



240 Constitution Blvd
Dallas, GA 30132
Office: 770-443-9768 Fax: 678-383-3371

Application for Alcoholic Beverage License Explanations/ Definitions

Dear Applicant/Owner:

****PLEASE READ THE FOLLOWING EXPLANATIONS/ DEFINITIONS
PRIOR TO COMPLETING APPLICATION****

Below is a brief description of the forms necessary to complete your alcohol application. Please complete all Necessary forms and schedule an appointment with the Marshal Bureau-
Alcohol Licensing Division 678-383-3364

The Paulding County alcohol license fee schedule lists the applicable license and applications fees which are required to be paid on *two separate certified checks*; one for the license fee and one for the application fee. ***Only*** certified checks will be accepted and those ***checks should be made payable to the Paulding Board of Commissioners.***

The enclosed forms are for all licenses; the forms required differ slightly for different applications, i.e. new applications, renewals, and transfers. ***Please complete the required forms and supply the required documents applicable to your application. (*See Application Requirement List*)***

Every effort has been made to simplify the process for all parties involved. Please review the ordinance and forms in their entirety and contact our office with any questions or concerns.

-Form 1: Owner/ applicant information- This form needs to be completed and filled out by all parties involved with the business. Be sure business name is consistent on all the forms and licenses.

-Form 2: Registered Agent - The Registered agent must be a Paulding County Resident, at least 25 years of age, and willing to receive any process, notice or demand required or permitted by law or under the Paulding County Ordinance to be served upon a licensee or owner.

PAULDING COUNTY MARSHAL BUREAU

-Form 3: Surveyor's Distance Certification: Each applicant will supply a scaled drawing showing the nearest church, school, college and/or residential dwelling along with a notarized affidavit from a registered surveyor.

-Form 4: Fingerprint/Criminal History Consent: The applicant must complete the fingerprint/criminal history consent form. Fingerprints will be processed at the Marshal Bureau.

-Form 5: Tax Commissioner's Affidavit: This applies to the business, applicant, owner and anyone with a substantial interest in the business. This form needs to be taken to the 3rd floor, property tax department prior to alcohol license appointment.

-Form 6: Residential/Church Dwelling Consent: This form is required whenever a home, "residential dwelling", falls within the 300 feet of the business location. If the home is a rental property, the owner of the property must consent. There are also stipulations that must be met when dealing with church dwellings. See form 5 for the exact ordinance that explains the distance required.

-Form 7: Wholesaler Lists: A separate form needs to be completed for each wholesaler that delivers alcoholic beverages to your business or restaurant. (you will have to make the amount of copies necessary to complete one page for EACH wholesaler/ distributor)

-Form 8: Affidavit Verifying Status for Paulding County Public Benefit Application: Used to ensure only eligible applicants are receiving public benefits. If the owner/applicant has immigrated to the United States, proof of United States Citizenship or proof of legal residency is required.

*****Additional form definitions/ explanations******

- **Paulding County Alcohol License fee schedule:** *Fees for licenses set by the Paulding County Board of Commissioners*

- **Public Notice:** *At the time the application is submitted; the Marshal Bureau will provide the applicant or their representative with the language for the Public Notice and directions for publishing the notice in the local legal organ (The Dallas New Era). The Public Notice gives the public the opportunity to submit comments to the Marshal Bureau, only allowing 30 days from the first day it is published in the Dallas New Era. (Ch.6 Sec. 6-44)*

- **Publishers Affidavit:** *After the notice has run in the paper (2 consecutive weeks) the applicant is responsible for returning a notarized Publisher's Affidavit to the Marshal Bureau. The affidavit will be supplied by the legal organ.*

- **Seating Capacity Confirmation:** *This form is supplied by the Paulding County Fire Marshal, a division of the Paulding County Fire Department. This form is required for on premises consumption. The State requires a minimum seating capacity of 50 people. An appointment will be required with the Fire Department for this confirmation. Contact 770-222-1160 for an appointment.*

| Paulding County Alcohol License Fee Schedule Page 1 of 2 | |
|--|---|
| ➤ License Fees (2 certified checks required) 1.) License Fees 2.) Application Fees-(non-refundable) | |
| <p><i>Retail Package License (Off Premises Consumption)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Malt Beverage--- \$500 <input type="checkbox"/> Wine--- \$500 <input type="checkbox"/> Combination Malt Beverage and Wine--- \$1000 | |
| <p><i>On Premises Consumption License</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Limited Pouring: Malt Beverage or Wine--- \$1550 <input type="checkbox"/> Limited Pouring: Combo malt Bev. & Wine--- \$3100 <input type="checkbox"/> Limited Pouring: Combo Distilled spirits, and either 1.) Malt Bev. or 2.) Wine--- \$4950 <input type="checkbox"/> Full Pouring: Distilled spirits, Malt Bev., & Wine &--- \$6200 <input type="checkbox"/> Brew Pub: ---\$1550 <input type="checkbox"/> Farm Winery/ Tasting Room ---\$1500 <p><i>Non- Profit Civic Organization On Premises Consumption License</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Malt Beverage, Wine and Distilled Spirits ---\$2550 <p><i>Special Events Facility</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Limited Pouring: Malt Beverage or Wine--- \$250 <input type="checkbox"/> Limited Pouring: Combo Malt Beverage & Wine--- \$500 <input type="checkbox"/> Limited Pouring: Comb Distilled Spirits & either: 1.) Malt Bev. Or 2.) Wine--- \$750 <input type="checkbox"/> Full Pouring: Distilled Spirits, Malt Bev., and wine--- \$1000 | |
| <p><i>Whole Sale License</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Malt Beverage--- \$500 <input type="checkbox"/> Wine--- \$500 <input type="checkbox"/> Combo Malt Beverage & Wine--- \$1000 <input type="checkbox"/> Combo Malt Beverage & Wine (principal place of business outside of Paulding Co. Only)--- \$100 | |
| <p><i>Manufacturing License</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Malt Beverage--- \$3000 <input type="checkbox"/> Wine--- \$3000 | |
| ➤ Application Fees | |
| <p><i>New License</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> New Malt Bev. and/or wine --- \$150 <input type="checkbox"/> New Malt Bev. and/ or wine + distilled spirits--- \$500 | <p><i>Renewals/ Transfers</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Renew Malt Bev. and/ or wine ---\$100 <input type="checkbox"/> Renew Malt Bev. and/ or wine + distilled Spirits--- \$250 |

| Paulding County Alcohol License Fee Schedule Page 2 of 2 | |
|---|--|
| ➤ Permits and Other Fees | |
| <p><i>Retail Package Permits</i></p> <p><input type="checkbox"/> Ancillary Wine Tasting Permit ---\$50</p> <p>***On Premises Consumption Event Permits***</p> <p><i>On Premises Event Permits</i></p> <p><input type="checkbox"/> Temporary Permit (2 Hr. extension) Malt Bev. & Wine-- \$100</p> <p><input type="checkbox"/> Temporary Permit (2 Hr. extension) Distilled spirits, malt beverage & wine---\$200</p> <p><i>Nonprofit Civic Organization</i></p> <p><input type="checkbox"/> Temporary Permit (up to 3 days) Malt Bev. & Wine--- \$50</p> <p><input type="checkbox"/> Temporary Permit (up to 3 days) Malt Bev. , Wine, and Distilled Spirits--- \$100</p> | <p><i>Off Premises Event Permits (alcoholic Beverage Caterer)</i></p> <p><input type="checkbox"/> Resident Cater --No charge</p> <p><input type="checkbox"/> Non-resident --- \$50/ per event (6 max per year)</p> <p><i>Server ID's</i></p> <p><input type="checkbox"/> New card--\$30:</p> <p><input type="checkbox"/> Renewal--- \$10 (only applies if current ID is NOT expired)</p> <p><input type="checkbox"/> Replacement--\$15</p> <p><i>License Transfers</i></p> <p><input type="checkbox"/> If done during renewal season--- NO charge</p> <p><input type="checkbox"/> \$150 if not done during renewal season</p> <p><i>Temporary License</i></p> <p><input type="checkbox"/> \$500 (Good for 60 days)</p> |

