

**CITY OF FOREST PARK  
DEPARTMENT OF POLICE SERVICES**

**APPLICANT CHECKLIST  
ALCOHOL/LIQUOR LICENSE APPLICATION**

Application Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

\_\_\_\_\_ Filing Fee: Three hundred dollars (\$300.00) per application.

\_\_\_\_\_ Release Form: Attached.

**EXHIBIT**

A \_\_\_\_\_ APPLICATION – Must be typed/or printed clearly. Use full complete names, no initials.

B \_\_\_\_\_ PERSONNEL STATEMENT – Form by managers, owners and co-owners.

C \_\_\_\_\_ CERTIFIED LAND SURVEY – Surveyed by certified land surveyor.

D \_\_\_\_\_ LEASE OR DEED – Showing legal access to property.

E \_\_\_\_\_ CORPORATE PAPERS – Attach Corporate Charter, By-Laws, Articles of Incorporation, must contain list of Corporate Officers and registered Agent for Service.

F \_\_\_\_\_ PHOTOGRAPHS – Must have two (2) passport-size photographs attached to this application for each Personnel Statement submitted.

G \_\_\_\_\_ FINGERPRINTS – Must have two (2) fingerprint cards attached to this application for each Personnel Statement submitted.

H \_\_\_\_\_ EMPLOYEE LIST

I \_\_\_\_\_ BLUEPRINT or SCALE DRAWING of premises (On Premises Consumption only)

**YOU MUST SUBMIT CHECKLIST WITH APPLICATION**

Each item must be checked and completed before the processing can begin by Police Services.

**CITY OF FOREST PARK  
DEPARTMENT OF POLICE SERVICES**

**NOTICE**

**RELEASE FORM**

All questions and/or blanks must be answered fully and correctly. If the information requested does not apply, so state. If there is not sufficient space for the information requested attach a separate sheet and designate the question number by the reply. Allow ten (10) days for processing.

**IMPORTANT**

When completed, the application must be dated, signed and verified under oath by the applicant.

Application must be accompanied with a money order or certified check in the amount of three hundred dollars (\$300.00) to cover administrative cost.

“By making this application, the undersigned does hereby authorize the City of Forest Park to:

- (a) Investigate the truthfulness of each and every part of this application and any attachments thereto.
- (b) Investigate the character and reputation of the undersigned.
- (c) Obtain credit information on the undersigned.
- (d) Make this application, attachments thereto and any information derived from investigations conducted pursuant to the application, public records of the City of Forest Park.

\_\_\_\_\_  
Signature of Person Making Application

\_\_\_\_\_  
Type Name Here

**CITY OF FOREST PARK, GEORGIA**

APPLICATION NUMBER: \_\_\_\_\_

Liquor: \_\_\_\_\_

DATE & TIME: \_\_\_\_\_

Beer: \_\_\_\_\_

Wine: \_\_\_\_\_

\*\*\*\*\*  
Calendar Year: \_\_\_\_\_

1. Type of business entity (check appropriate space).

\_\_\_\_\_ Sole Proprietorship                      \_\_\_\_\_ Partnership                      \_\_\_\_\_ Corporation

2. (a) Full name and address legal residence of licensee and agent of licensee making application:

(1) Licensee (business) Name: \_\_\_\_\_

\_\_\_\_\_

(2) Agent for Licensee: \_\_\_\_\_

\_\_\_\_\_

(b) How long has the licensee and agent been located at the above address?

\_\_\_\_\_ (licensee)

\_\_\_\_\_ (agent)

(c) Give your previous legal address and length of time that the agent has resided at any such residence for the past ten (10) years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(d) Are you the applicant a resident of Forest Park, Georgia?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ Length of time as a Forest Park resident: \_\_\_\_\_

**PERSONAL INFORMATION CONCERNING APPLICANT FOR LICENSEE**

3. Date of Birth: \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_

5. Emergency phone number where you may be contacted: \_\_\_\_\_

6. Your Georgia's Driver License Number: \_\_\_\_\_

7. Social Security Number: \_\_\_\_\_

**BUSINESS INFORMATION**

8. Trade name and description of business operation for which license is applied:  
Trade name: \_\_\_\_\_

Indicate One: Hotel/Motel: \_\_\_\_\_ Restaurant: \_\_\_\_\_  
Banquet Hall: \_\_\_\_\_ Private Club: \_\_\_\_\_

9. Location of business for which license is applied:

(a) Street Address: \_\_\_\_\_  
(b) Telephone Number: \_\_\_\_\_  
(c) Mailing Address: \_\_\_\_\_

(d) Is the applicant and/or license holder the owner of the building where this business is to be conducted?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

(e) Is applicant and/or license holder also the owner of the land where the business is located?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

(f) If you answer is "no" to sub-part either (d) or (e) in this question, state the business arrangements by which the licensee will occupy the premises; (i.e. lease, sub-lease or otherwise) and attach hereto a copy of a lease agreement in the event the premises are leased:

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

(g) State the full names and address of the owner of the building, and the name and address of the owner of the land, and the name and address of all lessors and sub-lessors, and attach all copies of lease agreements:

| Building Owner | Address | Relationship to Applicant |
|----------------|---------|---------------------------|
|                |         |                           |
| Land Owner     | Address | Relationship to Applicant |
|                |         |                           |
| Other          | Address | Relationship to Applicant |
|                |         |                           |

(h) Has the applicant and/or license holder entered into an agreement or contracted with either the owner or owners, lessors or sub-lessors for either the building or land or both, which provides for the payment or rent on a percentage or profit sharing basis?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

10. State the name and residence of each person, firm or corporation having any ownership in this business and the amount of such interest:

(a) \_\_\_\_\_  
Name Age Telephone Number  
\_\_\_\_\_  
Residence Address

(b) \_\_\_\_\_  
Name Age Telephone Number

Residence Address

(c)

Name Age Telephone Number

Residence Address

PERCENTAGE INTEREST IN BUSINESS: (a) \_\_\_\_\_

(b) \_\_\_\_\_ (c) \_\_\_\_\_

(Attach Additional Information if Necessary.)

11. Is any amount of the capital of this business entity borrowed? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
If yes, state the source from whom the funds were received:

(a) \$ \_\_\_\_\_  
Amount Lender Address

(b) \$ \_\_\_\_\_  
Amount Lender Address

12. If this business will be owned in whole or in part by a partnership, corporation or any other association, list the members of such organization and give their address, State and County of their legal residence, and the amount of their interest.

(a) \_\_\_\_\_  
Name Percentage Interest

Residence City State Zip County

(b) \_\_\_\_\_  
Name Percentage Interest

Residence City State Zip County

13. Does any person or organization listed in Questions, 2, 10, 11 or 12 have any financial interest whatsoever in any other business selling distilled spirits, wine or beer either in this State or in any other State? If so, list the name of such person or organization any such other business, together with the location of the business and the amount and type of interest. YES: \_\_\_\_\_ NO: \_\_\_\_\_

\_\_\_\_\_  
Name Business Address Description of Interest

\_\_\_\_\_  
Name Business Address Description of Interest

14. List all other liquor, beer or wine business that your general manager has interest in, employed by or associated with in any way whatsoever:

\_\_\_\_\_  
Name

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Address

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Type of Interest and Amount

15. Name (attach and exhibit hereto if necessary) all employees at this business location and indicate for each person the following:

| NAME: | POSITION: |
|-------|-----------|
| _____ | _____     |
| _____ | _____     |
| _____ | _____     |

16. If you acquired this business or propose to acquire it from some previous licensee, give name and state license number of the previous license and the date acquired or to be acquired and state briefly the consideration involved.

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17. Has any place of business engaged in the sale of distilled spirits, wine or beer with which the licensee or agent has been associated ever been cited or charged at any time with any violation of Georgia law or Federal law or Municipal law or any rule or regulation or ordinance concerning the sale of such products?

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| Date | Authority Issuing Citation | Violation Alleged | Result |
|------|----------------------------|-------------------|--------|
|------|----------------------------|-------------------|--------|

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| Date | Authority Issuing Citation | Violation Alleged | Result |
|------|----------------------------|-------------------|--------|
|------|----------------------------|-------------------|--------|

18. Did the applicant or any person listed in question 10 or 11, have any interest in any business engaged in the sale of distilled spirits during the preceding calendar year? If so, state:

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| Name | Business | Interest |
|------|----------|----------|
|------|----------|----------|

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| Name | Business | Interest |
|------|----------|----------|
|------|----------|----------|

19. (a) List the name of the spouse of any person mentioned in questions 2 or 10 who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made:

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- (b) List the name of the father, mother, brother, sister, son, daughter or spouse of any of the above, of any person mentioned in questions 2 or 10 who has any interest whatsoever in any business selling distilled spirits other than the business for which this application is made:

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**READ AND COMPLETE THE FOLLOWING:**

20. There must be submitted with this application, as Exhibits, a personnel statement from the applicant and from each person listed in questions 10 and 12. Such personnel statements shall be deemed to be incorporated into and made a part of this application, and any false statement in this application and in any such personnel statement shall not only constitute false swearing under the criminal laws of this State, but shall also constitute cause for the revocation of any license issued pursuant to this application. Indicate here the number of personnel statements attached hereto: \_\_\_\_\_

21. For each person making this application, and for each principal on whose behalf same is being made, including stockholders of a corporation, members of partnership and managing officers of the business location, list below each and every criminal charge that has been brought against any of the above-named persons in which that person was charged by warrant, accusation or indictment of any crime involving moral turpitude or any violations of Federal, State or Local prohibition or liquor laws.

| Name | Date | Offense | County | Disposition |
|------|------|---------|--------|-------------|
|------|------|---------|--------|-------------|

| Name | Date | Offense | County | Disposition |
|------|------|---------|--------|-------------|
|------|------|---------|--------|-------------|

| Name | Date | Offense | County | Disposition |
|------|------|---------|--------|-------------|
|------|------|---------|--------|-------------|

22. There must be attached to this application as an Exhibit, a certificate from a registered surveyor as required by the Code of Ordinances, relating to the sale and distribution of distilled spirits in the City of Forest Park as to the radial distance from this place of business to the nearest school grounds, church and private residence, showing the straight line distance and distance measured along the most reasonable public access. Check if such exhibit is attached: \_\_\_\_\_

23. Should any change occur during the year for which a license is issued pursuant to this application which would required a different answer to any question contained in this application, or any personnel statement which is made a part of this application, such change must be reported to the City within ten (10) days. The failure to make such report shall be cause for the revocation of any license issued pursuant to this application. Indicate here by your signature that this is fully understood by the applicant and is binding upon any company, firm, corporation or organization represented by applicant:

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

24. In accordance with the Code of Ordinances for the City of forest Park, a blueprint or a scale drawing of your business facilities must be attached hereto. Initial here if such exhibit is attached: \_\_\_\_\_

**NOTE:** Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

As applicant and/or license holder, I have read the code of Ordinances and all amendments pertaining to the Ordinances governing the sale of beer, wine or other alcoholic beverages in the City of Forest Park, Georgia.

The applicant or license holder must reapply between January 1<sup>st</sup> and January 31<sup>st</sup>, of each year in order to have the license considered for continuance into the following year.

\_\_\_\_\_  
Submitting Signature of Licensee or Agent for Licensee

\_\_\_\_\_  
Print or Type Name

### VERIFICATION

I, \_\_\_\_\_, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statement and answers made by me to the foregoing questions in this application for the City of Forest Park license as a dealer in alcoholic beverages and liquors are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

\_\_\_\_\_  
Applicant's Signature  
(Full name in ink)

\_\_\_\_\_  
Applicant's Name  
(Print or type)

I certify that \_\_\_\_\_  
(the above-named applicant)  
is personally known to me, and that he signed his name to the foregoing statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL: