

# Board of Commissioners Wilkinson County

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## LICENSE APPLICATION

ID REQUIRED\*    FEE: \$ \_\_\_\_\_

**PLEASE CHECK WHICH TYPE OF LICENSE YOU ARE APPLYING FOR:**

CONSUMPTION ON PREMISES \_\_\_\_\_  
RETAIL PACKAGE \_\_\_\_\_  
WHOLESALE \_\_\_\_\_  
MANUFACTURING \_\_\_\_\_  
SPECIAL EVENT \_\_\_\_\_  
FESTIVAL \_\_\_\_\_  
BREW PUB \_\_\_\_\_

**PLEASE CHECK WHICH PACKAGE YOU ARE APPLYING FOR:**

MALT BEVERAGE: \_\_\_\_\_      DISTILLED SPIRITS: \_\_\_\_\_  
WINE: \_\_\_\_\_      MALT/WINE/DISTILLED SPIRITS COMBO \_\_\_\_\_  
MALT/WINE COMBO: \_\_\_\_\_      FARM WINERY TASTING ROOM \_\_\_\_\_

**ADDITIONAL APPLICATION INFORMATION:**

1: NAME: \_\_\_\_\_

2: ADDRESS: \_\_\_\_\_

3: TELEPHONE NUMBER: \_\_\_\_\_  
CELL NUMBER: \_\_\_\_\_

4: IS APPLICANT A RESIDENT OF WILKINSON COUNTY? \_\_\_\_\_ IF THE ANSWER IS NO, THEN PROVIDE THE FOLLOWING INFORMATION OF WILKINSON COUNTY RESIDENT WHO WILL BE HELD RESPONSIBLE FOR COMPLIANCE WITH THE BEER AND WINE ORDINANCE:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE / CELL NUMBER: \_\_\_\_\_

5: DATE OF BIRTH OF APPLICANT: \_\_\_\_\_

6: SOCIAL SECURITY NUMBER OF APPLICANT: \_\_\_\_\_

7: APPLICANT'S FIRST TIME FILLING OUT APPLICATION: \_\_\_\_\_

8: NAME OF PERSON OR AGENT IN CHARGE OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_

9: NAME AND ADDRESS OF TRUE OWNER OR OWNERS OF BUSINESS:  
\_\_\_\_\_  
\_\_\_\_\_

10: IF APPLICANT IS RENTING OR LEASING SUCH ESTABLISHMENT, STATE TRUE OWNER OF THE PROPERTY UPON WHICH SAID ESTABLISHMENT IS LOCATED:

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

11: PROPOSED LOCATION OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_

12: IS THE PROPOSED LOCATION WITHIN:

- 300 FEET OF CHURCH, SCHOOL GROUND OR COLLEGE CAMPUS, PUBLIC LIBRARY OR BRANCH, TOURIST OR MOBILE HOME COURT OR MOTEL? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - 1,000 FEET OF PRIVATE RESIDENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - 1,000 FEET OF AN EXISTING ESTABLISHMENT LICENSED UNDER THIS ORDINANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - 1,000 FEET OF AN EXISTING ESTABLISHMENT LICENSED UNDER THE ADULT ENTERTAINMENT ORDINANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO
- ALL DISTANCES ARE MEASURED IN A STRAIGHT LINE FROM THE NEAREST PROPERTY LINES OF THE PARCELS.

13: HAS THE PROPOSED LOCATION BEEN:

1. INSPECTED BY THE WILKINSON COUNTY HEALTH DEPARTMENT  
\_\_\_\_\_ YES \_\_\_\_\_ NO
2. INSPECTED AND APPROVED BY THE WILKINSON COUNTY FIRE MARSHALL  
\_\_\_\_\_ YES \_\_\_\_\_ NO

13: WITHIN THE PAST TEN (10) YEARS, HAVE YOU ENTERED A PLEA OF GUILTY, NOLO CONTENDERE, OR HAVE YOU BEEN CONVICTED OF A FELONY OR OTHER CRIME INVOLVING MORAL TURPITUDE?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, STATE THE CRIME, THE DATE, THE PLEA ENTERED, THE COURT, AND THE SENTENCE:

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

14: HAVE YOU ENTERED A PLEA OF GULTY, NOLO CONTENDERE, OR HAVE YOU BEEN CONVICTED OF ANY CRIME INVOLVING A VIOLATION OF ANY ALCOHOL CONTROL LAW OF THE UNITED STATES OR THE STATE OF GEORGIA?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

15. DO YOU CONSENT TO A BACK-GROUND CHECK?  
(PLEASE FILL OUT ADDITIONAL BACKGROUND CONSENT ATTACHED)

16. IF THIS IS AN ANNUAL RENEWAL APPLICATION, HAVE YOU BEEN CHARGED WITH ANY OF THE ABOVE CRIMES, OR ENTERED A PLEA OF GUILTY,

NOLO CONTENDRE OR BEEN CONVICTED OF A FELONY OR OTHER CRIME INVOLVING MORAL TURPITUDE SINCE FIRST APPLYING FOR THIS LICENSE?

\_\_\_\_\_ YES. \_\_\_\_\_ NO

17: DO YOU INTEND TO SERVE BEER AND WINE FOR CONSUMPTION ON OR OFF THE PREMISES?

ON THE PREMISES \_\_\_\_\_ OFF THE PREMISES \_\_\_\_\_

18: HAVE ALL COUNTY AD VALOREM TAXES (REAL AND PERSONAL PROPERTY) FOR WHICH APPLICANT IS LIABLE BEEN PAID? \_\_\_\_\_

19: IF RENTING, HAS THE RESPONSIBLE PARTY PAID ALL COUNTY ADVALOREM TAXES (REAL AND PERSONAL) FOR THE PROPERTY? \_\_\_\_\_

20. HAVE YOU REVIEWED A COPY OF THE WILKINSON COUNTY BEER AND WINE ORDINANCE WHICH BECAME EFFECTIVE **SEPTEMBER 3, 1974** AND THE FOLLOWING AMENDMENTS TO SAID ORDINANCE

<b>DECEMBER 3, 1974</b>	<b>Sections 1, 14 and 21</b>
<b>DECEMBER 2, 1975</b>	<b>Section 19</b>
<b>SEPTEMBER 6, 1977</b>	<b>Section 16</b>
<b>JANUARY 2, 1979</b>	<b>Section 16</b>
<b>JANUARY 8, 1985</b>	<b>Section 38</b>
<b>JUNE 4, 1985</b>	<b>Section 21 and 22</b>
<b>DECEMBER 17, 1985</b>	<b>Section 15 and 21</b>
<b>DECEMBER 20, 1988</b>	<b>Section 21</b>
<b>DECEMBER 19, 1989</b>	<b>Section 21</b>
<b>AUGUST 17, 2004</b>	<b>Section A4, B1, B5, C1, C2, C3, D2(c)</b>

AND ARE YOU, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, IN COMPLAINE WITH SAID ORDINANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

BY MAKING THIS APPLICATION, THE UNDERSIGNED APPLIED HEREBY AUTHORIZES WILKINSON COUNTY AND ITS AGENTS TO COMPLETE A THOROUGH CRIMINAL BACKGROUND IVESTIGATION AND AGREE TO COOPERATE IN ANY WAY NECESSARY TO COMPLETE THE INVISTIGATION.

THE UNDERSIGNED APPOCIANT HEREBY CERTIFIES, UMDER OATH, THAT THEY HAVE READ AND UNDERSTAND THE BEER AND WINE ORDNINANCE OF WILKINSON COUNTY AND ALL AMENDMENTS THERE OF:

THE UNDERSIGNED APPLICANT FURTHER CERTIFIES, UNDER OATH, THAT THE FOREGOING STATEMENTS ARE TRUE, THAT HE AGREES TO ABIDE BY THE TERMS OF SAID BEER AND WINE ORDINANCE, SHOULD A LICENSE BE ISSUED, AND THAT

THE MAKING OF ANY FALSE STATEMENT IN CONNECTION WITH SAID LICENSE APPLICATION SHALL CONSTITUTE GROUNDS FOR DENIAL OF SAID LICENSE.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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