

**CITY OF BALDWIN  
ALCOHOL LICENSING  
130 Airport Rd., P.O. Box 247  
Baldwin, GA 30511  
Phone (706) 778-6341 – Fax (706) 776-7970**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE  
Beer, Wine, and (Pouring only) Distilled Spirits**

This application must be signed by the applicant and notarized. **EACH AND EVERY QUESTION MUST BE FULLY ANSWERED. IF THE QUESTION DOES NOT PERTAIN, SO INDICATE.** If the space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed, the application must be dated, signed, and verified under oath by the applicant and submitted, along with the licensing fee(s) and the administrative fee (**separate checks**), to the City of Baldwin City Hall. All fees are payable to the City of Baldwin. **The applicant must not be less than 21 years of age.**

<b>FOR OFFICE USE ONLY:</b>	
Name of Business: _____	
Date Received: _____	License Fee Enclosed: \$ _____
Date Approved: _____	Date Denied: _____
State License Number: _____	Local Licensing Number: _____
Administrative Fee Enclosed: \$ _____	

NOTICE: Any false answer to any question could result in the denial of a license, or in the event a license is issued, in the revocation or suspension of the license.

**If Business Owner is Different from Applicant – Fingerprint and Consent Form required for each.**

PLEASE PRINT OR TYPE

DATE: \_\_\_\_\_

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

\_\_\_\_\_  
Owner

- New Application
- Renewal Application
- Change In Existing License(s) – (check all that apply)
  - Applicant/Designated Agent
  - Manager
  - Name
  - Owner
  - Location

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**1. Type of License Applied For: (Check all that Apply to Business)**

- Package Malt Beverage (based on square footage) - see fee schedule page 11
- Package Wine (based on square footage) - see fee schedule page 11
  
- Pouring Malt Beverage - \$1000
- Pouring Wine - \$1000
- Pouring Distilled Spirits (Liquor) - \$1000
  
- Farm Winery License (and/or for tasting room) - \$2000
  
- Wholesale Dealer within City Limits - \$2000
- Wholesale Dealer outside City Limits - \$100

**In addition to the above fee, an administrative fee of \$250.00 and an inspection fee of \$35.00 must accompany this application.**

**2. Type of Business:**

- Grocery Store
- Convenience Store
- Wholesaler
- Farm Winery and/or Tasting Room
- Restaurant
- Bed & Breakfast
- Hotel/Motel
- Other (Please explain below):

3. For wine or malt beverage package sales, is the place of business at least 300 feet from any church, school building or grounds, college building or grounds, alcohol treatment center, or housing authority property?

Yes       No

For distilled spirits sales for consumption on the premises (pouring), is the place of business at least 300 feet from any church, alcohol treatment center or housing authority property and at least 600 feet from any school building or grounds, college building or grounds, or educational building?

Yes       No

For wine or malt beverage sales for consumption on the premises (pouring), is the place of business at least 300 feet from any alcohol treatment, housing authority property, church, school building or grounds, or college building or grounds?

Yes       No

Each new application must be accompanied by a scale drawing of the premises, showing its location with respect to all streets within 600 feet in every direction. Such drawing shall depict all churches, school buildings, and pertinent facilities.

4. Name to Which the License will be Issued (if approved):

Business Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Business Location Address \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Applicant:  
(must be at least 21 years of age)

Company Name \_\_\_\_\_ EIN \_\_\_\_\_

Individual Name \_\_\_\_\_ SSN \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**Applicant's Previous Employment:**

1. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Description \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
2. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Description \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
3. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Description \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

**Applicant's Previous Address (Other than Present):**

1. Address \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_
2. Address \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_
3. Address \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

**List all previous arrests and dispositions of the charges, including driving under the influence, and the date and place of arrest and conviction.**

1. \_\_\_\_\_  
[ ] Conviction [ ] Dismissal What Jurisdiction? \_\_\_\_\_
2. \_\_\_\_\_  
[ ] Conviction [ ] Dismissal What Jurisdiction? \_\_\_\_\_
3. \_\_\_\_\_  
[ ] Conviction [ ] Dismissal What Jurisdiction? \_\_\_\_\_

**6. Managing Agent:**

(Managing Agent, if different than applicant, must be a resident of Habersham or Banks County and 21 years of age or older. Managing agent must attach proof of residency with 2 of the following 3 documents: a current utility bill in your own name, not the name of any company or other entity, a current voter registration card, or a valid driver's license).

[ ] Same as Applicant

Name \_\_\_\_\_ SSN \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

(Note: If there is a change in the managing agent, the licensee shall notify the City of Baldwin within 30 days of the change. A fee of \$100.00 will be charged for the processing of an application for the change of the managing agent and such applicant will be subject to fingerprint and consent form requirements).

**Managing Agent's Previous Employment:**

1. Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

2. Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

3. Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

**Managing Agent's Previous Address (Other than Present):**

1. Address \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

2. Address \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

3. Address \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

**7. Type of Ownership (Please mark appropriate box and fill out section a, b, or c as indicated):**

Sole Proprietorship (section a)                       Partnership (section b)

Limited Liability Company (section b)    Corporation (section c)

Other (Please explain) \_\_\_\_\_

**a) For Individual:**

Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**b) For Partnership or LLC:**

Partnership or LLC Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Partners or LLC members having a 5% or greater interest shall list the names, addresses and ownership interest of each:**

➤ Full Legal Name \_\_\_\_\_ % Interest \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

➤ Full Legal Name \_\_\_\_\_ % Interest \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

➤ Full Legal Name \_\_\_\_\_ % Interest \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

**c) For Corporation:**

Name of Corporation \_\_\_\_\_  
(Name must be shown exactly as in Articles of Incorporation or Charter)

Date of Incorporation \_\_\_\_\_ Place of Incorporation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Officers:**

➤ Full Legal Name \_\_\_\_\_

% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

➤ Full Legal Name \_\_\_\_\_

% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

➤ Full Legal Name \_\_\_\_\_

% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

➤ Full Legal Name \_\_\_\_\_

% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

**8. Property:**

Owner of the property (land and building) where the business will be located: (In addition, attach to the application evidence of ownership of the building or proposed building. If property is leased, must attach copy of lease or if a franchise, attach copy of franchise agreement or contract).

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is the space where the business is to be located rented or leased?

Yes       No

If yes, please state name of landlord or lessor and address:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If the space is rented or leased, is the rent for the premises to be paid to the landlord or lessor on a percentage of the business or contingent upon the amount of business done?

Yes       No

**9. Residency/Age Requirement:**

Is the Applicant and Managing Agent at least twenty-one (21) years of age or older?

Yes       No

Is the Applicant: (check one)

A United States citizen

A legal permanent resident

A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States



Is the Managing Agent: (check one)

- A United States citizen
- A legal permanent resident
- A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

**10. Disclosure of Previous Denials:**

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who has applied for a beer, wine, and/or liquor license from the City of Baldwin or another City or County in the State of Georgia or other state or political subdivision, and was denied?

- Yes       No      If yes, please give full details of disposition on separate sheet.

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who has had an alcoholic beverage license revoked or suspended by or surrendered to any federal, state or local authority?

- Yes       No      If yes, please give full details of disposition on separate sheet.

**11. Disclosure of Licenses Held:**

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who holds another alcohol license in any retail category or any license under any wholesale category?

- Yes       No      If yes, please give full details on separate sheet.

**12. Disclosure of felony/other convictions or offenses:**

Is there any person, managing agent, registered agent, or anyone holding a five percent (5%) interest or more in this business who:

- Has been convicted under any federal, state, or local law of any felony or a misdemeanor involving moral turpitude within the past ten years?

Yes       No      If yes, please give full details on separate sheet including dates, charges and disposition.

- Has been convicted under any federal, state, or local law of a misdemeanor, particularly, but not limited to, those involving alcoholic beverages, gambling or

tax law violations within the last ten years immediately prior to filing of this application?



Yes       No      If yes, please give details on separate sheet including dates, charges and disposition.

➤ Has been found in violation of the ordinances or resolutions of the City of Baldwin, or any other county of municipality, governing alcoholic beverages licenses within the last ten years immediately prior to the filing of this application?

Yes       No      If yes, please give full details on separate sheet.

➤ Who has remaining any delinquent ad valorem taxes due to the City of Baldwin or has any outstanding fines, assessments, liens, fi fas, penalties, or judgments due to the City of Baldwin or is currently in any violation of any City of Baldwin ordinance or resolution?

Yes       No      If yes, please give full details on separate sheet.

All of the foregoing information is hereby given and all of the foregoing statements are hereby made under oath, willfully, knowingly and absolutely, and the same is and are hereby sworn to be true under penalty for false swearing as provided by law.

Sworn to and subscribed before me,

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

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

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

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_  
Title of Applicant

**NOTE:**

This application will not be accepted until it is completed with all required attachments:

- For new establishments, the application **must** be accompanied by a scale drawing of the premises for the proposed business, showing its location with respect to all streets within 600 feet in every direction. Such drawing shall also depict the distance from the premises (being the front door) to each premise (being the front door) or each church, school building, or other pertinent facility. All such distances shall be measured by the most direct route on the ground.
- If the applicant is denied a city or a state license, the deposit representing the initial license fee shall be refunded, but the administrative fee and the inspection fee shall be retained.
- There shall be an annual license renewal fee for each license payable in advance for the entire year, beginning January 1 and ending December 31, of each year.
- In the event a license is revoked, surrendered or suspended, there shall be no refund whatsoever.
- Allow two (2) weeks for processing of this application.

**FEES FOR PACKAGE LICENSE**

Fee for the sale of malt beverages **or** wine by the package in an establishment with 10,000 sq. feet or less of total floor space for alcoholic beverages - \$750.00

Fee for the sale of malt beverages **or** wine by the package in an establishment having between 10,001 and 20,000 sq. feet of total floor space for alcoholic beverages - \$1600.00

Fee for the sale of malt beverages **or** wine by the package in an establishment having 20,001 sq. feet or more of total floor space for alcoholic beverages - \$3200.00

Fee for the sale of malt beverages **and** wine by the package in an establishment with 10,000 sq. feet or less of total floor space for alcoholic beverages - \$1200.00

Fee for the sale of malt beverages **and** wine by the package in an establishment having between 10,001 and 20,000 sq. feet of total floor space for alcoholic beverages - \$2400.00

Fee for the sale of malt beverages **and** wine by the package in an establishment having 20,001 sq. feet or more of total floor space for alcoholic beverages - \$4800.00

**FOR OFFICE USE ONLY:**

Inspection Review: \_\_\_\_\_  
Date Inspected

\_\_\_\_\_  
Establishment Inspected By

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of Federal and State Background Check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach Background Check and Fingerprints.

Application Approved

Application Denied

\_\_\_\_\_  
Reviewed by