

*City of Port Wentworth*

**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

The application containing the following information shall be completed and filed with the City by each applicant for a license to conduct any business involving the sale or distribution of beer, wine, or intoxicating liquor and by each applicant for transfer or renewal of an existing license, together with the payment to the City Treasurer in the amount of license fee to be due if the license is granted. "Before the undersigned attesting officer duly authorized by law to administer oaths, personally comes the petitioner for a license to conduct the hereinafter described business and, being first duly sworn, and on oath says that the information hereinafter given and the statements hereinafter made in answer to the following questions are true.

1. What is the kind of business to be operated?
  
2. What is the name of the business?
  
3. Is the name of the business registered with the clerk of the Superior court of this county?
  
4. What is the location of where such business is proposed to be carried on and the telephone number at said location?

5. Name of applicant: \_\_\_\_\_ Age: \_\_\_\_ Birth Date \_\_\_\_\_

Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

6. Name of owner of business: \_\_\_\_\_  
Other information to identify owner:

7. Is the business incorporated? If so, where and what date?

8. What is the name of the manager or operator of said business, and the home address and telephone of said manager or operator?
  
9. What are the names and addresses of all persons having an interest in said business? (Including the names and addresses of all stockholders, if a corp.)
  
10. What interest do such persons have?
  
11. Who is the landlord of said location, and what is the address and telephone number of said landlord?
  
12. Who is the owner of said location, and what is the address and telephone number of said owner?
  
13. In whose name will the income taxes be due on profits arising from the operation of said business?
  
14. In what manner will the manager or operator of said business be compensated?
  
15. By whom will such compensation be paid?
  
16. What other kind of business will be conducted at this location?

17. What are the names and addresses of the persons who will conduct other such kinds of businesses?
  
18. Has application been made for required State and Federal licenses?
  
19. Has applicant or any person connected with or having an interest in said business:
  - (A) Been convicted of any violation of law in any locality? If yes, was the conviction for a traffic violation? Other violation?
  
  - (B) Served time in prison, or other correctional institution?
  
20. If the answer to any part of the above question is 'yes' for the applicant or any person connected with or having an interest in said business, describe circumstances in detail of each person.
  
21. Give names and addresses of the three (3) citizens of Port Wentworth as references.
  - (1.)
  - (2.)
  - (3.)

22. If this application is for renewal of an existing license, please give the number of existing license.

23. If a renewal, the information herein is different from the information given in the original license application in the following particulars;

**All of the foregoing information is hereby given and all of the foregoing statements are hereby made on 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.**

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*Petitioner's Signature*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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*Notary Public*

# GEORGIA CJIS NETWORK POLICY MANUAL

## CONSENT FORM

*I hereby authorize \_\_\_\_\_ to receive any criminal history record information pertaining to me which may be in the files of any state or local justice agency in Georgia.*

\_\_\_\_\_  
Full name- Please PRINT

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

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

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date