Hart County
Beer & Wine License
Application

Application for License Year: _____

Applicant's Name: _____

Resident Address: _____

Home Telephone: _____ Work Telephone: _____

Social Security Number: _____

Drivers License Number: _____

Business Name: _____

Business Address: _____

Business Telephone: _____

Type of Business: _____

Is this application for renewal of a current beer and wine license? _____

Class License: ( )A ( )B ( )C ( )D

Are you a citizen of the State of Georgia? _____
(Attach copy of driver's license or other proof of residency)

Are you 21 years of age or older? _____

The license is requested for: ( ) Sole Proprietorship ( )Partnership Corporation

If sole proprietorship, are you the owner? _____

If not, are you actively engaged in the management of the business? _____

If partnership or corporation, are you an officer who is actively engaged in the management of the business and an owner of at least 25% of the partnership or corporation? _____
(Attach a copy of letter of partnership or articles of incorporation)
Does the firm, partnership or corporation own or operate more than one business in the county that holds a beer and wine license? _____
If yes, has the same individual applied for all such licenses? _____

If the application is for a private club, are you an officer of the club?
_____

Does a Commissioner of Hart County have any interest in this business?
_____

Have you been convicted, pled guilty or entered a plea of nolo contendere to any felony or misdemeanor involving alcoholic beverages or drugs within the past three years? _____

Have you had an application refused or withdrawn within the year preceding the date of application? _____

Please note the provisions of the ordinance regarding the posting of the Notice of Application sign and the legal advertisement to be run in The Hartwell Sun must be completed prior to the Board of Commissioners consideration of your application.

If you are a current license holder, have you violated any law, regulation or ordinance relating to such business? _____ (if yes, attach explanation)

Have you previously had an alcoholic beverage license suspended or revoked? _____

Is the entrance of the business located within 350 yards of the nearest property line of any church, hospital or school? _____

Does the business have a history within the preceding 12 months of the filing of the application of prostitution or other offensive practices such as violent activities, gambling, illegal dealing in alcoholic beverages or drugs or other violations of the law? _____

With the exception of a private club, does the business have a front entrance that is clearly visible from a public street, road or highway?
_____

With the exception of a private club, does the business have a fully lighted and unobstructed parking area? _____

Is the business occupied as a dwelling? _____

Have you complied with all rules, regulations and requirements of the Hart County Board of Health, State Board of Health, and all other State, Federal, and Local public health authorities? _____
(Attach letter and/or permits as verification if applicable)

If business is a private club, does it maintain 25 or more dues paying members? _____
(Attach a signed, notarized statement which names the officers of the club and which indicates the total number of dues paying members)

Does the business have suitable kitchen and dining facilities to accommodate members and guests? _____

If the business is a restaurant, is 55% of the business' total annual gross income derived from the sale of prepared meals and food? _____ (Attach supporting documentation) Does the business have a seating capacity of at least 25 or more? _____

If the business is a retailer, does business have grocery-related items equaling a wholesale value of $2,500 or more in stock? _____
(Attach supporting documentation)

List the name, address and telephone number of each person (including officers of private club if applicable), firm or corporation having any interest in the business.

Name Address
Telephone

_____

_____

_____

_____

List three people who have known you for five years of more:

_____

_____

_____

List record of employment for the previous five years:

Employer: _____

Address: _____

_____

Position: _____

Dates Employed – From: _____ To: _____

Employer: _____

Address: _____

_____

Position: _____

Dates Employed – From: _____ To: _____

Employer: _____

Address: _____

_____

Position: _____

Dates Employed – From: _____ To: _____

I do solemnly swear that the statements made and answers given on the Hart County beer and wine application are true and complete; that I have read and fully understand the Hart County Beer, Wine and Malt Beverage Ordinance; that I affirm that I will comply with all provisions and requirements of the ordinance; and that I shall not offer for retail sale any beer, wine ale or malt beverages except that purchased or acquired from a licensed wholesale distributor of such alcoholic and/or malt beverages.

_____
Applicant's signature

Sworn and subscribed before me this the _____ day of _____,

_____.

_____
Notary Public

My commission expires: _____

Criminal History Consent Form

In accordance with Section 7(b) of the Beer, Wine and Malt Beverage Ordinance of Hart County, as now or hereafter amended, the undersigned hereby authorizes the Hart County Sheriff's Department to inquire and receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency, and furnish said record to the Hart County Board of Commissioners.

_____
Full Name Printed

_____
Address

_____
City, State, Zip

_____ _____
Sex Date of Birth

_____ _____
Race Social Security Number

_____ _____
Signature Notary Public

My commission expires on: _____

Date Notarized: _____

( ) There is no criminal history record found on this subject

( ) The criminal history record on this subject is attached

_____ _____
Hart County Sheriff's Department Date

Affidavit Verifying Status
for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Hart, County Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Hart County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____.
[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 or I 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:

_____

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

*_____
Alien Registration number for non-citizens

Notary Public
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 below:

_____

What Your Business Needs to Know about Georgia's E- Verify Requirements (Effective July 1, 2013)

E-Verify Contractor Requirements

Georgia law, **O.C.G.A. § 13-10-91**, requires **all businesses** that contract with a public employer for **labor or services** by bid or by contract in which the labor or services **exceed $2499.99** to sign an affidavit attesting that they are registered for and use E-Verify **unless** 1) the contractor has **no employees** (in which case they must present an approved state issued identification card/drivers' license from an approved state as provided on the Attorney General's website) or, 2) the contract is with an individual licensed under Title 26, Title 43, or the State Bar of Georgia who is in good standing and that individual is performing that service. Anyone your business subcontracts with for labor and services, as well as the subcontractors of your subcontractors, in furtherance of that contract is also subject to this requirement. E-Verify Contractor, Subcontractor, and Sub-Subcontractor affidavits can be found here.

E-Verify Private Employer Requirements

Georgia law, **O.C.G.A. § 36-60-6**, requires all businesses, **with more than 10 employees** that are seeking an occupation tax certificate/business license or other document required to operate a business with a county or city to sign an affidavit attesting that they are registered for and use E-Verify. Businesses with **10 or fewer employees** are required to sign an affidavit attesting that they are exempt from this requirement. Once a business has provided this affidavit to the county, all subsequent renewals can be provided with the submission of the E-Verify number, as long as it is the same number as provided on the affidavit, or assertion that your business is exempt. The county will provide the format in which renewal information is collected. E-Verify Private Employer and Exemption Affidavits can be found here.

What Is E-Verify?

E-Verify is a federal Web-based system that electronically verifies the employment eligibility of newly hired employees. It works by allowing participating employers to electronically compare employee information taken from the I-9 Form (the paper-based employee eligibility verification form used for all new hires) against records in the Social Security Administration's database and the records in the Department of Homeland Security immigration databases.

Where Do I Find My E-Verify Number?

The Human Resources Department for your business should have that information, if you have registered. The E-Verify number, which consists of four to six numerical characters, is located directly below the E-Verify logo on the first page of the memorandum of understanding (MOU) entered into between your business and the Department of Homeland Security (DHS) to use E-Verify.

What if I cannot locate or do not have access to my MOU?

If the HR director/program administrator for E-Verify from your business has taken the E-Verify tutorial, you may obtain your company ID number by: 1) Logging in to E-Verify with your assigned user ID and password; 2) From 'My Company,' select 'Edit Company Profile;' 3) The Company Information page will display the company ID number. If your HR director/ program administrator has not completed the tutorial, you must contact E-Verify Customer Support at 888-464-4218 or at E-Verify@dhs.gov for assistance.

Is the Federal Tax Identification Number/Employer Identification Number (EIN) the same as the E-Verify Number?

No. While you will be required to provide the Federal Tax Identification Number/EIN for your business to DHS in order to register for E-Verify, a separate number, which consists of four to six numerical characters, will be provided as the E-Verify number for your business by DHS, which will be located on the MOU.

How Do I Register for E-Verify? To register for E-Verify, please visit the DHS website. If you need assistance in completing the registration process or need additional information relating to E-Verify, call their customer service number at 1-888-464-4218, email them at E-Verify@dhs.gov or visit their website at http://www.dhs.gov/e-verify.

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) Alcohol license [*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from Hart County Board of Commissioners [*name of county or municipal corporation*], the undersigned applicant representing the private employer known as _____ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

1. **Fill out this section between January 1, 2012, and June 30, 2012.**
   (a)_____ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
   (b)_____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.
   If the employer selected 1(a) please fill out Section 4 below.

2. **Fill out this section between July 1, 2012, and June 30, 2013.**
   (a)_____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
   (b)_____ On January 1st of the below signed year the individual, firm, orcorporation employed less than one hundred (100) employees.
   If the employer selected 2(a) please fill out Section 4 below.

3. **Fill out this section on or after July 1, 2013.**
   (a)_____ On January 1st of the below signed year the individual, firm, orcorporation employed more than ten (10) employees.
   (b)_____ On January 1st of the below signed year the individual, firm, orcorporation employed less than ten (10) employees.
   If the employer selected 3(a) please fill out Section 4 below.

4. **The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

   _____
   Federal Work Authorization User Identification Number

   _____
   Date of Authorization

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 O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ___ date of _____, 201___ in _____ (city), _____(state)

_____
Signature of Authorized Officer or Agent

_____
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 201___.

_____
NOTARY PUBLIC

My Commission Expires:
_____

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

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 fewer 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.

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ___, 201__ in _____(city), _____(state).

_____
Printed Name of Exempt Private Employer

_____
Signature of Exempt Private Employer or
Authorized Officer or Agent

_____
Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,201__.

_____

NOTARY PUBLIC

My Commission Expires:

_____

* This affidavit is for submissions made on or after to July 1, 2013.

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)
Compliance Deadline Schedule

Private employers applying for a[n] business license, occupational tax certificate, or other document required to operate a business must complete the above-referenced affidavit in compliance with the following schedule:

- If you are an employer (including any individual, firm, or corporation) employing more than five hundred (500) employees, you must complete an affidavit between January 1, 2012, and June 30, 2012.

- If you are an employer (including any individual, firm, or corporation) employing more than one hundred (100) employees, you must complete an affidavit between July 1, 2012, and June 30, 2013.

- If you are an employer (including any individual, firm, or corporation) employing more than ten (10) employees, you must complete an affidavit on or after July, 1, 2013.

Pursuant to O.C.G.A. § 36-60-6(f), the office of the Georgia Attorney General will post the appropriate Private Employer Affidavit form on the Department of Law's official website pursuant to the above-referenced compliance schedule.

The Affidavit form should be sent to the entity within Georgia with whom you are doing business. A copy of the affidavit form need not be sent to the Georgia Attorney General's Office.

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

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 employs more than ten employees and 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. § 13-10-90. 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

_____
Date of Authorization

_____
Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 201__ in _____(city), _____(state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,201__.

_____
NOTARY PUBLIC

My Commission Expires:

_____