

LICENSE YEAR: _____



DATE: _____

CLASS V ALCOHOL BEVERAGE LICENSE APPLICATION

(must be submitted at least thirty (30) days prior to the planned event)

NAME OF APPLICANT: (spell out full name, no initials)

LEGAL MAILING ADDRESS OF APPLICANT:

SSN: _____ DOB MONTH/DAY/YEAR: _____ HOME PHONE: _____ BUSINESS PHONE: _____

WERE YOU BORN A U.S. CITIZEN? ____ (YES) ____ (NO)

ARE YOU A LIBERTY COUNTY RESIDENT? ____ (YES) ____ (NO)

Type of Event: **One Time Event** ____ **Public Event** ____ **Quasi-Public Event** ____
(circle one)

Type of Organization:

____ **Licensed Alcohol Beverage Caterer** - must provide copy of state & local license

____ **Bona Fide Nonprofit Organization** - must provide proof of tax-status 501(C) (3)

NAME OF ORGANIZATION:

BUSINESS MAILING ADDRESS:

BUSINESS PHONE NUMBER:

FEDERAL TAX ID NUMBER:

DESCRIPTION AND/NAME OF EVENT:

LOCATION OF EVENT (ADDRESS/AREA DESCRIPTION):

DATE: _____ TIME: _____ ANTICIPATED NUMBER OF PARTICIPANTS: _____ COST TO ATTEND: _____

TYPE OF ALCOHOLIC BEVERAGE(S) TO BE SOLD/SERVED:

BEER (\$50) _____ WINE (\$50) _____ LIQUOR (\$50) _____

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DESCRIBE THE NATURE AND ESTIMATED QUANTITY OF ALCOHOL BEVERAGES TO BE SOLD/SERVED:

DESCRIBE THE PARKING ARRANGEMENTS:

DESCRIBE THE PLANNED SECURITY ARRANGEMENTS:

WILL SIGNS OR STRUCTURES BE ERECTED: YES _____ NO _____

(if yes, please describe below)

The City Council has the authority to approve or reject this application. The City Council may decide the nature of any security and/or parking arrangements, for which the organization staging the event will be responsible. The City Council has the discretion to require event organizers to designate and clearly mark the specific areas in which alcohol beverages may be consumed, using ropes, barricades, stanchions, or similar devices.



INFORMATION
LOCAL MANAGER/OPERATING PARTNER

Use one sheet for each partner or manager
(Consent form and \$20.00 fee per person)

FULL NAME: (LAST, FIRST, MIDDLE)

MAILING ADDRESS:

CITY: STATE: ZIP:

SSN: DOB MONTH/DAY/YEAR: HOME PHONE: BUSINESS PHONE:

PLACE OF BIRTH (CITY AND STATE)

MAILING ADDRESS OF PARTNER OR MANAGER IF DIFFERENT FROM ABOVE:

MAILING ADDRESS:

CITY: STATE: ZIP:

**** ATTACH COPY OF PICTURE ID AND PROOF OF CITIZENSHIP****
(Check all that apply)

- Passport
- Driver's License
- Certificate of Naturalization
- Birth Certificate
- Other _____

SIGNATURE:

DATE:

STATEMENT OF APPLICANT

"I do solemnly swear/affirm that I have provided true and accurate information on this application; and understand if I have been untruthful in any way, it will result in denial and/or revocation of my Alcohol Beverage License."

Please read and initial each of the following:

- A. _____ Alcohol Beverage Licenses are not transferable to another individual or organization, or from one location to another without permission from City Council.
- B. _____ I will allow my business premise to be open to inspection at any reasonable time by City officials authorized to conduct said inspection.
- C. _____ I understand that no license will be processed or issued until all fees are paid.
- D. _____ I have completed all attached consent forms and understand this gives authorization to the Hinesville Police Department to conduct a background check.
- E. _____ I will comply with all applicable state and federal laws regarding events and the sale, taxation, and transportation of alcohol beverages.
- F. _____ I will obtain a State Alcohol License from the Georgia Department of Revenue.
- G. _____ I will provide a copy of my State Alcohol License from the Georgia Department of Revenue to the City of Hinesville and only then can sell/serve alcohol beverages.
- H. _____ I will request to see and be furnished with proper identification for every person purchasing alcohol.
- I. _____ I am a U.S. Citizen.
- J. _____ I am a resident of Liberty County or have designated a local individual as manager.
- K. _____ All employees are required to have an identification bar card to serve alcohol for on premise consumption. (Available at the HPD)
- L. _____ I understand that any violation of the provisions as prescribed in the City of Hinesville Code Book of Ordinances, state laws, rules and regulations could be grounds for the suspension, probation or revocation of my Alcohol Beverage License.
- M. _____ I will ensure a copy of the City of Hinesville Alcohol Beverage Ordinance is kept on the premise and instruct every employee of the terms therein.

Note: All laws and regulations relating to the sale of alcoholic beverages must be complied with. State and City Licenses must have the same name.

Notarized this ____ Day of _____, in the State of _____,

County of _____

Notary

Commission Expires

CONSENT FORM

I hereby authorize the Hinesville Police Department and the City of Hinesville Business License Department to receive any Criminal or Driver's History record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

FULL NAME: (LAST, FIRST, MIDDLE)

MAILING ADDRESS:

CITY: STATE: ZIP:

SEX: DOB MONTH/DAY/YEAR: RACE: SSN:

SIGNATURE: DATE:

Notarized this ____ Day of _____, in the State of _____,

County of _____

Notary

Commission Expires

FEE FOR CRIMINAL HISTORY CHECK: \$20.00 PER PERSON OR PER CORPORATION MEMBER (MAKE COPIES IF NEEDED)

HOW PAID	X	AMOUNT
Check		
Cash		
Money Order		
Cashier's Check		

RECEIVED BY:

DATE: