



CITY OF COCHRAN APPLICATION FOR ALCOHOL LICENSE

LICENSE NO.: _____

_____ Retail Package Dealer (off premises)	_____ New
_____ Retail Consumption Dealer (on premises)	_____ Renewal
_____ Temporary (non-profit civic organization)	_____ Suspension Reinstatement
_____ Alcohol Beverages for Catering	_____ Brew Pub
_____ Liquor Store	

Name of Business: _____

Name of Applicant: _____ Phone#: _____

Location: _____

Mailing Address: _____

TYPE OF OWNERSHIP OF BUSINESS APPLYING FOR LICENSE:

Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Private Club: _____

LLC: _____

Non-profit Civic Organization (Temporary License): _____

CERTIFICATION AND AUTHORIZATION:

I CERTIFY THAT:(FULL NAME OF AGENT) _____ HAS
AGREED TO SERVE AS OUR RESIDENT AGENT, THAT HE/SHE IS A RESIDENT OF
_____ COUNTY, AND HIS/HER MAILING ADDRESS AND PHONE NUMEBR IS:
_____.

BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO DETERMINE THAT ALL QUESTIONS HAVE BEEN ANSWERED FULLY AN CORRECTLY. EXECUTION OF THIS STATEMENT IS TO BE DONE UNDER OATH, IS SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH:

- ALL OF THE REQUIREMENTS OF THE CITY OF COCHRAN CODE REGARDING ALCOHOLIC BEVERAGE SALES HAVE BEEN MET BY THE APPLICANTS(S) AND ALL OTHER PERSONS REQUIRED TO BE LISTED ON THE APPLICATION.
- I HAVE NOT HAD A LICENSE, INCLUDING A LICENSE TO SELL ALCOHOLIC BEVERAGES, ISSUED UNDER THE POLICE POWERS OF THE CITY OR COUNTY, REVOKED WITH IN FIVE YEARS OF THE DATE OF THIS APPLICATION.
- TO MY KNOWLEDGE ALL PERSON HAVE ANY OWNERSHIP INTEREST IN OR CONTROL OVER THE
 - LAND OR BUILDING CONTAINING THE ESTABLISHMENT TO BE OPERATED PURSUANT TO THE LICENSE BEING APPLIED FOR, MEET



- THE SAME CHARACTER REQUIREMENTS AS THOSE SET FORTH FOR THE LICENSE.
- I Do___I Do Not___HAVE FINANCIAL AND/OR OPERATIONAL INTEREST IN ANY HOTEL, RESTAURANT OR OTHER BUSINESS WHERE ALCOHOL BEVERAGES ARE SOLD OTHER THAN THE BUSINESS FOR WHICH THIS APPLICATION IS SUBMITTED.
- THE ESTABLISHMENT COMPLIES WITH ALL APPLICABLE BUILDING AND FIRE CODES AND ALL APPLICABLE GOVERNMENT LAWS AND REGULATIONS.
- ALL TAXES OR FEES DUE BY ME TO THE CITY OF COCHRAN, BLECKLEY COUNTY OR THE STATE OF GEORGIA HAVE BEEN PAID.

PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

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

NOTARY

MY COMMISSION EXPIRES: _____ SEAL



SOLE PROPRIETOR: (USE THIS PAGE ONLY IF YOU ARE A SOLE PROPRIETOR BUSINESS)

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

THE ENTITY (BUSINESS) IS ORGANIZED AND EXISTS UNDER THE LAWS OF THE U.S. OR THE STATE OF _____ AND ALL NATURAL PERSONS WHO ARE REQUIRED TO JOIN THE APPLICATION ARE EITHER A CITIZEN OF THE U.S. OR AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE IN THE U.S.