| Alcohol License Application Requirement List –Page 1 of 2 | |
|---|--|
| Please choose the type of license you are applying for and submit the required forms/documents | |
| Business Name: | |
| <input type="checkbox"/> New License **Please be sure you have a valid business license prior to submitting an application** | |
| The following forms and supporting documents are required for opening a new business serving or selling alcoholic beverages in Unincorporated Paulding County: | |
| <input type="checkbox"/> Form 1: Owner/ Applicant information | |
| <input type="checkbox"/> Form 2: Registered Agent Affidavit | |
| <input type="checkbox"/> Form 3: Section1: Surveyor’s Distance Certification | |
| <input type="checkbox"/> Form 3: Section2: Surveyor’s Diagram | |
| <input type="checkbox"/> Form 4: Fingerprint/Criminal History Consent and a copy of Driver’s License (<i>for applicant</i>) | |
| <input type="checkbox"/> Form 5: Tax Commissioner’s Affidavit | |
| <input type="checkbox"/> Form 6: Residential Dwelling Consent (<i>as applicable</i>) | |
| <input type="checkbox"/> Form 7: Wholesaler list (<i>even if they are the same; they must be resubmitted</i>) | |
| <input type="checkbox"/> Form 8: Affidavit Verifying Status for Paulding County Public Benefit Application (<i>for applicant</i>) | |
| <input type="checkbox"/> Seating Capacity Confirmation (<i>as applicable; see additional form definitions/ explanations</i>) | |
| <input type="checkbox"/> Evidence of Ownership or Lease for Business Location (<i>bill of sale or lease agreement</i>) | |
| <input type="checkbox"/> (2) Certified Checks <u>or</u> (2) Money orders: (SEE FEE SCHEDULE) | |
| <input type="checkbox"/> Renewal of License | |
| <input type="checkbox"/> Form 1: Owner/ Applicant information | |
| <input type="checkbox"/> Form 2: Registered Agent Affidavit | |
| <input type="checkbox"/> Form 4: Fingerprint/Criminal History Consent and a copy of Driver’s License | |
| <input type="checkbox"/> Form 5: Tax Commissioner’s Affidavit | |
| <input type="checkbox"/> Form 7: Wholesaler lists (<i>even if they are the same; they must be resubmitted</i>) | |
| <input type="checkbox"/> Form 8: Affidavit Verifying Status for Paulding County Public Benefit Application & a copy of a secure and verifiable document (<i>driver’s license, permanent resident card, passport etc.</i>) | |
| <input type="checkbox"/> (2) Certified Checks <u>or</u> (2) Money orders: (SEE FEE SCHEDULE) | |

.....Continued on Next Page

Alcohol License Application Requirement List—Page 2 of 2

Transfer of License (ONLY when applicant information changes does this apply)

- Form 1: Owner/ Applicant information
- Form 2: Registered Agent Affidavit
- Form 4: Fingerprint/Criminal History Consent and a copy of Driver's License *(for applicant)*
- Form 5: Tax Commissioner's Affidavit
- Form 7: Wholesaler lists *(even if they are the same; they must be resubmitted)*
- Form 8: Affidavit Verifying Status for Paulding County Public Benefit Application & a copy of a secure and verifiable document *(for applicant)*
- (2)** Certified Checks or **(2)** Money orders: *(SEE FEE SCHEDULE)*

FORM 1: Section 1 of 2 (Owner/Applicant information)

BUSINESS INFORMATION (PRINT LEGIBLY OR TYPE)

| | | | | |
|---|---|--------------------------------------|--------------------------------------|-----------------------------|
| Name of Business (including d/b/a if applicable) | | | | |
| Business Address | | | | |
| Type of Ownership | Proprietorship <input type="checkbox"/> | Partnership <input type="checkbox"/> | Corporation <input type="checkbox"/> | Federal/State Tax ID Number |
| County Occupational Tax Certificate Number (Business License) | | | Published Telephone Number | |
| Description of Location (i.e. convenience store, restaurant) | | | | |

