



DEPARTMENT OF DEVELOPMENT SERVICES
1113 Usher Street, Suite 201 • Covington, Georgia 30014
678-625-1659

**ALCOHOL BEVERAGE LICENSE APPLICATION FOR OFF PREMISES CONSUMPTION
CHECK-OFF LIST**

- Application** - Complete entire application (incomplete applications will not be accepted). Make sure all applicable forms are notarized. **All supporting documentation must be submitted with the application.**
- Personnel Statement** - Required on licensee, sole proprietor, all partners, stockholders, and all corporate officers. Attach an *original* photo for each person.
- Criminal History Report (GCIC)** - Complete and submit the attached Criminal History Consent Form (Georgia Only) to the Newton County Sheriff's Office and attach the final report to your Alcohol Beverage License Application.
- Floor Plan Drawing** - Draw a floor plan showing the area that will be used for alcohol sales. The total floor space must be devoted to 80% of the retail sale of other products or your license will not be approved. Drawing must be submitted with application.
- Occupation/Tax Business License** - Must provide copy of active Newton County Business License along with application. If you are applying for a new location or new ownership, your business license must be obtained first.
- Copy of Valid Driver's License for Each Applicant/Owner**
- Notarized Public Benefit/Private Employer Affidavit (Part of Application)**
- Legal Advertisement** - Complete the attached Legal Advertisement Form and submit to The Covington News. For additional information call 770-787-6397. The legal advertisement must be published in The Covington News in two (2) separate editions within a two (2) week period notifying all interested parties of your intent to obtain an Alcohol Beverage License. You must submit a copy of your receipt for payment with ad dates or tear sheet along with your alcohol beverage license application.
- For New Store/Tenant Build Outs** - You must provide a Legal Survey (scale drawing) showing business location and complete the attached Report of Survey Form. Also, you must obtain Zoning Approval, Fire Marshall Approval, and provide a copy of your Certificate of Occupancy.
- A Payment for Administrative Fees in the Amount of \$900.00** - Due at the time you submit your application. We accept payment in the form or check, credit card or money order.

Important:

- For questions regarding this application, contact the Newton County Business License Office at 678-625-1655
- You are required to obtain a state alcohol license, visit www.etax.dor.ga.gov for more information
- Visit www.ncboc.com for a copy of the Alcohol Beverage Ordinance, read and inform your employees of all regulations
- Once the Alcohol Beverage License Application is submitted, you will be given a sign to post in the window of the entrance to your store informing the public of your request for an Alcohol Beverage License

Your application will be given to the Clerk of the Board of Commissioners and scheduled for two public hearings at the Newton County Historic Courthouse located at 1124 Clark Street, Covington, Georgia 30014. For hearing dates or to attend the public hearings, you may contact County Clerk, Jackie Smith at 678-625-1202.

NEWTON COUNTY PRIVILEGE LICENSE APPLICATION (continued)

Do you currently hold a license to sell alcoholic beverages in Newton County?

Check one: **Yes** or **No**. If yes, please list name of business and location. _____

Does any member of your immediate family currently hold an Alcohol Beverage License in Newton County?

Check one: **Yes** or **No**. If yes, give name of person, relationship, and address of business. _____

If the Alcohol Beverage License is granted I, _____, agree to abide by all

Print Full Name of Applicant

Newton County Ordinances, the Laws of the State of Georgia, and the United States Government pertaining and relating to the use, sales, and possession of Alcohol Beverages. I have read this ordinance, shall maintain a copy on premise and will require all employees to be familiar with its requirements.

This application is to be executed *under oath* and subject of penalties of false swearing and it includes all attached documentation submitted herewith. Licensee understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

I understand that I am responsible for running a notice of each application in the official organ of the County and provide a tear sheet or affidavit from the official organ of the County indicating when the advertisement is scheduled to run.

I, _____, do solemnly swear to criminal penalties for false swearing,

Print Full Name of Applicant

that the statements and answers made by me to the forging questions in this application for an Alcohol Beverage License, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Signature of Applicant

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____ DAY OF _____, 20_____

Notary Public

Seal

My Commission Expires: _____

PERSONNEL STATEMENT AFFIDAVIT

Instructions: This personnel statement must be executed *under oath*, by the licensee, all owners, managers, members of partnership, stockholders with more than 20% interest, officers and/or directors of the corporation of any place of business applying for an alcohol beverage license. Each question must be answered completely. *If space is not sufficient, answer the question on a separate sheet of paper and indicate in the space provided that a separate sheet is attached.* A personnel statement affidavit and **original picture** must be submitted for each applicant/licensee.

Print Full Name: _____ SS Number: _____

Name and Complete Address of Business: _____

Occupation or Title: _____ Yearly Salary Amount: ____ \$ _____

Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages?

Check one: **Yes or** **No.** If yes, give names and locations of interest in each: _____

Have you ever had any financial interest in an alcoholic beverage business which was denied a license?

Check one: **Yes or** **No.** If yes, give details: _____

Has any alcohol beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violations of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages?

Check one: **Yes or** **No.** If yes, give details: _____

During the past ten years have you bought and/or sold any alcoholic beverage business?

Check one: **Yes or** **No.** If yes, give details (date, license number, person and considerations involved): _____

Have you ever been denied bond by a commercial security company?

Check one: **Yes or** **No.** If yes, give details: _____

List all other names used by applicant (maiden name, aliases, names of former marriages, nicknames, etc.) and list dates used: _____

Home Address: _____
Street Address City State Zip Code

Home Phone Number: _____ Secondary Phone Number: _____

PERSONNEL STATEMENT AFFIDAVIT (Continued)

List Employment Record for the past ten years (most recent experience first). Please attach separate sheet if needed.