YES NO



PARTNERSHIP:

(FOR A LICENSE TO BE ISSUED TO A GENERAL PARTNERSHIP THE APPLICATION MUST BE MADE JOINTLY BY THE PARTNERSHIP, ANY MANAGING PARTNER, AND ALL OTHER PARTNERS OWNING AT LEAST A 20% INTEREST IN THE ASSETS OR REVENUES OF THE PARTNERSHIP. IF THERE IS NO MANAGING PARTNER AND THERE IS NO PARTNER MEETING THE OWNERSHIP REQUIREMENTS, THEN THE APPLICATION MUST BE MADE JOINTLY IN THE NAME OF THE PARTNERSHIP AND THE GENERAL PARTNER OWNTNG THE GREATEST PERCENTAGE INTEREST IN THE ASETS AND REVENUES OF THE PARTNERSHIP. AT LEAST ONE OF THE APPLICANTS SHALL BE A NATURAL PERSON. IF NONE OF THE APPLICANTS REQUIRED ABOVE IS A NATRUAL PERSON THEN THE NATURAL PERSON HAVING PRIMARY RESPONSIBILITY FOR THE OPERATION OF THE BUSINESS FOR WHICH THE LICENSE IS SOUGHT SHALL JOIN IN THE APPLICATION.)

(IF THE APPLICANT FOR A LICENSE IS A LIMITED PARTNERSHIP, THE APPLICATION SHALL BE MADE JOINTLY BY THE LIMITED PARTNERSHIP, ITS GENERAL PARTNER, AND ANY OTHER PARTNER, LIMITED OR GENERAL, OWNING AT LEAST 20% INTEREST IN THE ASSETS OR REVENUES OF THE LIMITED PARTNERSHIP. AT LEAST ONE OF THE APPLICANTS SHALL BE A NATURAL PERSON. IF NONE OF THE APPLICANTS REQUIRED ABOVE IS A NATURAL PERSON, THEN THE NATURAL PERSON HAVING PRIMARY RESPONSIBILITY FOR THE OPERATION OF THE BUSINESS FOR WHICH THE LICENSE IS SOUGHT SHALL JOIN IN THE APPLICATION.)

NAME OF PARTNERSHIP: _____

DATE FORMED: _____

***ATTACH PARTNERSHIP AGREEMENT AS EXHIBIT TO APPLICATION**

MANAGING OR GENERAL PARTNER: _____

MAILING ADDRESS: _____

OTHER PARTNER: _____

MAILING ADDRESS: _____

PERSON HAVING PRIMARY RESPONSIBILITY FOR OPERATION OF THE BUSINESS: _____

MAILING ADDRESS: _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

THE PARTNERSHIP IS ORGANIZED AND EXISTS UNDER THE LAWS OF THE U.S. OR THE STATE OF _____ AND ALL-NATURAL PERSON'S WHO ARE REQUIRED TO JOIN IN THE APPLICATION ARE EITHER A CITIZEN OF THE U.S. OR AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE IN THE U.S.

YES NO (ATTACH COPY OF CARD)

ON A SEPARATE SHEET LIST, THE NAMES AND RESIDENCE ADDRESSES OF ALL PARTNERS UNLESS THERE ARE MORE THAN 20. IN THAT CASE LIST THE SAME INFORMATION FOR ALL PARTNERS HAVING DIRECTLY OR INDIRECTLY AT LEAST A 5% INTEREST IN THE ASSETS OR REVENUES.



PRIVATE CLUB:

(APPLICATION SHALL BE MADE JOINTLY IN THE NAME OF THE PRIVATE CLUB AND ITS PRESIDENT OR GENERAL MANAGER)

NAME OF PRIVATE CLUB: _____

ADDRESS: _____

MAILING ADDRESS: _____

PRESIDENT OR GENERAL MANAGER: _____

MAILING ADDRESS: _____

THE PRIVATE CLUB IS ORGANIZED AND EXISTS UNDER THE LAWS OF THE U.S. OR THE STATE OF _____, AND ALL NATURAL PERSONS WHO ARE REQUIRED TO JOIN IN THE APPLICATION ARE EITHER A CITIZEN OF THE U.S. OR AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE IN THE U.S. YES NO (ATTACH COPY OF CARD)

ON A SEPARATE SHEET LIST, THE NAMES AND RESIDENCE ADDRESSES OF THE OFFICERS, DIRECTORS, THE MANAGER.



