APPLICATION

2025

LICENSE TO SELL ALCOHOLIC BEVERAGES

CATOOSA COUNTY, GA

- FOR ADDITIONAL INFORMATION, PLEASE CONTACT THE CATOOSA COUNTY ZONING OFFICE. 706-965-3787
- PLEASE PRINT ALL REQUESTED INFORMATION CLEARLY USING DARK INK
  NOTE: IF ADDITIONAL SPACE NEEDED FOR ANSWERS, PLEASE ATTACH SUPPLEMENTAL SHEETS.
- ALL RENEWAL APPLICTIONS SHOULD BE RETURNED BACK TO OUR OFFICE AT 184 TIGER TRAIL, RINGGOLD, GA NO LATER THAN DECEMBER 1, 2024
- **BACKGROUND FEES ARE NOW $68.25 PER APPLICANT**

APPLICATION MUST BE COMPLETED ENTIRELY OR IT WILL NOT BE ACCEPTED

Certification for Receipt of Copy of Catoosa County Ordinance for Alcoholic Beverages

Business Name: _____

Address: _____

Check all that apply:

- o Will begin business on _____ (Date)
- o Already in operation
- o Will begin the sale of alcoholic beverages on _____ (Date)

- This is to certify that I have received and read the Catoosa County Code of Ordinances entitled Alcoholic Beverages.
- This is to certify that I understand the rules and regulations required by Catoosa County but not inclusive of the following:
  - Hours of Operation
  - Sale to Underage Persons
  - Change in Manager of Business
  - Renewal of License

- This is to certify that I understand that a copy of this Ordinance shall remain on the premises of my establishment permanently.

_____
Signature

_____
Notary

_____
Title

_____
Date

*Signed form to be returned with completed application.

APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES CATOOSA COUNTY

(Please print all requested information clearly - use dark ink)

Date of Application: _____ Received by: _____

Type of Application: (Check all that apply)

☐ Original ☐ Renewal ☐ Change in Management

Beer	Wine	Growler	Distilled Spirits	Special Event
☐ Retail Package	☐ Retail Package	☐	☐	☐
☐ On Premise Consumption	☐ On Premise Consumption		☐ On Premise Consumption	Description _____

Licensee or Agent - Full Name: _____

Business Address: _____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen ☐ Yes ☐ No

Social Security Number: _____ Driver's License Number: _____

Home Address of Licensee or Agent: _____

Home Telephone Number: _____ Cell Number: _____

County Resident: ☐ Yes, Years _____ ☐ No Georgia Resident: ☐ Yes, Years _____ ☐ No

Spouse Name _____ U.S. Citizen ☐ Yes ☐ No

Social Security Number: _____ Driver's License Number: _____

APPLICATION FOR ALCOHOL LICENSE

OCCUPATION: For the past seven years (chronological order, name of company, immediate supervisor, and dates of employment)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Has the applicant, or any individual having a controlling interest either as owner, partner or stockholder, ever been convicted, entered a plea of guilty or nolo contendere to any felony or a crime (whether felony or misdemeanor) involving the illegal sale, possession, transportation or distribution of alcoholic beverages of any type?

☐ Yes ☐ No

If yes, state date, person charged, offense, location, and disposition of each offense.

1. _____

2. _____

3. _____

4. _____

Note: If additional space needed, please attach supplemental sheets.

Business Title:

1. Legal Name of Business: _____

2. Trade Name: _____

3. Business Address: _____

4. Phone Number: _____

Application for Alcohol License

MANNER OF OPERATION

Corporation - If operating a Corporation, list all of the officers and addresses below.

1. _____

2. _____

3. _____

4. _____

Partnership - If operating as a Partnership, list the name and address of each partner.

1. _____

2. _____

3. _____

4. _____

Have any of the above ever applied for an alcoholic beverage license and been denied?

☐ Yes ☐ No Revoked ☐ Yes ☐ No

If any answer above is yes, give name and address of applicant below:

1. _____

2. _____

3. _____

4. _____

APPLICATION FOR ALCOHOL LICENSE

Complete the requested information below (CIRCLE ONE)
BUSINESS OWNER, REGIONAL MANAGER, DISTRICT MANAGER
PLEASE PROVIDE A VALID PHOTO-ID

Name: _____ Address_____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen ☐ Yes ☐ No

Social Security Number: _____ Driver's License Number: _____

Spouse Name_____ U.S. Citizen ☐Yes ☐No

Social Security Number:_____ Driver's License Number:_____

Has the proposed manager ever been convicted or entered a plea of guilty or nolo contendere to any felony? ☐ Yes ☐ No If yes, state the date, person charged, offense, location, and disposition of each offense.

1. _____

PROXIMITY OF BUSINESS to the following:

1. Is business located within three hundred (300) feet, measured in a straight line, from the nearest property line of any "building" as stated in Sec. 6-214. (a) (c) of the Catoosa County, Georgia Alcoholic Beverage Ordinance, to the nearest corner of the building in which the business outlet is to be operated? ☐ Yes ☐ No

OTHER LIABILITIES:

1. Are you familiar with the Catoosa County Ordinances, State Law and Regulations, Federal Laws and Regulations governing the operation of this type of business? ☐ Yes ☐ No
2. Do you agree and understand that you may be required to appear before the Alcoholic Beverages Commission to answer any questions or furnish additional information? ☐ Yes ☐ No

I have completed all areas on this application for license to sell alcoholic beverages in Catoosa County. I agree to abide by the appropriate Alcoholic Beverages Ordinances and Amendments thereto. I further agree to provide with this application the following:

- a completed Criminal History Consent Form (Notarized) for myself, and
- a completed Criminal History Consent Form (Notarized) for the active manager of the business
- and FOR ON PREMISE CONSUMPTION LICENSE, a completed CERTIFICATE OF OCCUPANCY from the Chief Building Official, Catoosa County, Georgia

_____ _____

Signature of Applicant/Licensee, Date NOTARY (Seal Required), Date

SHERIFF'S OFFICE
CATOOSA COUNTY SHERIFF GARY SISK

P.O. Box 909 • 5842 Highway 41 • Ringgold, Georgia 30736 • Phone (706) 935-2424 • Fax (706) 965-9096

Criminal History Record Information Consent Inquiry Form

I hereby give consent for the Catoosa County Sheriff's Office to conduct an inquiry and receive any Georgia criminal history information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

First Name _____ Middle Name _____ Last Name _____

Sex _____ Race _____ Date of Birth _____ Social Security Number _____

Address (Number, Street, City, State, Zip) _____

Signature _____ Date _____ Phone # _____

SECTION 1 (To be completed by person requesting information)

Purpose for request (check one)

_____ **Employment (E)** – Provides Georgia Criminal History Record Information
_____ **Employment with Mentally Disabled (M)** – Provides Georgia Criminal History Record Information
_____ **Employment with Elder Care (N)** – Provides Georgia Criminal History Record Information
_____ **Employment with Children (W)** – Provides Georgia Criminal History Record Information
_____ **Public Records (P)** – Provides Georgia Felony Convictions Only

SECTION 2 (To be completed by Agency providing Criminal History Record Information)

The inquiry resulted in the following: (check all that apply)

_____**NO Georgia CHRI** results available.

_____**NO NCIC/GCIC WARRANT results available.**

_____**Possible NCIC/GCIC Warrant.** **Contact Wanting Agency:** _____

_____**Georgia CHRI attached/released.** **Agency Telephone:** _____

☐ GCIC _____ Inquiry Time _____ ARN _____ Agency Designee Signature / Title _____ Date _____

SECTION 3 **<u>This section must be completed by the person who the history is on at time of receipt</u>**

I _____ attest that this is my Georgia Criminal History Information and I am the person receiving this information from the Catoosa County Sheriff's Office. Furthermore, I have reviewed the information contained herein and do not dispute any information provided in my criminal history report. I have also been made aware that should I dispute any information contained herein within 60 days of the receipt of my criminal history information I should notify the Catoosa County Sheriff's Office in writing with the specifics of my dispute at Catoosa County Sheriff's Office, Attn: Criminal History Dispute, P.O. Box 909, Ringgold, GA 30736.

Signature _____ Date _____

Affidavit Verifying Status
For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a(n) Business Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. Section § 50-36-1, from Catoosa County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:.

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be a classified as:
_____.

In making the above representation under oath, I understand 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 O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in _____(city),_____(state).

Signature of Applicant: Date

_____ _____

Printed Name of Applicant:

_____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF _____, 20___

_____

Notary Public My Commission Expires:

APPLICATION FOR ALCOHOL LICENSE

STORE MANAGER – Complete the requested information below for the active manager of the business:

PLEASE PROVIDE A VALID PHOTO-ID

Name: _____ Address _____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen ☐ Yes ☐ No

Social Security Number: _____ Driver's License Number: _____

Spouse Name _____ U.S. Citizen ☐Yes ☐No

Social Security Number: _____ Driver's License Number: _____

Has the proposed manager ever been convicted or entered a plea of guilty or nolo contendere to any felony? ☐ Yes ☐ No If yes, state the date, person charged, offense, location, and disposition of each offense.

1. _____

PROXIMITY OF BUSINESS to the following:

1. Is business located within three hundred (300) feet, measured in a straight line, from the nearest property line of any "building" as stated in Sec. 6-214. (a) (c) of the Catoosa County, Georgia Alcoholic Beverage Ordinance, to the nearest corner of the building in which the business outlet is to be operated? ☐ Yes ☐ No

OTHER LIABILITIES:

1. Are you familiar with the Catoosa County Ordinances, State Law and Regulations, Federal Laws and Regulations governing the operation of this type of business? ☐ Yes ☐ No
2. Do you agree and understand that you may be required to appear before the Alcoholic Beverages Commission to answer any questions or furnish additional information? ☐ Yes ☐ No

I have completed all areas on this application for license to sell alcoholic beverages in Catoosa County. I agree to abide by the appropriate Alcoholic Beverages Ordinances and Amendments thereto. I further agree to provide with this application the following:

- a completed Criminal History Consent Form (Notarized) for myself, and
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Signature of Applicant/Licensee, Date NOTARY (Seal Required), Date

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Address (Number, Street, City, State, Zip) _____

Signature _____ Date _____ Phone # _____

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Agency Telephone: _____

_____**Georgia CHRI attached/released.**

☐ **GCIC** _____ _____ _____ _____

Inquiry Time ARN Agency Designee Signature / Title Date

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My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

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The secure and verifiable document provided with this affidavit can best be a classified as:
_____.

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Executed in _____(city),_____(state).

Signature of Applicant: Date

_____ _____

Printed Name of Applicant:

_____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF _____, 20___

_____

Notary Public My Commission Expires:

PROPERTY OWNER VERIFICATION FORM
Application for Alcohol License

OWNERSHIP OF BUSINESS PROPERTY

I, as owner of the property located at _____,
do acknowledge and agree that alcoholic beverages may be sold at this location.

Signature of Property Owner: Date

_____ _____

Printed Name of Property Owner:

_____

SUBSCRIBED AND SWORN BEFORE
ME ON THIS THE ____ DAY OF _____, 20__

_____
Notary Public
My Commission Expires: _____

Application for License to Sell Alcoholic Beverages – Check-off sheet

CATOOSA COUNTY

1. Criminal History Investigation by Catoosa County Sheriff's Department	
Applicant's Name:	Manager's Name:
Cleared: ☐ Yes ☐ No Date:	Cleared: ☐ Yes ☐ No Date:
Signed: (Zoning Administrator)	Signed: (Zoning Administrator)
2. Code Enforcement/Chief Building Official	
Name of Business:	Address:
Zoning Designation:	
Number of Seats in Building:	Occupancy Type:
Adequate Number of Parking Spaces: ☐ Yes ☐ No	Applicable Business License: ☐ Yes ☐ No
Building Official Approval Date:	New Construction ☐ Yes ☐ No Plans Reviewed ☐ Yes ☐ No
Building has front entrance clearly visible from public street: ☐ Yes ☐ No	
Certificate of Occupancy Issued: ☐ Yes ☐ No Date:	
Comments:	
Fees Paid	
Business License Fee Paid/License # Amt: $ Date:	
Signed: (Zoning Administrator) Approval Date:	
Application forwarded to Alcoholic Beverages Commission for Action Date:	
Action by Alcoholic Beverages Commission: Meeting Date: _____ Dusty Bridges, Chairman _____ Approved ☐ Yes ☐No Odell Garrett_____ Approved ☐ Yes ☐No Yvonne Morgan_____ Approved ☐ Yes ☐No Ernest Pursley_____ Approved ☐ Yes ☐No Benjamin Scott_____Approved ☐ Yes ☐No	
Comments:	

Note: If additional space is needed for answers, please attach supplemental sheets.

APPROVAL OF ALCOHOLIC BEVERAGE LICENSE

** APPROVAL* OF ALCOHOLIC BEVERAGE LICENSE

NEW Alcoholic Beverage License (Original Application) for the year _____

RENEWAL of the Alcoholic Beverage License for the year _____

**DISAPPROVAL* OF ALCOHOLIC BEVERAGE LICENSE

NEW Alcoholic Beverage License (Original Application) for the year _____

Reason for the disapproval: _____

_____

_____

_____

RENEWAL of the Alcoholic Beverage License for the year _____

Reason for the disapproval of the renewing of the Alcoholic Beverage License:

_____

_____

_____

_____

Chairman, Alcohol Beverage Commission

_____

DATE