



Planning & Code Enforcement  
7635 Macon Hwy ~ Suite 400 ~ Watkinsville, Georgia 30677 ~ 706-769-3907

## **New or Modified Alcohol License Application**

\*Application must be completed in full along with all applicable documents to be accepted\*

**New Application Fee:**  \$100.00

**Modification Fee:**  \$500.00

**Background Check/Fingerprint** (for new registered agents and owners/partners)  \$42.00

**Type of Business:**

- Brewpub
- Recreational Club
- Retail Consumption on Premises (Restaurants)
- Retail Package
- [Wholesale Distributor – Please use online application](#)

**License Classification & Fees** – check all that apply

**Brewpubs**

- Beer \$1,000

**Recreational Club**

- Beer/Wine/Distilled Spirits \$1,000

**Retail Consumption on Premises (Restaurants)**

Beer \$1,000       Wine \$1,000       Distilled Spirits \$1,000      Total: \$\_\_\_\_\_

**Retail Package**

Beer \$500       Wine \$500      Total: \$\_\_\_\_\_

### **Business Information**

**Trade Name:** \_\_\_\_\_ dba \_\_\_\_\_

**Business Address:** \_\_\_\_\_

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

**Business Phone:** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

### **Applicant/Contact Information**

**Contact Person:** \_\_\_\_\_

**Contact Person's Phone Number:** \_\_\_\_\_

**Contact Person's Email Address:** \_\_\_\_\_



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## **Registered Agent Consent Form**

Oconee County, GA Alcohol Beverages Ordinance §3(c): The agent's name shall appear as such on the license issued. The applicant shall provide the name and address of the agent, who shall be the individual who does in fact have regular, managerial and supervisory authority over the business conducted on the licensed premises. In addition, the manager shall be an agent for service for the entity in addition to all other methods allowed for service by the laws of Georgia.

<b>Registered Agent's Information</b>	
<b>Full Legal Name:</b>	_____
<b>Home Address:</b>	_____
<b>Phone Number:</b>	_____
<b>Email Address:</b>	_____
<b>Race:</b>	_____
<b>Date of Birth:</b>	_____

I, \_\_\_\_\_, do hereby consent to serve as the *Registered Agent* for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the ordinance regulating the sale of malt beverages, wine, and distilled spirits in Oconee County, GA. I under the basic purpose is to have and continuously maintain in the County a *Registered Agent* upon which any process, notice or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served.

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

Registered Agent's Full Legal Name (Printed)

Registered Agent's Signature

**APPROVED:**

Owner/Officer/Director Name

### Owner/Officer/Director's Title



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## RASS Training

Oconee County, GA Alcohol Beverages Ordinance §3(h): The following Licensees and the Licensee's Managers/Owners shall attend a workshop which has been approved by Oconee County.

- (1) All new businesses or recreational clubs where a license has not previously been issued; or
- (2) Where there is a change of ownership of the license; or
- (3) Where there is any change of license, the licensee has not previously attended a Responsible Alcohol Sales and Service Policy workshop for owners and managers.

<b>Names of those who attended</b>	<b>Date of Training</b>

I, \_\_\_\_\_, solemnly swear, subject to the penalties for false swearing as provided under Georgia law, all information required in this application and supporting documents for a license to sell malt beverages, wine and distilled spirits in Oconee County, Georgia, is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said license.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me

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

\_\_\_\_\_  
Public Notary (Seal)

**\*\* Pursuant to Title II ADA and Section 504 of the Rehabilitation Act of 1973, as amended, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial Assistance or under any program or activity conducted by Oconee County, Georgia. Additionally, pursuant to Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987, no person shall on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity conducted by Oconee County, Georgia.**



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## Ownership Information

**Instructions:** Under oath, each question must be fully answered. If the space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached.

**Type of Ownership:**

- Individual Ownership
- Partnership or LLC
- Corporation

### **Individual Ownership**

**Full Legal Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### **For Partnership or LLC**

**Partnership or LLC Name:** \_\_\_\_\_

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

**Business Phone Number:** \_\_\_\_\_

**Business Email Address:** \_\_\_\_\_

**Partner(s)** – all applicants who are non-individual persons shall list the names, addresses and ownership of interest of each owner of a 5% or greater interest

**Full Legal Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

(Attach additional pages if necessary)



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**Type of Ownership (cont'd)**  
(Attach additional pages if necessary)

**For Partnership or LLC**

**Corporation Name:** \_\_\_\_\_  
(name should be shown exactly as in Articles of Incorporation or Charter)

**Date of Incorporation:** \_\_\_\_\_

**Place of Incorporation:** \_\_\_\_\_

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

**Corporation Phone Number:** \_\_\_\_\_

**Corporation Email Address:** \_\_\_\_\_

**Officer(s)**

**Full Legal Name:** \_\_\_\_\_

**% of Stock Owned:** \_\_\_\_\_

**Office Held:** \_\_\_\_\_

**Officer's Home Address:** \_\_\_\_\_

**Officer's Phone Number:** \_\_\_\_\_

**Officer's Email Address:** \_\_\_\_\_

**Stockholder(s) – if different from Officers' names**

**Full Legal Name:** \_\_\_\_\_

**% of Stock Owned:** \_\_\_\_\_

**Office Held:** \_\_\_\_\_

**Officer's Home Address:** \_\_\_\_\_

**Officer's Phone Number:** \_\_\_\_\_

**Officer's Email Address:** \_\_\_\_\_

**Trustees**

**Full Legal Name:** \_\_\_\_\_

**% of Stock Owned:** \_\_\_\_\_

**Office Held:** \_\_\_\_\_

**Officer's Home Address:** \_\_\_\_\_

**Officer's Phone Number:** \_\_\_\_\_

**Officer's Email Address:** \_\_\_\_\_



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## Property Information

**Parcel Number:** \_\_\_\_\_ (Please visit QPublic for this information)

**Zoning Classification:** \_\_\_\_\_ (Please visit the Oconee County, GA Zoning map for this information)

**Is the commercial location rented/leased or owned?**

Rented/Leased – if rented/leased, please provide most current, signed leasing/rental contract  
 Owned

### **Property Owner Information**

**Full Legal Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

### **Landlord/Lessor Information**

**Full Legal Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

**Does the commercial space meet the distance requirements from the nearest churches and schools?**

Yes  
 No

**\*Please provide an engineer's report/survey along with your application**



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## Building Information

**1. Is the building complete?**

Yes – please provide a copy of a detailed site plan of building *including* the outside premises and complete floor plan of where all alcohol will be sold/served/consumed

No – please provide a copy of your building permit for the proposed building, the proposed site plan, and proposed floor plans showing where all alcohol will be sold/served/consumed

**2. Does the completed/proposed building comply with the Ordinances of Oconee County, GA, regulations of the State Revenue Commissioner or the Laws of the State of Georgia?**

Yes

No – please explain

**3. Does the business building contain sufficient lighting so that the building itself and the premises on all sides of the building are easily visible at all times, from the front of the street on which the building is located as to reveal all the outside premises of such building?**

Yes

No – please explain

**4. Is the building so illuminated that the interior of the store is visible day and night?**

Yes

No – please explain

**\*Please attach your floor plan to this application, along with any outdoor seating**



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## Business Information

**Please be sure to review the Oconee County, GA Service Area Map – which can be found on the Oconee County, GA Website**

**Is this business a franchise?**

Yes – please attach the franchise agreement  
 No

**Will there be live entertainment at this establishment?**

Yes – please explain  
 No

**Restaurants/Brewpubs Only** – all restaurants must provide a copy of their menu

(a) Total Floor Area: \_\_\_\_\_ sq.ft.  
(b) Devoted Dining Area: \_\_\_\_\_ sq.ft.  
(c) Seating Capacity: \_\_\_\_\_  
(d) Number of Full-Time Employees: \_\_\_\_\_  
(e) Hours of Service for Prepared Food/Meals: \_\_\_\_\_  
(f) Hours of Operation: \_\_\_\_\_  
(g) Do you have a full-service kitchen?  Yes  No  
(h) Is the place of business in full compliance with the definition of "Restaurant" under the Oconee County Alcohol Ordinance?  
 Yes  No (If no, please explain)

**Supermarkets/Convenience Stores Only**

(a) Total Floor Area: \_\_\_\_\_ sq.ft.  
(b) Devoted Area for Sale of groceries/food products: \_\_\_\_\_ sq.ft.  
(c) Is the establishment devoted principally to the retail of groceries and food products?  
 Yes  
 No – please explain



## Other Information

### **Silent, Undisclosed Partners or Joint Venture Partners:**

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

Yes       No

If yes, please state the name of person or other entity with their address and amount of percentage of profits and receipts to be split:

**Name:** \_\_\_\_\_

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

**%:** \_\_\_\_\_

### **Residency / Age Requirement:**

Is there any party identified in this business not a legal resident of the United States and is at least twenty-one (21) years of age?

No       Yes (If yes, please give full details on a separate sheet)

If not a US Citizen, can they legally be employed in the US?

No       Yes (If yes, please explain on separate sheet and submit copies of eligibility)

### **Disclosure of Previous Denials:**

Is there anyone connected with this business that has applied for a beer, wine and/or liquor license from Oconee County or any other city or county in the State of Georgia or other state or political subdivision and been denied such?

No       Yes (If yes, please give full details on a separate sheet)

### **Disclosure of Licenses Held:**

Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category?

No       Yes (If yes, please give full details on a separate sheet)

### **Disclosure of Felony / Other Convictions or Offenses:**

Is there anyone connected with this business that has been convicted of a felony or a crime involving moral turpitude?

No       Yes (If yes, please give full details on a separate sheet including: dates, charges, and disposition)

Is there anyone connected with this business that has been convicted of any state, federal, or local ordinance pertaining to the manufacture, possession, use, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof within the last ten (10) years immediately prior to the filing of this application?

No       Yes (If yes, please give full details on a separate sheet including: dates, charges, and disposition)

Is there anyone connected with this business that has been found in violation of the ordinances of Oconee County, or any other county or municipality, governing alcoholic beverage licenses within the last five (5) years immediately prior to filing of this application?

No       Yes (If yes, please give full details on a separate sheet)

Is there anyone connected with this business that has been convicted under any Federal, State or County law for a criminal offense involving alcoholic beverages, gambling, or tax law violations?

No       Yes (If yes, please give full details on a separate sheet including: dates, charges, and disposition)

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

By executing this affidavit under oath, as an applicant for a Business Occupation Tax Certificate, **Alcohol License** or other public benefit as referenced in O.C.G.A. § 50-36-1, from Oconee County, Georgia, 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 \_\_\_\_\_

My card number 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. § 16-10-2, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**PLEASE COMPLETE THIS AFFIDAVIT AND SUBMIT A COPY OF THE IDENTIFICATION DOCUMENT FROM THE LIST ON THE BACK OF THIS FORM.**

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**14. Applicant's Oath:**

**NOTE:** Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties for false swearing and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, \_\_\_\_\_ COUNTY

I, \_\_\_\_\_, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, that the statements and answers made by me as the applicant in the foregoing premise and structure statement are true and correct.

\_\_\_\_\_  
Signature of Applicant/Registered Agent

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made herein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (SEAL)

**Important: Application will not be processed without this page completed and delivered to Board of Commissioners Office.**

**OCONEE COUNTY BOARD OF COMMISSIONERS  
Planning and Code Enforcement**

7635 Macon Highway; Suite 400  
Watkinsville, Georgia 30677  
Phone (706) 769-3907