

CHECK OFF LIST FOR APPLICATION FOR A
CITY OF DALLAS LIQUOR, BEER AND/OR WINE LICENSE

- () PLATS OF PROPOSED SITE - 2 COPIES (BLUE LINE)
- () FINGERPRINTS - CITY OF DALLAS POLICE DEPT. - PAGE 7
- () PHOTOGRAPHS OF LICENSEE - 2 SMALL - PAGE 8
- () ZONING - CERTIFIED BY ZONING ADMINISTRATOR - PAGE 3
- () APPLICATION FEE: \$50.00 PER BEVERAGE FOR BEER AND WINE
 \$100.00 FOR LIQUOR
- () LICENSE FEES - PAYABLE WHEN LICENSE ARE APPROVED.

LICENSE MUST BE PURCHASED WITHIN 14 DAYS AFTER APPROVAL

LIQUOR-----PACKAGE SALES	\$ _____
LIQUOR-----POURING	\$ _____
BEER-----PACKAGE	\$ _____
BEER-----POURING	\$ _____
WINE-----PACKAGE	\$ _____
WINE-----POURING	\$ _____

- () FINANCIAL STATEMENT - APPLICANT AND MAJOR STOCK HOLDERS AND PARTNERS. INCLUDES ASSETS, LIABILITIES & CAPITAL.
- () INCORPORATION PAPERS - COPY OF INCORPORATION PAPERS IF INCORPORATED.
- () PURCHASE AGREEMENT - COPY OF PURCHASE AGREEMENT IN BUYING EXISTING ALCOHOLIC BEVERAGE ESTABLISHMENT.
- () COPY OF LEASE AGREEMENT OR CONTRACT.

(C) ARE YOU A CITIZEN OF THE UNITED STATES? _____

(D) WHERE WERE YOU BORN? _____

(E) HOME ADDRESS _____

—
(F)
COUNTY _____

(G) NUMBER OF YEARS AT PRESENT HOME ADDRESS _____

(H) PHONE # ---RESIDENCE _____ BUSINESS _____

(I) DO YOU RESIDE IN THE CITY OF DALLAS? YES () NO () HOW LONG _____

(J) HOW LONG HAVE YOU RESIDED IN THE STATE OF GEORGIA? _____

(K) WHAT HAS BEEN YOUR OCCUPATION FOR THE PAST FIVE (5) YEARS?

6. WHAT IS THE NAME OF THE PERSON WHO, IF THE LICENSE IS GRANTED, WILL BE THE ACTIVE MANAGER OF THE BUSINESS AND ON THE JOB AT THE BUSINESS? LIST ADDRESS, OCCUPATION AND EMPLOYER. (MUST COMPLETE PERSONNEL STATEMENT ATTACHED)

7. HAS THE APPLICANT, OR ANY INDIVIDUAL HAVING AN INTEREST EITHER AS OWNER, PARTNER OR STOCKHOLDER BEEN CONVICTED OR ENTERED A PLEA OF NOLO CONTENDERE WITHIN TEN (10) YEARS IMMEDIATELY PRIOR TO THE FILING OF THIS APPLICATION FOR ANY FELONY OR MISDEMEANOR OF ANY STATE OR OF THE UNITED STATES OR ANY MUNICIPAL ORDINANCE EXCEPT TRAFFIC VIOLATIONS? IF YES, PLEASE EXPLAIN BELOW.

8. (A) DO YOU OWN THE LAND AND BUILDING ON WHICH THIS BUSINESS IS TO BE OPERATED? _____

(B) WHEN DID YOU BUY IT? _____

(C) IF NOT OWNER, GIVE THE AMOUNT OF RENTAL PAID FOR SUCH LAND AND BUILDING, THE MANNER IN WHICH THE RENT IS DETERMINED, TO WHOM AND AT WHAT INTERVALS IS IT PAID? GIVE THE NAME OF THE OWNER AND AGENT, IF ANY.

— _____
— _____
— _____

(D) ATTACH A COPY OF THE LEASE AND ANY OTHER PERTINENT DOCUMENTS.

9. HOW IS THE PROPOSED LOCATION ZONED? _____

10. (A) IF THIS IS AN APPLICATION FOR AN ORIGINAL LICENSE, ATTACH HERETO PROOF OF ADEQUATE PARKING FACILITIES OF AT LEAST ONE (1) OFF-STREET PARKING SPACE FOR EACH ONE HUNDRED (100) SQUARE FEET OF TOTAL FLOOR AREA THAT WILL BE AVAILABLE TO APPLICANT'S PATRONS AND WITHIN FOUR HUNDRED (400) OF THE PROPOSED LOCATION.

(B) ZONING AND PARKING PLAT MUST BE APPROVED BY ZONING ADMINISTRATOR.

11. IF OPERATING AS A CORPORATION, STATE NAME AND ADDRESS OF CORPORATION, WHEN AND WHERE INCORPORATED, AND THE NAMES AND ADDRESSES OF THE OFFICERS AND DIRECTORS, SOCIAL SECURITY NUMBERS AND THE OFFICE HELD BY EACH.

12. IF OPERATING AS A CORPORATION, LIST STOCKHOLDERS WITH ADDRESSES AND THE AMOUNT OF INTEREST OF EACH STOCKHOLDER IN THE CORPORATION.

13. IF APPLICATION IS FOR ON PREMISES CONSUMPTION (POURING), IS THE PREMISES A FULL SERVICE RESTAURANT CAPABLE OF SEATING AND SERVING AT LEAST FIFTY (50) PATRONS OR IS THE PREMISES OWNED AND OPERATED BY A COMMUNITY SERVICE ORIENTED, NONPROFIT ORGANIZATION WITH NATIONAL AFFILIATION AND A CURRENT ACTIVE MEMBERSHIP OF AT LEAST THIRTY (30) INDIVIDUALS.

YES () NO ()

14. IF THIS IS AN APPLICATION FOR ANY RETAIL LIQUOR LICENSE, HAS APPLICANT OR SPOUSE ANY FINANCIAL INTEREST IN ANY MANUFACTURER OR WHOLESALER OF ALCOHOLIC BEVERAGES? _____

15. IF THIS IS AN APPLICATION FOR ANY RETAIL LIQUOR LICENSE , HAS APPLICANT OR SPOUSE RECEIVED ANY FINANCIAL AID OR ASSISTANCE FROM ANY MANUFACTURER OR WHOLESALER OF ALCOHOLIC BEVERAGES? _____

16. SHOW HEREUNDER ANY AND ALL PERSONS, CORPORATIONS, PARTNERSHIPS, OR ASSOCIATIONS WHO HAVE RECEIVED OR WILL RECEIVE, AS A RESULT OF YOUR OPERATION UNDER THE REQUESTED LICENSE, ANY FINANCIAL GAIN OR PAYMENT DERIVED FROM ANY INTEREST OR INCOME FROM THE OPERATION. (FINANCIAL GAIN OR PAYMENT SHALL INCLUDE PAYMENT OR GAIN FROM ANY INTEREST IN THE LAND, FIXTURES, BUILDING, STOCK, AND ANY OTHER ASSET OF THE PROPOSED OPERATION UNDER THE LICENSE.) IN THE EVENT ANY CORPORATION IS LISTED AS RECEIVING AN INTEREST OR INCOME FROM THIS OPERATION, SHOW THE NAMES OF THE OFFICERS AND DIRECTORS OF SAID CORPORATION TOGETHER WITH NAMES OF THE PRINCIPAL STOCKHOLDERS.

17. STATE WHETHER OR NOT APPLICANT, PARTNER, CORPORATION OFFICER, OR STOCKHOLDER HOLDS ANY ALCOHOLIC BEVERAGE LICENSE IN ANY OTHER JURISDICTION OR HAS EVER APPLIED FOR A LICENSE AND BEEN DENIED. (RELATE FULL DETAILS)

18. ARE YOU FAMILIAR WITH THE DALLAS CITY ORDINANCES, STATE LAWS AND REGULATIONS, FEDERAL LAWS AND REGULATIONS GOVERNING THE OPERATION OF THIS TYPE BUSINESS?

YES () NO ()

19. DO YOU AGREE TO ABIDE BY SUCH ORDINANCES, LAWS AND REGULATIONS?

YES () NO ()

20. DO YOU OR YOUR SPOUSE OR ANY OF THE OTHER OWNERS, PARTNERS, OR STOCKHOLDERS HAVE AN INTEREST, FINANCIAL OR OTHERWISE, IN OTHER LIQUOR STORES? IF SO, STATE IN HOW MANY STORES THERE ARE AN INTEREST AND WHERE STORES ARE LOCATED. EXPLAIN FULLY.

21. ARE YOU OR ANY MEMBER OF YOUR FAMILY THE OWNER, LESSOR, SUBLESSOR OF ANY REAL ESTATE WHICH IS OCCUPIED BY A RETAIL LIQUOR STORE? IF SO, GIVE THE LOCATION INFORMATION AS TO ANY LEASE OR RENTAL AGREEMENT, AMOUNTS OF RENTS RECEIVED, TO WHOM RENTED OR LEASED.

22. ARE YOU OR ANY MEMBER OF YOUR FAMILY THE EXECUTOR OR ADMINISTRATOR OR BENEFICIARY OR HEIR OF ANY ESTATE HAVING ANY INTEREST IN A RETAIL LIQUOR STORE? IF SO, GIVE THE LOCATION, AMOUNT OF INTEREST AND YOUR CAPACITY WITH THE ESTATE.

23. ARE YOU OR ANY MEMBER OF YOUR FAMILY THE BENEFICIARY OR TRUSTEE OF ANY TRUST FUND HAVING ANY INTEREST IN A RETAIL LIQUOR STORE? IF SO, GIVE YOUR POSITION, THE NAME OF THE TRUST AND THE AMOUNT OF INCOME YOU RECEIVE.

24. HAVE YOU, YOUR SPOUSE, ANY PARTNER, ANY STOCKHOLDER ANY FINANCIAL INTEREST IN ANY WHOLESALE LIQUOR BUSINESS? IF SO, GIVE DETAILS.

25. (RESERVED)

26. DO YOU HAVE ANY QUESTIONS OR COMMENTS REGARDING THE ORDINANCES, LAWS, REGULATIONS OR APPLICATIONS? YES () NO ()

GEORGIA, PAULDING COUNTY, CITY OF DALLAS

I, _____ BEING DULY SWORN ACCORDING TO LAW, DO SWEAR THAT THE FACTS AND THINGS STATED BY ME IN THE ABOVE AND FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE, OR FRAUDULENT STATEMENT IS MADE HEREIN AND SUCH ANSWERS WERE MADE IN ORDER TO PROCEDURE THE GRANTING OF SUCH A LICENSE.

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE OF APPLICANT

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY OF
_____, 200_____

NOTARY PUBLIC

SIGNATURE AND TITLE OF PERSON OTHER
THAN APPLICANT FILLING OUT THIS
APPLICATION.

ALL QUESTIONS MUST BE ANSWERED

FINGERPRINTED BY DALLAS POLICE DEPARTMENT BY OFFICER _____ ON
_____, 199_____

RECEIVED BY CITY CLERK OR _____ ON _____, 1995

- PERSONNEL STATEMENT -
(ON SITE MANAGER)

(A PHOTO OF APPLICANT MUST BE ATTACHED TO THIS FORM)

1. FULL NAME OF APPLICANT (USE NO INITIALS):

2. CORPORATION NAME, IF CORPORATION (MUST BE REGISTERED WITH GEORGIA SECRETARY OF STATE):

3. HOME ADDRESS OF APPLICANT:

4. NAME AND ADDRESS OF RETAIL STORE, LOUNGE OR RESTAURANT:

5. (RESERVED):

6. (RESERVED)

7. (RESERVED)

8. PLACE AND DATE OF BIRTH OF APPLICANT.

9. IF MARRIED, GIVE SPOUSE'S FULL NAME, DATE AND PLACE OF BIRTH. GIVE DATE AND PLACE OF MARRIAGE. GIVE NAME OF SPOUSE'S EMPLOYER. (INCLUDE SPOUSE'S MAIDEN NAME. IF WIDOWED OR DIVORCED GIVE SAME INFORMATION ON FORMER SPOUSE.

10. RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ AGE: _____ COLOR OF HAIR
COLOR OF EYES: _____

11. GIVE NAMES AND ADDRESSES OF ALL CHILDREN AND STEPCHILDREN (REGARDLESS OF AGE)

FULL NAME	ADDRESS	AGE	PLACE OF BIRTH

12. GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES OTHER THAN CHILDREN LIST ABOVE:

NAME/RELATIONSHIP	ADDRESS	AGE	PLACE OF BIRTH

13. DID YOU FILE GEORGIA TAX LAST YEAR? YES () NO ()

14. HAVE YOU EVER HAD ANY FINANCIAL INTEREST IN A LIQUOR BUSINESS WHICH WAS DENIED A LICENSE OR HAD THE LICENSE REVOKED? IF SO, GIVE DETAILS.

15. EDUCATION (INCLUDE ALL ABOVE ELEMENTARY, GIVING NAME OF SCHOOL, ADDRESS, DATES ATTENDED AND DEGREES RECEIVED.

16. EMPLOYMENT RECORD (INCLUDE: FROM MO./YR. TO MO./YR., OCCUPATION/DESCRIPTION OF DUTIES PERFORMED, SALARY, EMPLOYER, REASON FOR LEAVING)

17. LIST RESIDENCES FOR PAST 10 YEARS (INCLUDE: FROM YR. TO YR., STREET, CITY, STATE,)

18. REFERENCES: GIVE THREE PERSONAL REFERENCES NOT RELATIVES, CURRENT OR FORMER EMPLOYERS, FELLOW EMPLOYEES, OR SCHOOL TEACHERS, WHOM YOU HAVE KNOWN FOR FIVE YEARS.

19. HAVE YOUR EVER BEEN ARRESTED FOR ANY MUNICIPAL, COUNTY, STATE OR FEDERAL LAW. IF SO, GIVE DATES, CHARGES, PLACE OF ARREST, AND DISPOSITION OF CHARGES.

I, _____, DO SOLEMNLY SWEAR, THAT THE FOREGOING STATEMENTS ARE TRUE. I UNDERSTAND THAT ANY FALSEHOODS ARE GROUNDS FOR AUTOMATIC DISMISSAL OF THIS APPLICATION.

(APPLICANT SIGNATURE, FULL NAME IN INK.)

DATE

NOTARY PUBLIC

DALLAS POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Dallas Police Department or City of Dallas Municipal Government, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospital, clinics, private practitioners; and the U. S. Veterans Administration; employment and pre-employment records including background reports, efficiency ratings, complaints, or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest,

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment with the City of Dallas Police Department or for compliance with any regulatory Ordinances of the City of Dallas, Georgia. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden & middle names)

Date

Address

City/State

Sex

Race

Date of Birth

Phone Number

Social Security Number

States resided in since 18 years of age (use State Abbreviations)

Witness

Date