

LIQUOR LICENSE REQUIREMENTS

1. **APPLICATION:** complete with E911 address (even with P.O. Box).
2. **FINANCIAL STATEMENT:** either you or your CPA can complete, either on our form or their print out.
3. **PUBLICATION NOTICE:** (New Applicants Only) Board Meetings are held on the 1st Monday of each month at 6:00 p.m. (unless holiday-2nd Monday). Applicants take this form to Early County News. Please make sure that the postings are in the paper for those 2 weeks., (Please notify Administration office)
4. **PERSONAL PERFORMANCE BOND:** Insurance company may use our form or their own.
Beer/Wine/Liquor-each are \$1,000.00 (ex:3 license = \$3,000.00)
5. **APPLICATION FEES:** (*New applicants-certified check, money order or cash*): Beer/Wine-on premises-\$500.00 each; Liquor-off premises-\$2,500.00; Beer/Wine-off premises-\$250.00 each.
6. **CRIMINAL BACKGROUND CONSENT FORM:** This process is performed at the Jail. Please have a copy of form with rest of your paperwork. Charge runs around \$65.00
7. **AFFIDAVITS:** both forms to be completed Copy of driver's license with O.C.G.A 50-36-1; O.C.G.A. 36-60-6 (d)-complete the one that applies to you (less than 10 employees OR less than 100 employees).
8. **ALL FORMS ARE TO BE COMPLETED & RETURNED IN AT EARLY CO. ADMINISTRATION OFFICE , 204 COURT SQUARE, PRIOR TO BOARD MEETINGS.**

THANK YOU
PLEASE CALL ME IF YOU HAVE ANY QUESTIONS

Lakieta Warren
County Clerk
229-723-4304

PERSONAL FINANCIAL STATEMENT

Complete this form, or your Accountant's Form

Name: _____ Date: _____

Address: _____

Please print or type answers. Answer all questions using "NO" or "NONE" where necessary.

Assets		Liabilities	
Total Assets		Total Liabilities	
Source of Income		Personal Information	
Salary		Business or Occupation:	
Bonuses & Commissions			
Real Estate Income		Partners:	
Other (Alimony, etc.)		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
Total Income		Number of Dependents/Children:	
Banking Relations (List of bank accounts, savings & loans)			
Name & Address	Cash Balance	Secure / Unsecured	Amount
Insurance Coverage on Buildings and Automobiles (include Liability Only)			
Name & Address	Amount	Liability or Full Coverage	

Under penalty of making false statements, the undersigned certifies that the information contained in this statement is true and correct.

Applicant's Signature: _____	Date: _____
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ALCOHOLIC BEVERAGE

Publication Notice

****NEW APPLICANTS ONLY****

(to be completed by Early County Administration office)

Date: _____

_____ d/b/a _____
(Individual Name) (Business Name)

has made application to the **Early County Board of Commissioners**
for a:

- Packaged Beer License
- Tavern Beer License (on premises)
- Liquor License
- Wine License
- Tavern Wine License (on premises)

at a location described as _____

The Commissioners will take official action on the application at their regular; special meeting on:

Day: _____

Date: _____

Time: _____

Location: Early County Theatre'; 202 Court Square, Blakely, GA

Sign: X _____
(Applicant)

This COMPLETED form should be received by the Early County News no later than Monday before the first publication date. Payments are due in advance.

Publication Date: _____

Received by: _____

CRIMINAL BACKGROUND CONSENT FORM

I hereby authorize the Early County Board of Commission Clerk, Lakieta Warren to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency to determine alcohol and beverage license eligibility.

_____	Sex	Race	DOB
Full Name (print)			
_____	Social Security Number		
Address			
_____	Phone Number		
City	State	Zip	

This authorization is valid for 90 days from date of signature.

_____	_____
Signature	Date

_____	_____
NOTARY PUBLIC	Date

Use: ORI GA923172Z

Note: Jailor Livescan this subject. (Front machine) Do not collect any fees. Call County Admin office at 723-4304 x1001 when response is returned. Do Not give to applicant.

***** FOR SHERIFF'S DEPARTMENT USE ONLY *****

Date: _____
 Operator name: _____
 Paid: \$65.00 paid to Early County Board of Commissioners
 Record: Yes No
 GA SID # _____

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor (O.C.G.A. § 35-3-34 (b) and § 35-3-35 (b)).

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned

information. Alternatively you may send your challenge directly to GCIC provided that disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes, pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____ [name of government entity], 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
My Commission Expires:

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs less than one hundred (100) employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made prior to July 1, 2013.

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 201__ in _____(city), _____(state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.