APPLICANT/LICENSEE INFORMATION (THE APPLICANT CAN ALSO BE REGISTERED AGENT IF; A RESIDENT OF PAULDING)

| | | | |
|--|--------------------------------|--------------------------------------|--|
| Applicant Is: | Owner <input type="checkbox"/> | Stockholder <input type="checkbox"/> | Fulltime Employee <input type="checkbox"/> |
| Last Name | First | M.I. | |
| Home Address | | | |
| Home Phone | Business/Cell Phone | E-mail | |
| Georgia Resident For At Least One Year? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Social Security No. (required) |
| Date of Birth | 25 Years Old/Older? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Ever Been Arrested? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Paulding County Resident? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have You Ever Made Application For An Alcoholic Beverage License? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Disposition? |
| Has Any Previously Issued Alcoholic Beverage License Been Revoked? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If Yes, Reason? |

REGISTERED AGENT INFORMATION (IF DIFFERENT FROM APPLICANT/LICENSEE)

| | | | |
|---------------------------|------------------------------|------------------------------|--|
| Last Name | First | M.I. | Title |
| Home Address | | | |
| Home Phone | Business/Cell Phone | E-mail | |
| Paulding County Resident? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Social Security No. (optional) |
| Date of Birth | 25 Years Old/Older? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Ever Been Arrested | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| United States Citizen | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |
| | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

BUSINESS OWNER INFORMATION (IF DIFFERENT FROM APPLICANT/LICENSEE)

| | | |
|--|------------------------------|--------------------------------|
| Last Name | First | M.I. |
| Address | | |
| Home Phone | Business/Cell Phone | E-mail |
| Georgia Resident For At Least One Year? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Date of Birth | 25 Years Old/Older? | Social Security No. (optional) |
| Ever Been Arrested? | | YES <input type="checkbox"/> |
| | | NO <input type="checkbox"/> |
| United States Citizen? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, are you authorized to work in the U.S.? | | YES <input type="checkbox"/> |
| | | NO <input type="checkbox"/> |
| Have You Ever Made Application For An Alcoholic Beverage License? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Disposition? | | |
| Has Any Previously Issued Alcoholic Beverage License Been Revoked? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If Yes, Reason? | | |

| FORM 1: SECTION 2 OF 2 | | | | | | | | | |
|--|--|------------------------------|------------------------------|--|-----------------------------|-----------------|------------------------------|-----------------------------|--|
| BUSINESS PARTNER/CORPORATION OFFICER (IF APPLICABLE) | | | | | | | | | |
| Last Name | | | First | | | | M.I. | | |
| Address | | | | | | | | | |
| Home Phone | | Business/Cell Phone | | | | Email | | | |
| Georgia Resident For At Least One Year | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Social Security No. (optional) | | | | | |
| Date of Birth | | 25 Years Old/Older? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Ever Been Arrested? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| United States Citizen? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have You Ever Made Application For An Alcohol Beverage License? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Disposition? | | | |
| Has Any Previously Issued Alcoholic Beverage License Been Revoked? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If Yes, Reason? | | | |
| BUSINESS PARTNER/CORPORATION OFFICER (IF APPLICABLE) | | | | | | | | | |
| Last Name | | | First | | | | M.I. | | |
| Address | | | | | | | | | |
| Home Phone | | Business/Cell Phone | | | | Email | | | |
| Georgia Resident For At Least One Year | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Social Security No. | | | | | |
| Date Of Birth | | 25 Years Old/Older? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Ever Been Arrested? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| United States Citizen? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S. | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have You Ever Made Application For An Alcoholic Beverage License? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Disposition? | | | |
| Has Any Previously Issued Alcoholic Beverages License Been Revoked? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If Yes, Reason? | | | |
| AFFIRMATION AND SIGNATURE **NEEDS TO BE SIGNED BY ALL PARTIES LISTED ON THE APPLICATION** | | | | | | | | | |
| <p>Statement of Confidentiality: Information provided by a business or practitioner to Paulding County for the purpose of determining applicability is confidential to the extent it qualifies for exemption from disclosure under Article 4, Chapter 18, Title 50 of the Official Code of Georgia. Such information may be provided to other government agencies for the purposes of criminal investigations and occupational tax purposes.</p> <p>Affidavit: I hereby certify that all information provided herein is complete. I have answered all questions completely and truthfully to the best of my knowledge. I hereby acknowledge that I have read and understand the rules and regulations for operation of a business in Paulding County. Any false statement on this application automatically voids the application and may result in prosecution.</p> | | | | | | | | | |
| Signature of Applicant/Licensee: | | | | | | Date: | | | |
| Signature of Registered Agent: | | | | | | Date: | | | |
| Signature of Owner: | | | | | | Date: | | | |
| Signature of Partner/Officer: | | | | | | Date: | | | |
| Signature of Partner/Officer: | | | | | | Date: | | | |

FORM 2: (REGISTERED AGENT AFFIDAVIT)



240 Constitution Blvd Dallas, GA 30132

Affidavit for Application of Registered Agent

Before the undersigned attesting officer comes _____, who being duly sworn deposes and says that (s)he is a resident of Paulding County and at least 25 years of age, designated by _____, a licensee, to receive any process, notice, or demand required or permitted by law or under the Paulding County Ordinance to be served upon a licensee or owner.

The undersigned, on oath, states that if (s)he changes residence within Paulding County or outside of Paulding County or chooses to no longer be the registered agent, (s)he will notify the Marshal Bureau, in writing, within (10) business days.

This _____ day of _____, 20____.

Affiant Signature

Sworn to and subscribed before

me this _____ day of _____, 20____

Notary Public

FORM 3: SECTION 1 OF 2 (Surveyor's Distance certification)

APPLICANT BUSINESS INFORMATION

Applicant Business' Name:

Address of Location Surveyed:

SURVEYOR/SURVEYING COMPANY INFORMATION

Name of Surveying Company:

Company Address:

Name and Title of Surveyor:

| | |
|-------------------------------|-----------------|
| Georgia Land Surveyor Number: | Date of Survey: |
|-------------------------------|-----------------|

| | |
|----------------------|---------|
| Business/Cell Phone: | E-mail: |
|----------------------|---------|

AFFIDAVIT

I, the undersigned, a registered land surveyor in the State of Georgia do hereby swear and affirm under penalty of perjury, that I have inspected the proposed location of the licensed premises shown on the attached plat and have measured the distance to the nearest church, school, college or residential dwelling. Unless noted on the plat, the proposed location of the licensed premises complies with the distance requirements of the Paulding County Code of Ordinances, Chapter 6, Article IV Section 6-90 and the requirements of Title 3, Chapter 3, Section 21 of the Official Code of Georgia Annotated.

No license shall be issued for any place of business which is:

- (a) located within six hundred (600 feet) of any school building, educational building, school grounds, or college campus or adult entertainment establishment or
- (b) within five hundred (500 feet) of a church, or within three hundred feet (300) feet of a private single-family or two-family dwelling in a zoning district that permits single- and/or two family dwellings; provided, however, this prohibition shall not apply with respect to a private dwelling or church located in a zoning district in which alcoholic beverage sales are authorized.

The distances in this chapter shall be measured along the route traversed by vehicle along a public road between the front door of the business to a point at the front door of the main structure of the church, school, or residential dwelling. As used in this section, the term "school building" or "educational building" shall apply to only state, county, city or church school buildings and to such buildings at any other schools in which are taught subjects commonly taught in schools and colleges of this state and which are public schools and private schools as defined in O.C.G.A § 20-2-690(b). The term "school building" includes only those structures in which instruction is offered. The term "church building" as used in this section means the main structure used by any religious organization for purposes of worship. If a school, church, or residential dwelling subsequently locates within the prohibited area of a preexisting licensed premises this provision shall not be applicable and such an event would not cause a license holder to be in violation of this provision or prohibit the renewal nor transfer of the license. In any event, no license shall be issued for a location which would cause the licensed premises to be in violation of state law as set forth at O.C.G.A. § 3-3-21. The owner of a residential dwelling or the official governing authority of the organizational structure of a legal church entity which is located within the prohibited area described in this subsection may consent in writing to the applicant obtaining a license for the sale of alcoholic beverages by waiving the distance requirements.

*****CONTINUED ON NEXT PAGE*****

FORM 3: SECTION 2 OF 2

SURVEYOR:

DATE:

NOTARY PUBLIC

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

Notary's Seal

FORM 4: (FINGERPRINT/CRIMINAL HISTORY CONSENT) *THIS APPLIES TO APPLICANT*

APPLICANT/OWNER/LICENSEE INFORMATION

Business Name:

| | | |
|------------|--------|---------|
| Last Name: | First: | Middle: |
|------------|--------|---------|

Address:

| | |
|------------|---------|
| Phone No.: | E-mail: |
|------------|---------|

| | |
|----------------------------------|---------------------------------|
| Driver's License Number & State: | Social Security No. (required): |
|----------------------------------|---------------------------------|

| | | | |
|----------------|-------|--|------------|
| Date of Birth: | Race: | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Eye Color: |
|----------------|-------|--|------------|

| | | | |
|--------------------------------|-------------|---------|---------|
| Place of Birth (city & state): | Hair Color: | Height: | Weight: |
|--------------------------------|-------------|---------|---------|

Country of Citizenship:

CONSENT *MUST BE SIGNED IN FRONT OF NOTARY*****

The undersigned does hereby consent to be fingerprinted by the Paulding County Marshal Bureau and to allow the same to be transmitted to the Georgia Bureau of Investigation, Federal Bureau of Investigation or any other Federal, State or Local Law Enforcement Agency for the purpose of conducting a criminal background search on the undersigned. The undersigned does further consent and authorize the Paulding County Marshal Bureau or any Federal, State or Local Law Enforcement Agency to obtain a copy of and conduct an investigation into the criminal history of the undersigned which may be found in the files of any Federal, State or Local Criminal Justice Agency and/or maintained by the Georgia Crime Information Center or National Crime Information Center.

I the undersigned have read and understand the Privacy Right Statement provided to me

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

NOTARY PUBLIC

Sworn and subscribed before me this _____ day of _____, 20____.

 Notary Public

Notary's Seal

FORM 5: (TAX COMMISSIONERS AFFIDAVIT *Complete prior to appointment time*)

Applicant Business Information

Applicant Business Name:

Business Address:

Applicant's Name:

Applicant's Address:

Owner and/or Other Parties:

AFFIDAVIT

I, Bill Watson, as Paulding County Tax Commissioner (or his lawful deputy) certify that there are no delinquent taxes owned to Paulding for either real or personal property pertaining to the business and/or person(s) listed above.

Signature of Tax Commissioner (or deputy):

Notary Public

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

Notary's Seal

Paulding County Tax Commissioner
Third Floor Paulding County Administration Building
240 Constitution Blvd
Dallas, Georgia 30132
Phone 770/443-7581

| FORM 6: (RESIDENTIAL/CHURCH DWELLING CONSENT) | |
|---|-------|
| APPLICANT BUSINESS INFORMATION | |
| Applicant Business' Name: | |
| Business Address: | |
| AFFIANT INFORMATION | |
| Affiant's Name(s): | |
| Affected Address: | |
| Affiant's Address If Different From Above: | |
| Affiant's Telephone Number: | |
| AFFIDAVIT | |
| <p>I or we, the undersigned, owner or owners of the residential dwelling or church located at the above listed address do hereby swear or affirm that I or we consent to the applicant obtaining a license for the sale of alcoholic beverages and have no objection to the Paulding County Board of Commissioners waiving the distance requirements as set forth in the Paulding County Code of Ordinances, Section 6-90 which states:</p> <p>(a) No alcoholic beverage license shall be issued for a location where the front door of the main structure of the business is located within six hundred (<u>600</u>) feet of any school building, educational building, school grounds, or college campus or adult entertainment establishment.</p> <p>(b) No alcoholic beverage license shall be issued for any place of business which is located within five hundred (<u>500</u>) feet of a church or within three hundred (<u>300</u>) feet of a private single-family or two-family dwelling in a zoning district that permits single- and/or two-family dwellings; provided, however, this prohibition shall not apply with respect to a private dwelling or church located in a zoning district in which alcoholic beverages sales are authorized.</p> <p>(c) The distances in this chapter shall be measured along the route traversed by vehicle along a public road between the front door of the business to a point at the front door of the main structure of the church, school, or residential dwelling.</p> <p>(d) If a school, church, or residential dwelling subsequently locates within the prohibited area of a preexisting licensed premises this provision shall not be applicable and such an event would not cause a license holder to be in violation of this provision or prohibit the renewal nor transfer of the license.</p> | |
| Affiant's Signature: | Date: |
| Affiant's Signature: | Date: |

Sworn to and subscribed before

me this _____ day of _____, 20_____

 Notary Public

| FORM 7: (WHOLESALE LIST *COMPLETE A FORM FOR EACH DISTRIBUTOR* COPY AS NEEDED) | |
|---|-------|
| APPLICANT BUSINESS INFORMATION: | |
| Applicants' Business Name: | |
| Business Address: | |
| WHOLESALE INFORMATION: (Please list one wholesaler per form, use additional forms if necessary) | |
| Wholesaler Name: | |
| Wholesaler Address: | |
| Wholesaler Contact Number: | |
| Wholesaler Contact Person: | |
| PAULDING COUNTY ALCOHOL ORDINANCE, DIVISION 6. EXCISE TAXES | |
| <p>Sec. 6-116. Taxes; amount levied. There is hereby levied and imposed upon each wholesaler selling alcoholic beverages in the unincorporated area of the county, an excise tax in the following amounts: (1) Where malt beverages, commonly known as tap or draft beer, are sold in and from a barrel or bulk container a tax of \$6.00 on each container sold containing not more than 15 1/2 gallons and a proportionate tax at the same rate on all fractional parts of 15 1/2 gallons; (2) Where malt beverages are sold in bottles, cans or other containers except barrel or bulk containers, a tax of \$0.05 per 12 ounces and a proportionate tax at the same rate on all fractional parts of 12 ounces; (3) On the first sale or use of wine by the package a tax of \$0.22 per liter and a proportionate tax at the same rate on all fractional parts of a liter. (Res. No. 04-40, § 1(Exh. A), 12-14-2004)</p> <p>Sec. 6-117. Exemption. The taxes imposed by this division shall not be levied with respect to any sales of wine or beer which are exempt from taxation by federal or state law. (Res. No. 04-40, § 1(Exh. A), 12-14-2004)</p> <p>Sec. 6-118. Form of reporting and payment. (a) The taxes collected pursuant to this division by wholesalers shall be paid on or before the tenth day of the month following the calendar month in which the beverages are sold or disposed of within the unincorporated area of the county by the wholesale dealer. (b) Each licensee responsible for the payment of the taxes levied by this division shall file a report itemizing for the preceding calendar month the exact quantities of malt beverages and wine, by size and type of container, sold during the month within the unincorporated area of the county. The licensee shall file the report with the clerk of the board of commissioners. (Res. No. 04-40, § 1(Exh. A), 12-14-2004)</p> <p>Sec. 6-119. Revenue. Revenue produced from this chapter shall be used only in the unincorporated area of the county. (Res. No. 04-40, § 1(Exh. A), 12-14-2004) Secs. 6-120--6-140. Reserved.</p> | |
| Applicant Signature: | Date: |

FORM 8: (AFFIDAVIT VERIFYING STATUS for PAULDING COUNTY PUBLIC BENEFIT)

Affidavit Verifying Status for Paulding County Public Benefit Application
O.C.G.A. § 50-36-1(e)(2) Affidavit

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

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ 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.

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

Executed in _____(city), _____(state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC