

# 2023 RENEWAL APPLICATION FOR ALCOHOL BEVERAGE LICENSE

Name of Licensee(s):

\_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Establishment Name:

\_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Email Address:

\_\_\_\_\_

Renewal License Applied For (check appropriate box):

	<b>FEE</b>
<input type="checkbox"/> Off-Premises Beer.....	\$150.00
<input type="checkbox"/> Off-Premises Wine.....	\$250.00
<input type="checkbox"/> Off-Premises Beer and Wine .....	\$350.00
<input type="checkbox"/> Off-Premises Liquor .....	\$1,200.00
<input type="checkbox"/> Off-Premises Beer, Wine & Liquor .....	\$1,400.00
<input type="checkbox"/> On-Premises Liquor .....	\$500.00
<input type="checkbox"/> On-Premises Beer and Wine.....	\$500.00
<input type="checkbox"/> On-Premises Liquor, Beer, and Wine .....	\$750.00

Have you been convicted, pled guilty to or nolo contendere to a felony within the past 5 years? ( ) Yes ( ) No

If yes, please state nature of crime, date, name and place of court appearance and sentence and details about any sentence imposed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of, or has any member of the partnership or any officer of the corporation ever been convicted, pled guilty to or pled nolo contendere to any crime involving moral turpitude, lottery, or illegal possession or sale of narcotics or liquor within the past ten (10) years? ( ) Yes ( ) No

(if yes, explain in detail)

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Have you or any member of the partnership or officer of the corporation been convicted, pled guilty to or nolo contendere to the offense of D.U. I. or public drunkenness during the past two (2) years?  Yes  No

If yes, please state name of person involved, name and address of court date of disposition of the case.

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Do you or any member of the partnership or corporation owe any taxes to Seminole County?  Yes  No

If yes, please state the name of the person or corporation, the year for which taxes are owed, and amount due for each year.

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Have you ever had a beer, wine, or liquor license revoked or suspended? If so, state the reason for the action taken against you.

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Are you a veteran?  Yes  No

If yes, were you honorably or dishonorably discharged (circle one)?

Name, address, contact number of all employees:

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The renewal shall be signed by the applicant, and must be verified by oath of such applicant, and if the applicant is to be a corporation, by the oath of one of its executive officers or managers.

I, the undersigned, do hereby swear that the answers given above are true and correct, and that the place of business for which this application is made is located more than three-hundred (300) feet from the grounds of any church, school, or school ground or within five-hundred (500) feet of any residence other than a residence owned by myself or one of my shareholders.

Furthermore, I have read and agree to the terms of the Seminole County Alcohol Ordinance.

So, sworn: dated this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Applicant's Name – Print or type

\_\_\_\_\_  
Applicant's Title

Sworn to and subscribed before me

This the \_\_\_\_\_ day of \_\_\_\_\_.

In the year 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

Affidavit Verifying Status for  
County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Seminole County, Georgia Alcohol License as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my RENEWAL application for a Seminole County Alcohol License for \_\_\_\_\_ (Name of person applying on behalf of individual, business, corporation, partnership, or other private entity).

- 1) \_\_\_\_\_ I am a United States citizen
  - OR
  - 2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or \* 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.
- \*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

SUSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens

\_\_\_\_\_  
Notary Public Signature:

\_\_\_\_\_  
Printed Name:

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

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of “alien”, legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number here: \_\_\_\_\_

## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov> The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or

disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

## Privacy Act Statement

*This privacy act statement is located on the back of the FD-258 fingerprint card.*

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I have received a copy of the **NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS** and the Privacy Act Statement.

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Signature / Print Name

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Date

# APPLICANT TO KEEP THIS PAGE

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