



## CLAY COUNTY, GEORGIA ALCOHOL BEVERAGE LICENSE APPLICATION OVERVIEW

### 1. Purpose

The purpose of this packet is to assist the applicant in complying with the requirements for issuance of alcoholic beverage licenses. Please review the Alcoholic Beverage Ordinance (Chapter 111) in its entirety to familiarize yourself with all the qualifications and requirements contained therein. A copy of the Ordinance can be obtained at no charge from the county's web site at [www.claycountyga.org](http://www.claycountyga.org) or from the Clay County Clerk for a nominal fee.

Failure to fully complete the application for a license or failure to furnish accurately all of the requested data, information and records required by the application form, or failure to accompany the application with the payment of the prescribed fee shall be deemed just cause for denying the application with prejudice.

License fees shall be payable in advance for an entire year beginning January 1<sup>st</sup> and ending December 31<sup>st</sup> of the same year. The suspension or revocation of any license granted pursuant to this article shall not entitle the licensee to a return of any portion of the license fee.

### 2. A fully completed application includes the following:

- a. Application form
- b. Employment history for last 5 years for the applicant and each partner or officer named in the application
- c. Proof of general liability insurance, workers compensation insurance, and alcoholic beverage liability insurance, effective for at least one year from the date of the application.
- d. Consent agreement for a criminal history record for the applicant and each partner or officer named in the application. All employees must have a criminal history check by the Clay County Sheriff's Office before the establishment opens for business, and all subsequent employees must have criminal background check before employment begins.
- e. Photograph of the applicant and each partner or officer named in the application.
- f. Finger prints of the applicant and each partner or officer named in the application.
- g. Verification of Advertisement for the public hearing including the date, time and location of the public hearing.

- h. A bank money order, certified check, cash or personal check for the administrative fee of \$ 40.00

**3. Application Process**

- a. Applicant receives and completes the application form and obtains all required attachments
- b. Applicant submits the application form, attachments and payment in full to:  
Clerk, Clay County Board of Commissioners  
147 Wilson Street, Suite 1  
Fort Gaines, GA 39851  
T: (229) 768-3238 F: (229) 768-3672
- c. Applicant must publish in legal organ of the County, a notice of public hearing that includes the date, time and location of the scheduled public hearing.
- d. The Board of Commissioners conducts a public hearing regarding the application.
- e. The Board of Commissioners either grants or denies the application.
- f. If approved, all fees must be paid to the Clerk of the Board of Commissioners before the license is issued.



## CLAY COUNTY, GEORGIA ALCOHOL BEVERAGE LICENSE APPLICATION FORM

Instructions: Please answer all the questions completely. Return the signed and dated form, all attachments and payment for license fee to:

CLAY COUNTY BOARD OF COMMISSIONERS  
147 WILSON STREET, SUITE 1  
FORT GAINES, GEORGIA 39851  
T: (229) 768-3238 F: (229) 768-3672  
MONDAY - FRIDAY, 8:00 am - 4:30 pm

1. Type of Application:  New  Annual Renewal
2. Type of Business:  Package Store  Supermarket  Tavern  
 Restaurant  Convenience Store  Club  
 Other (Explain) \_\_\_\_\_
3. Alcoholic Beverages Consumed:  On Premises  Off Premises
4. Application for this location is to sell:  Beer Only  Wine Only  Beer and Wine
5. Is this business located within 100 yards of a School Grounds or a Church?  Yes  No
6. The Entity making this application is a:  
 Individual \_\_\_\_\_  
Name of Applicant  
 Partnership/Corporation - Please attach listing of all Officers and/or Partners associated with this business  
 Limited Liability Company – Please attach listing of all Officers associated with this business
7. Is the licensee at least 21 years of age and a citizen of the United States?  
 Yes  No

8. Has the licensee been convicted within the past ten years of any felony, any misdemeanor involving moral turpitude, or any other misdemeanor or violation of county alcohol ordinances within the past two years, or at any time of any criminal offense relating to alcoholic beverages, taxes, or gambling?
- Yes  No
9. Has the licensee been denied or had revoked, within 12 months next preceding this application, any license to sell alcoholic beverages issued by any government entity?
- Yes  No
10. Is the licensee the owner of the premises to be licensed or the holder of a lease thereon for substantially the same period to be covered by the license?
- Owner  Lessee – please attach lease agreement signed by all parties
11. Upon issuance of the State Alcohol Beverage License issued in the applicant's name, please submit a copy to the Administration Office.
12. Are all taxes current on the property?
- Yes  No – (License will not be issued until all taxes are paid in full)
13. Please attach to this application a detail floor plan of the inside and outside of the property. Please include all parking and storage areas.
14. Will this establishment be serving any foods?
- Yes (please attach copy of food permit from Health Department)  
 No
15. Please attach a copy of your Georgia Sales and Use Tax ID Certificate
16. A Certificate of Occupancy from the State Fire Marshall must be attached
17. Each applicant for an alcoholic beverage license shall pay a non-refundable administrative fee in the amount of \$40.00.
18. License fees (check all that apply):
- Beer Only \$ 250.00  
 Wine Only \$ 250.00  
 Beer and Wine \$ 500.00

I hereby attest that all statements made herein are true and accurate to the best of my knowledge and that I have read and understood the Clay County Alcoholic Beverage Ordinance (Chapter 111).

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date

**PERSONAL FINANCIAL STATEMENT**  
(Please include one for the applicant and each partner and/or officer)

Date \_\_\_\_\_

Name \_\_\_\_\_ Title (Position) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

**Assets:**

Cash on Hand/In Bank \$ \_\_\_\_\_

Accounts/Loans Receivable \$ \_\_\_\_\_

Other Assets \$ \_\_\_\_\_

**(A) Total Assets** \$ \_\_\_\_\_

**Liabilities:**

Notes Payable to Banks \$ \_\_\_\_\_

Notes Payable to Others \$ \_\_\_\_\_

Accounts Payable \$ \_\_\_\_\_

Other Liabilities: \$ \_\_\_\_\_

**(B) Total Liabilities** \$ \_\_\_\_\_

**Net Worth - (A) minus (B)** \$ \_\_\_\_\_

**Source of Income (mark all that apply):**

Earned Wages                     Real Estate                     Retirement Income

Other Income (please explain):

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

Checking Account: \_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Location

Savings Account: \_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Location

Please List all Real Estate Titled in Your Name.

Property Address: \_\_\_\_\_  
Mortgage Payment: \_\_\_\_\_ Lien Holder: \_\_\_\_\_  
Market Value: \_\_\_\_\_ Unpaid Taxes: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Mortgage Payment: \_\_\_\_\_ Lien Holder: \_\_\_\_\_  
Market Value: \_\_\_\_\_ Unpaid Taxes: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Mortgage Payment: \_\_\_\_\_ Lien Holder: \_\_\_\_\_  
Market Value: \_\_\_\_\_ Unpaid Taxes: \_\_\_\_\_

Please attach a copy of the prior year Federal and State Income Tax Returns for the applicant, and each partner or officer named in the application.

UNDER PENALTY FOR MAKING FALSE STATEMENTS, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date