From Mo/Year	From Mo/Year	Employer	Occupation/Duties	Salary	Reason for Leaving

List in reverse chronological order all of your residences for the past ten years. Please attach separate sheet if needed.

From Mo/Year	From Mo/Year	Street Address	City	State & Zip Code

Have you ever been arrested or held by Federal, State or local law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include traffic violations). All other charges must be included even if they were dismissed.

Check one: **Yes** or **No**. If yes, give reason charged or held date, place where charged, and disposition, etc.: _____

Race _____ Sex _____ Height _____ Weight _____ Age _____ Hair Color _____ Eye Color _____

***Attach an original photograph (front view) taken within the past year (copies are not acceptable).**

Note: Before signing this statement, check all answers and explanations to see that you have answered all questions completely and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith. And, I solemnly swear that the statements and answers in the foregoing personnel statement are true and correct.



Signature of Applicant

Print Full Name of Applicant

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____ DAY OF _____, 20 _____

Notary Public

Seal

My Commission Expires: _____

AFFIDAVIT VERIFYING STATUS FOR PUBLIC BENEFIT PURSUANT TO GEORGIA IMMIGRATION LAWS

By executing this affidavit under oath, as an applicant for a Newton County, Georgia Business or Alcoholic Beverage License, which is a public benefit as referenced in O.C.G.A Section 50-36-1, I am stating for myself or on behalf of _____ (Business Entity) my personal presence in the United Sates as follows, check one below.

- I am a United States Citizen
- I am a legal permanent resident 18 years or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. I have provided my Alien Registration Number, or in the event I do not have an Alien Registration Number, I have provided another identifying number below.

O.C.G.A 50-36-1 (e) (2) **Must provide copy of registration card (Front and Back).**

Alien Registration and Card Number or Non-Citizen	Document Expiration Date	Birth Date
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PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)

By executing this affidavit, as an applicant for _____ (Business Entity), I verify its compliance with O.C.G.A. 36-60-6(d), stating that the private employer verifies one of the following below, check one.

- Employers with 10 or less employees:** 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 10 or less employees and therefore, 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 applicable provisions and deadlines established in O.C.G.A. 13-10-90.
- Employers with more than 10 employees:** Employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. 30-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number (Company ID Number) and date of authorization are listed below:

Company ID Number	Date of Authorization
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In making the above representation under oath, I understand that Newton County Business License Department is relying upon this affidavit, and I hereby authorize them to do so and will notify them immediately if there should be any change in the above statements. I am aware 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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant	Print Full Name of Applicant	Date
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SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____ DAY OF _____, 20_____

Notary Public

Seal

My Commission Expires: _____

REPORT FOR SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

To: Newton County Development Services

Date: _____ Applicant Name: _____ Business Name: _____

Business Address: _____
Street Address City State Zip Code

The undersigned has examined the subject location and has made measurements to determine the compliance or noncompliance with distance requirements of the Code of Newton County, Georgia, as follows:

1. _____ feet to the private residence located at: _____
2. _____ feet to the branch of any public library located at: _____
3. _____ feet at any church, shrine, or other place used exclusively for religious services located at:

4. _____ feet to the school ground or college campus (this includes kindergarten or churches which have schools or kindergarten) located at: _____
5. _____ feet to any alcoholic treatment center located at: _____
6. _____ feet to any housing authority property located at: _____
7. _____ feet to any Adult Entertainment licensed facility located at: _____

Distance shall be measured by the most direct route of travel on the ground from the main customer entrance of the premises to be licensed to the main entrance of the establishments described in the above section.

Georgia Registered Land Surveyor (Print Name)

Georgia Registered Land Surveyor (Signature)

Surveyor Number

NOTE: All applications shall include a certificate from a registered surveyor showing a scale drawing of the location of the proposed premises and the straight line distances specified herein.

LEGAL ADVERTISEMENT FORM

Complete this form and submit to:

The Covington News
1166 Usher Street
Covington, Georgia 30014
770-787-6397

Date: _____

The legal advertisement must be published in The Covington News in two (2) separate editions within a two (2) week period notifying all interested parties of your intent to obtain an Alcohol Beverage License.

*You must provide a tear sheet or affidavit from The Covington News along your application indicating when the advertisement is scheduled to run.

The advertisement should read as follows:

Notice is hereby given that an application has been made to the Newton County Board of Commissioners to obtain a license to sell alcoholic beverages (beer and wine) for off-premises consumption by:

Name of Store (Print): _____

Name of Licensee (Print Full Name): _____

Store Location (Print Full Address): _____

Occupation Tax/Business License Contact:

Tina Waters
Business License Clerk
twaters@co.newton.ga.us

NEWTON COUNTY SHERIFF'S OFFICE CONSENT FORM

Complete this form and submit in *person* to:

Newton County Sheriff's Office
15151 Alcovy Road, NE
Covington, GA 30014
678-625-1400

Date: _____

Please Check One: New or Renewal

Full Name (Print): _____
Last First Middle

Full Address: _____
Street Address City State Zip Code

Phone Number: _____ Social Security Number: _____

Date of Birth: _____ Race: _____ Sex: _____

I hereby authorize, Newton County Board of Commissioners, Newton County Business Office and Newton County Law Enforcement Center to receive any and all criminal history record information pertaining to me, which may be in the files of any local criminal justice agency for the State of Georgia.

Signature

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____**DAY OF**_____, **20**_____

Notary Public

Seal

My Commission Expires: _____

Occupation Tax/Business License Contact:
Tina Waters
Business License Clerk
twaters@co.newton.ga.us