WHITFIELD COUNTY, GEORGIA
2026 ALCOHOL BEVERAGE LICENSE(S) APPLICATION

_____/_____/_____
Date Application Filed

_____
Name of Business

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

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

☐ Package Beer $750.00 ☐ Wholesale $100.00
☐ Pouring Beer $750.00
☐ Package Wine $750.00
☐ Pouring Wine $750.00
☐ Pouring Distilled Spirits (Liquor) $2,000.00 Establishments With Food SalesOnly

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THE LICENSE(S) ARE BEING APPLIED FOR:

☐ Package Store ☐ Restaurant ☐ Farm Winery

APPLICANT APPLYING FOR LICENSE
WHITFIELD COUNTY, GEORGIA
ALCOHOL BEVERAGE APPLICATION

Please List The Applicant Applying For The License. The Applicant May Apply On Behalf Of A Partnership, Corporation Or LLC. The Applicant Is Responsible For The License And Must Be Fingerprinted. For reference see O.C.G.A.§ 3-3-2.

Name of Applicant:_____

Owner Name: _____
(Individual, Partnership, Corporation, LLC)

d/b/a:_____

Local Business Address: _____

Mailing Address: _____

E-mail Address:_____

City:_____ State:_____ Zip: _____

Business Telephone____/_____/_____ Fax Number _____/_____/_____

Contact Number _____/_____/_____

APPLICANT, PLEASE COMPLETE THE FOLLOWING:

A. ARE YOU A UNITED STATES CITIZEN? YES ☐ PERMANENT RESIDENT ☐

B. ARE YOU A RESIDENT OF WHITFIELD COUNTY? YES ☐ NO ☐

SIGNATURE OF APPLICANT

STATE OF GEORGIA, WHITFIELD COUNTY

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

Sworn to and subscribed before me,
This ____day of _____ 20 ___

_____
Date

_____
NOTARY PUBLIC

DESIGNATED AGENT
WHITFIELD COUNTY, GEORGIA ALCOHOL BEVERAGEAPPLICATION

If The Applicant Is Either An Individual Who Does Not Reside In The County Or Is A Partnership,Corporation Or A Limited Liability Company, Then The Applicant Must Name A Designated Agent Who Will BeResponsible For Any Matter Relating To The License. The Designated Agent Must Be An Individual Who Is A Resident Of The County.

DESIGNATED AGENT FULL NAME:

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

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

WHAT IS YOUR RELATIONSHIP TO THE BUSINESS APPLYING FOR THIS LICENSE?

Check the Appropriate Category

☐ INDIVIDUAL OWNER ☐ PARTNER ☐ LARGEST STOCKHOLDER/MEMBER ☐ AFFILIATE OF BUSINESS
☐ OTHER

CITIZENSHIP OF DESIGNATED AGENT

A. ARE YOU A UNITED STATES CITIZEN? ☐ YES PERMANENT RESIDENT ☐

B. ARE YOU A RESIDENT OF WHITFIELD COUNTY? ☐ YES ☐ NO

SIGNATURE OF DESIGNATED AGENT

STATE OF GEORGIA, WHITFIELD COUNTY,

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
WHITFIELD COUNTY, GEORGIA ALCOHOL BEVERAGE APPLICATION

CATEGORY OF BUSINESS OWNERSHIP

☐ Individual	☐ Partnership or Limited Partnership
☐ Domestic Corporation (Inside Georgia)	☐ Limited Liability Company (L.L.C.) (Inside Georgia)
☐ Foreign Corporation (Outside Georgia)	☐ Limited Liability Company (L.L.C.) (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

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGER

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

ADDITIONAL MANAGER

Manager Name _____

Home Address _____

City/State/Zip _____

Phone _____

2026 CONSENT FORM
WHITFIELD COUNTY, GEORGIA
ALCOHOL BEVERAGE APPLICATION

Purpose: License for Alcoholic Beverages
□ New

Name of Business _____

I HEREBY AUTHORIZE THE WHITFIELD COUNTY SHERIFF'S OFFICE TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY FEDERAL CRIMINAL JUSTICE AGENCY AND 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 ☐ PRINCIPAL STOCKHOLDER/MEMBER ☐ MANAGER
☐ PARTNER ☐ DESIGNATED AGENT

(PLEASE BE AWARE THAT YOUR FINGERPRINTS WILL BE CHECKED AGAINST THE FBI DATABASE)

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

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

_____ _____
SIGNATURE DATE

WHITFIELD COUNTY SHERIFF'S OFFICE USE ONLY

CERTIFICATION

This is to certify that _____, the above stated applicant, does not have a criminal record on file.

_____ _____
DATE SHERIFF'S DEPARTMENT

⇒ 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"

2026 CONSENT FORM
WHITFIELD COUNTY, GEORGIA
ALCOHOL BEVERAGE APPLICATION

Purpose: License for Alcoholic Beverages
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ALCOHOL BEVERAGE APPLICATION

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AFFIDAVIT VERIFYING STATUS FOR PUBLIC BENEFIT APPLICATION

WHITFIELD COUNTY, GEORGIA

THIS PAGE MUST BE NOTARIZED

_____
Business Name

By Executing This Affidavit Under Oath, As An Applicant For A Whitfield County, Georgia Alcohol Beverage License As Referenced In O.C.G.A. Section 50-36-1, I Am Stating The Following With Respect To My Application For A Whitfield County Alcohol License.

_____.
[Name Of Natural 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. *Provide the applicant's number issued by the Department of Homeland Security *.

The secure and verifiable document provided with this affidavit can best be 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 Code Section 16-10-20 Of The Official Code Of Georgia.

_____
Signature Of Applicant

_____
Date

_____
Printed Name

_____
*Registration Number For legal permanent resident

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

_____
Date of Birth

_____
Notary Public

My Commission Expires: _____

Note: O.C.G. A. § 50-36-1(f)(B) requires that individuals under the federal Immigration and Nationality Act, Title 8 U.S. C., as amended, provide their alien number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their registration number. _____

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A § 36-60-6(d)

WHITFIELD COUNTY, GEORGIA

MUST BE NOTARIZED

Please Check One:

☐ By executing this affidavit, the undersigned private employer verifies its **compliance** with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has **registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____ _____

Federal Work Authorization User Identification Number (**E-Verify Company ID Number**) Date of Authorization

_____

Signature of Authorized Officer or Agent

_____

Printed Name and Title of Authorized Officer or Agent

☐ By executing this affidavit, the undersigned private 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 ten (10) or less employees and 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 the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

_____

Signature of Exempt Private Employer

_____

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ___, 202__ in _____(city), _____(state).

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202__.

_____

NOTARY PUBLIC

My Commission Expires:

_____

2026 ALCOHOL BEVERAGE APPLICATION
WHITFIELD COUNTY, GEORGIA
CHARACTER FORM

_____
Name of Applicant

_____
Name of Business

Sir/Madam:

This is to certify that I have known said applicant for _____ years, and believe(him) □(her) □to be of good moral character.

Said applicant has lived in Whitfield County for at least thirty (30)days pior to this date.I recommend theapplicant be granted a license for the sale of malt beverages and wine in Whitfield County.

_____
PRINT NAME

_____
SIGNATURE

_____
DATE

2026 ALCOHOL BEVERAGE APPLICATION
WHITFIELD COUNTY, GEORGIA
CHARACTER FORM

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Name of Applicant

_____
Name of Business

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_____
DATE