from the Morgan County Board of Commissioners, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

This document was executed in Madison, Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

### Official Use Only

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> U.S. Passport                 | <input type="checkbox"/> U.S. Passport Card        | <input type="checkbox"/> U.S Military ID               |
| <input type="checkbox"/> U.S Driver's License*         | <input type="checkbox"/> Tribal ID Card            | <input type="checkbox"/> U.S. Permanent Resident Card  |
| <input type="checkbox"/> Alien Registration Card       | <input type="checkbox"/> Foreign Gov. Passport     | <input type="checkbox"/> Employment Authorization Card |
| <input type="checkbox"/> Merchant Mariner Card         | <input type="checkbox"/> Free & Secure Trade Card  | <input type="checkbox"/> Nexus Card                    |
| <input type="checkbox"/> SENTRI Card                   | <input type="checkbox"/> Canadian Driver's License | <input type="checkbox"/> Certificate of Citizenship    |
| <input type="checkbox"/> Certificate of Naturalization | <input type="checkbox"/> Matricula Consular ID     | <input type="checkbox"/> Copy of Document Attached     |

\*Note: A driver's license from Alaska, Idaho, Illinois, New Jersey, New Mexico, New York, Rhode Island, Utah and Washington is not a verifiable document.

Verified By: \_\_\_\_\_

Date: \_\_\_\_\_



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### Sworn Statement of Eligibility for the Sale of Alcoholic Beverages

I, \_\_\_\_\_ being a person of good moral character, do hereby make application for a license to engage in the package sale of malt beverages and wine in Morgan County, Georgia, at:

Establishment Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

#### Licensee Qualifications and Acknowledgements

**Section 6-52.** - I am over the age of 25 and have been a resident of the State of Georgia for a minimum of one (1) year.

**Section 6-54.** – I am not an official or employee of the county, nor a member of the Board of Commissioners.

**Section 6-55.** - I have not been convicted nor pled nolo contendere within the previous ten (10) years of the date of this application to a felony or a misdemeanor involving moral turpitude. Furthermore, I have not been convicted under federal, state or local law for a criminal offense involving alcoholic beverages, gambling or tax law violations.

**Section 6-56.** - I have not been denied a license to sell alcoholic beverages within one (1) year of the date of this application.

**Section 6-57.** – I am the owner(s) or authorized agent of the parent corporation of the premises for which the license is requested or the holder of any lease thereon.

**Section 6-58.** – I attest that I, or the corporation, have adequate financial participation in the proposed business to direct and manage its affairs.

**Section 6-198.** – I understand that I am responsible for the management and operation of the business for which the license is granted and shall be responsible for all violations by the licensee's agents and employees.

**Section 6-300** - I understand that any violation of federal, state, or any of the regulations adopted by Morgan County pertaining to the sale of malt beverages and wine, shall subject my license to immediate revocation or suspension.

**Section 6-210** - I have in possession a copy of the Morgan County Alcoholic Beverage Ordinance and I have read and understand the regulations.

**Section 6-324** – I understand that I must post a cash bond or a performance bond with the Morgan County Board of Commissioners in the amount of \$500.00 for retail establishments and \$2,500.00 for wholesale establishments.

Over

**Section 6-325** – I understand that the annual license fee is \$500.00 and must be paid prior to issuance of a license. The license is only valid for the year in which it is issued and shall expire on December 31 of the year that it is granted.

**Section 6-328** – I understand that the annual license fee stated in this section must be paid prior to issuance of a license. The license is only valid for the year in which it is issued and shall expire on December 31 of the year that it is granted.

**Section 6-354** – I understand that I must post a cash bond or a performance bond with the Morgan County Board of Commissioners in the amount of \$1000.00 for a pouring license.

**Section 6-358** – I understand that the annual license fee is \$1000.00 and must be paid prior to issuance of a license. The license is only valid for the year in which it is issued and shall expire on December 31 of the year that it is granted.

**Section 6-391** – I understand that the annual license fee is \$100.00 per location and must be paid prior to issuance of a alcoholic catering license. The license is only valid for the year in which it is issued and shall expire on December 31 of the year that it is granted.

**Section 6-142.** – I understand that any misstatement, false statement, or concealment of fact in this application shall be grounds for the denial of the application for license issuance or revocation of the license issued, and shall make the applicant liable to prosecution for perjury under the laws of the state.

I have read and I distinctly understand the Alcoholic Beverage regulations and the qualifications and acknowledgements above and agree to abide by these regulations. I certify to the best of my knowledge that all items of the application and sworn statement are true and correct.

Signed: \_\_\_\_\_

Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(A) If ownership is vested in more than one person,  
additional owners Sign Below:

\_\_\_\_\_  
(Signature) Notary Public

\_\_\_\_\_  
\_\_\_\_\_

**Please Note:**

Please return all required documents **in person** to the Morgan County Planning & Development Office no later than **the second Tuesday of the month**. The applications will be reviewed at the Commissioner’s work session in that month and will be voted on at their regular meeting for the following month. **No application will be placed on the current work session that is received after the second Tuesday. Applications received after the second Tuesday will be placed on the following month's work session and will not be voted on until the regular meeting in two months.** You will be notified of the decision. If your application is approved, you may bring your performance bond and required fee to the Planning & Development office and pick up your license. If your application is rejected, you will be notified of the cause of rejection.

THIS SPACE IS FOR COMMISSIONERS USE ONLY

\_\_\_\_\_ APPROVED

DATE: \_\_\_\_\_

\_\_\_\_\_ DISAPPROVED

\_\_\_\_\_  
Clerk, Morgan County Commissioners

(Form Revised 10-20-10)