

**THE CITY OF ETON, GEORGIA  
ALCOHOL BEVERAGE LICENSE(S) APPLICATION**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Application Filed

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

- New Application
- Renewal Application
- Change In Existing License(s)
  - Applicant/Designated Agent
  - Manager
  - Name
  - Owner
  - Location

Zoning Classification of Business   
*(May be Obtained from City Clerk's Office)*

**TYPE LICENSE APPLIED FOR (CHECK ALL THAT APPLIES TO BUSINESS)**

- Package Beer (\$400.00 per year)
- Pouring Beer (\$400.00 per year)
  
- Package Wine (\$100.00 per year)
- Pouring Wine (\$100.00 per year)
  
- Package Distilled Spirits (Liquor) (\$5000.00 per year)
- Pouring Distilled Spirits (Liquor) (\$2500.00 per year) - **Establishments With Food Sales Only**

**THE LICENSE(S) ARE BEING APPLIED FOR:**

- Package Store     Restaurant

Sales Tax Number: \_\_\_\_\_ Federal Identification Number: \_\_\_\_\_

**APPLICANT APPLYING FOR LICENSE  
THE CITY OF ETON, GEORGIA  
ALCOHOL BEVERAGE APPLICATION**

Please List The Applicant Applying For The License. The Applicant May Be An Individual, Partnership, Corporation Or LLC.

Name of Applicant: \_\_\_\_\_

d/b/a: \_\_\_\_\_

Local Business Address: \_\_\_\_\_

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

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

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

Business Telephone \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Number \_\_\_\_/\_\_\_\_/\_\_\_\_

**DESIGNATED AGENT FULL NAME:**

*List the Name, Address, City, State, Zip & Telephone Number for Designated Agent*

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

**OUTLET AGENT/MANAGER, PLEASE COMPLETE THE FOLLOWING:**

- A. ARE YOU A UNITED STATES CITIZEN?  PERMANENT RESIDENT ALIEN?   
B. HAVE YOU BEEN A RESIDENT OF THE STATE OF GEORGIA FOR MORE THAN ONE (1) YEAR ON THE DATE OF THIS APPLICATION? \_\_\_\_yes \_\_\_\_no

**SIGNATURE OF APPLICANT**

STATE OF GEORGIA, WHITFIELD COUNTY, CITY OF DALTON

I, \_\_\_\_\_, Applicant, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

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

\_\_\_\_\_  
Date

**SIGNATURE OF DESIGNATED AGENT**

STATE OF GEORGIA, WHITFIELD COUNTY, CITY OF DALTON

I, \_\_\_\_\_, Designated Agent, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

\_\_\_\_\_  
Designated Agent's Signature

\_\_\_\_\_  
Date

**OWNERSHIP**

**CITY OF ETON, GEORGIA ALCOHOL BEVERAGE APPLICATION**

**CATEGORY OF BUSINESS OWNERSHIP**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                            | <input type="checkbox"/> Partnership or Limited Partnership                      |
| <input type="checkbox"/> Domestic Corporation (Inside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)<br>(Inside Georgia)  |
| <input type="checkbox"/> Foreign Corporation (Outside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.)<br>(Outside Georgia) |

PLEASE LIST THE NAME OF THE INDIVIDUAL OWNER, OR PARTNER, MEMBER OR PRINCIPAL STOCKHOLDER:

Not Applicable, No Individual Partners, Members or Stockholders Holding 5% or More Interest

NAME:

ADDRESS:

CITY, STATE & ZIP:

TELEPHONE NUMBER:

**FOREIGN CORPORATIONS/LLC - ONLY**

If This Entity Is Organized Outside The State Of Georgia, Please State The Name And Address Of Its Registered Agent In Georgia In The Space Provided.

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

**SALE OR TRANSFER OF INTEREST OF BUSINESS**

HAS THERE BEEN ANY SALE OR TRANSFER OF INTEREST IN THE ABOVE NAMED BUSINESS APPLYING FOR LICENSE TO ANY UNREGISTERED PERSON IN THE PRECEDING 12 MONTHS?

YES,       NO,

IF YES, A. GIVE NAME \_\_\_\_\_

B. DATE OF SALE/TRANSFER \_\_\_\_\_

C. TO WHOM WAS BUSINESS TRANSFERRED \_\_\_\_\_

D. WHAT PERCENT WAS TRANSFERRED \_\_\_\_\_

E. REASON FOR TRANSFER \_\_\_\_\_

**ADDITIONAL STOCKHOLDERS/PARTNERS  
OF  
ALCOHOLIC BEVERAGE ESTABLISHMENT**  
All Stockholders, Members, Partners Holding 5% or More Interest

Not Applicable, No Stockholders, Members, Partners Holding 5% or More Interest

**Please List All Stockholders, Members, Partners, Holding 5% or More Interest.**

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

**ADDITIONAL STOCKHOLDER/PARTNER**

Stockholder/Partner _____	_____
	% Of Ownership
Home Address _____	
City/State/Zip _____	
Phone _____	

**ADDITIONAL STOCKHOLDER/PARTNER**

Stockholder/Partner \_\_\_\_\_ % Of Ownership \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**ADDITIONAL STOCKHOLDER/PARTNER - LIST HERE**

Stockholder/Partner \_\_\_\_\_ % Of Ownership \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**MANAGER  
OF  
ALCOHOLIC BEVERAGE ESTABLISHMENT**

**Please List The Manager or Managers of The Business**

Manager Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**ADDITIONAL MANAGER'S**

Manager Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**ADDITIONAL MANAGER'S**

Manager Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**ADDITIONAL MANAGER'S**

Manager Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**SECURITY PERSONNEL  
OF  
ALCOHOL BEVERAGE ESTABLISHMENT - SECURITY**

Not Applicable, This Application Is Not for a Pouring Outlet or Restaurant

**Please List All Security Personnel.**

Security Personnel Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**ADDITIONAL SECURITY PERSONNEL**

Security Personnel Name _____
Home Address _____
City/State/Zip _____
Phone _____

**ADDITIONAL SECURITY PERSONNEL**

Security Personnel Name _____
Home Address _____
City/State/Zip _____
Phone _____

- Security Personnel Must Wear Clothing While On Duty Which Clearly Identifies Them As Security.
- A Restaurant = 60% of Gross Sales is Food During All Times of Operation,

**CITY OF ETON, GEORGIA  
ALCOHOL BEVERAGE APPLICATION**

I HEREBY AUTHORIZE THE CITY OF ETON, AND ITS DEPARTMENTS AND COMMISSIONS TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUING UNTIL REVOKED IN WRITING BY ME.

Check the appropriate Box:

INDIVIDUAL OWNER  
 PARTNER

PRINCIPAL STOCKHOLDER/MEMBER  
 DESIGNATED AGENT

MANAGER  
 SECURITY

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

-----  
SIGNATURE

-----  
DATE

NOTARY \_\_\_\_\_ DATE \_\_\_\_\_

⇒ NOTE  
DESIGNATED AGENT, INDIVIDUAL OWNER, ALL PARTNERS, PRINCIPAL STOCKHOLDER/MEMBER, SECURITY AND ALL MANAGERS MUST COMPLETE THIS FORM. PLEASE REFER TO SECTION "PERSONS WITH PRIOR CONVICTIONS"

**SURVEYOR'S AFFIDAVIT  
FOR  
CITY OF ETON, GEORGIA  
ALCOHOLIC BEVERAGE LICENSE(S)**

A Registered Surveyor Must Complete This Sworn Affidavit. Attach The Survey To This Application. The Survey Must Be Completed Within Thirty (30) Days Prior To Making Application.

The Undersigned Has Made The Measurement Of Distances Shown On The Attached Survey Plat For The Facility Proposed For Alcoholic Beverage License From The City Of Eton And Find That Distances Shall Be Measured By The Most Direct Route Of Travel On The Ground. Distances Shall Be Measured From The Property Line Of The Tract On Which Is Located The Business Regulated Under This Title; To The Property Line Of The Tract On Which Is Located The Church, School Ground , Or College Campus; and Along A Straight Line Which Describes The Shortest Distance Between The Two Property Lines.

- The Above Named Business MEETS All Distance Requirements As Specified  
 The Above Named Business DOES NOT Meet The Distance Requirements As Specified

\_\_\_\_\_  
REGISTERED SURVEYOR

SWORN TO AND SUBSCRIBED BEFORE  
ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

# SIGN OFF SHEET

- This Is to Certify That I Have Received and Read the City of Eton Alcoholic Beverages Ordinance.
- This Is to Also to Certify That I Understand the Rules & Regulations Required by the City of Eton to Include but Not Inclusive of the Following:

Closing & Vacation of Premises  
Hours of Operations  
Sales to Underage Persons

- This Is to Certify That I Understand That a Copy of this Chapter Shall Remain on the Premises of My Establishment Permanently.
- 
- Within 30 days, licensee must apply for State Alcohol License and provide a copy of the application to the City Clerk.
- Within 90 days, licensee must provide a copy of the State Alcohol License to the City Clerk.
- Attached is certified check for \$100 made payable to the City of Eton for the investigation Fee.

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Applicant/Designated Agent - Owner

**CERTIFICATION**  
**CITY OF ETON, GEORGIA ALCOHOL BEVERAGE APPLICATION**

-----  
Business Name

-----  
Address

Will Begin Business On -----  
Date

OR

Is Already In Operation

And, Will Begin the Sale of Alcohol Beverage on -----  
Date

-----  
Signature

-----  
Title

-----  
Date