NONPROFIT CIVIC ORGANIZATIONS (TEMPORARY PERMIT)

NONPROFIT CIVIC ORGANIZATION: _____

ADDRESS: _____

CHIEF EXECUTIVE OFFICER: _____

ADDRESS: _____

CHIEF OPERATING OFFICER: _____

ADDRESS: _____

EVENT FOR WHICH TEMPORARY PERMIT IS REQUIRED: _____

LOCATION OF EVENT: _____

DATE(S) OF EVENT: _____ (PERIOD NOT TO EXCEED 2 DAYS.
NO MORE THAN 2 TEMPORARY PERMITS COVERING A TOTAL OF 4 DAYS SHALL BE ISSUED TO AN
ORGANIZATION IN ANY CALENDAR YEAR)

ALL NATURAL PERSONS WHO ARE REQUIRED TO JOIN IN THE APPLICATION ARE EITHER A
CITIZEN OF THE U.S. OR AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE IN
THE U.S. YES NO (ATTACHED COPY OF CARD)



LLC:

(WHERE THE APPLICAT IS An LLC, THE APPLICATION SHALL BE MADE JOINTLY IN NAME OF LLC AND ANY STOCKHOLDER OWNING AT LEAST 20% OF THE TOTAL OUTSTANDING CAPITAL STOCK OF THE LLC.)

NAME OF LLC: _____

ADDRESS: _____

DATE OF CREATION: _____

PLACE OF CREATION: _____

PARENT LLC, IF APPLICABLE: _____

MEMBER(S): _____

ADDRESS: _____

STOCKHOLDER: _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

THE LLC IS ORGANIZED AND EXISTS UNDER THE LAWS OF THE U.S. OR STATE OF _____ AND ALL NATURAL PERSONS WHO ARE REQUIRED TO JOIN IN THE APPLICATION ARE EITHER A CITIZEN OF THE U.S. OR AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE IN THE U.S. YES NO

(ATTACH COPY OF CARD)

ON A SEPARATE SHEET LIST, THE NAMES AND RESIDENCE ADDRESSES OF THE OFFICERS, THE DIRECTORS, THE RESGISTERED AGENT FOR SERVICE OF PROCESS, THE MANAGER OF THE BUSINESS FOR WHICH THE LICENSE IS SOUGHT AND ALL MEMBERS UNLESS THERE ARE MORE THAN 20. IN THAT CASE LIST THE SAME INFORMATION FOR ALL MEMBERS HOLDING AT LEAST 5% OF THE INTEREST OF THE LLC.



IF APPLICANT IS A PUBLIC COMPANY REGULATED BY SEC, PLEASE ATTACH CURRENT FOR 10-K ESTABLISHMENT OF REGISTERED AGENT (FOR NON-RESIDENTS OF BLECKLEY COUNTY)

FULL NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

CONSENT TO SERVE AS REGISTERED AGENT

I AM A RESIDENT OF _____ COUNTY, GEORGIA AND RESIDE AT THE ADDRESS SHOWN ABOVE.

I HEREBY CONSENT TO SERVE AS REGISTERED AGENT, I UNDERSTAND I WILL BE THE PERSON UPON WHOM ANY PROCESS, NOTICE OR DEMAND REQUIRED OR PERMITTED BY LAW OR UNDER THE CHAPTER MAY BE SERVED.

(PRINTED NAME OF REGISTERED AGENT)

(SIGNATURE OF REGISTERED AGENT)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY _____ OF _____ 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____ SEAL



APPLICANT'S AUTHORIZATION TO RELEASE CERTAIN INFORMATION

THE UNDERSIGNED APPLICANT HAS APPLIED FOR AN ALOCHOL LICENSE IN THE CITY OF COCHRAN, GEORGIA AND AUTHORIZES INFORMATION TO BE RELEASED TO THE CITY OF COCHRAN REGARDING THE APPLICANT'S POLICE RECORDS AND CREDIT INFORMATION.

NAME

SOCIAL SECURITY NO.

ADDRESS

HOME TELEPHONE NO.

BUSINESS TELEPHONE NO.

PRINTED NAME OF APPLICANT

DATE OF BIRTH

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THE _____ DAY OF _____, 20_____ .

NOTARY

MY COMMISSION EXPIRES

SEAL



DETERMINATION OF FEES

ADMINISTRATIVE FEE(S) AND INVESTIGATIVE FEE(S) (ADMINISTRATIVE AND INVESTIGATIVE FEES ARE TO BE PAID BY CERTIFIED CHECK OR MONEY ORDER)

- ___ ADMINISTRATIVE & INVESTIGATIVE FEE(S) FOR ALCOHOL BY THE DRINK \$200.00
- ___ ADMINISTRATIVE & INVESTIGATIVE FEE(S) FOR BEER/WINE BY THE DRINK \$500.00
(New App)
- ___ ADMINISTRATIVE & INVESTIGATIVE FEE(S) FOR LIQUOR STORES \$200.00

TOTAL DUE: \$ _____

FEES ARE TO BE PAID BY SEPARATE CERTIFIED CHECKS OR MONEY ORDERS.

TYPE OF LICENSE:

- ___ BEER AND WINE BY THE DRINK \$ 250.00
- ___ BEER AND WINE BY THE PACKAGE \$ 200.00
- ___ DISTILLED SPIRITS BY THE DRINK \$ 1500.00
- ___ DISTILLED SPIRITS BY THE PACKAGE \$ 250.00
- ___ BREW PUB (HAS TO HOLD A BEER & WINE BY THE DRINK LICENSE TO OBTAIN) \$ 250.00
- ___ LIQUOR STORES \$5000.00

OTHER FEES OR CHARGES: \$ _____

TOTAL DUE: \$ _____

(CERTIFIED OR CASHER'S CHECK, MONEY ORDER, OR BUSINESS CHECK PAYABLE TO THE CITY OF COCHRAN)

CHECK EACH OF THE FOLLOWING THAT APPLY:

___ EATING ESTABLISHMENT SEATING 50 OR FEWER PEOPLE IN SPACE CONTAINING 1600 FEET OR LESS OF ENCLOSED SPACE.

___ HOTEL WITH FEWER THAN 30 ROOMS AND A PUBLIC DINING FACILITY SEATING 50 OR FEWER PEOPLE.

___ ANY OTHER EATING ESTABLISHMENT, HOTEL, INDOOR COMMERCIAL RECREATIONAL FACILITY OR PRIVATE CLUB.

___ IN-ROOM SERVICE FOR HOTEL.



PROPERTY

CHECK THOSE ITEMS THAT APPLY:

_____ PLAT OF PROPERTY SHOWING DISTANCES FROM BUSINESS TO NEARBY CHURCHES, SCHOOLS, PARKS AND PLAYGROUND, AND ALCOHOLIC TREATMENT FACILITY IS SUBMITTED WITH THE APPLICATION.

_____ EVIDENCE OF OWNERSHIP OF THE PROPERTY IS SUBMITTED WITH THE APPLICATION.

_____ A COPY OF A VALID LEASE OF THE PROPERTY IS SUBMITTED WITH THE APPLICATION.

_____ FOR A FRANCHISE OPERATION, A COPY OF THE FRANCHISE AGREEMENT IS SUBMITTED WITH THE APPLICATION.

_____ PLANS OF THE BUILDING IN WHICH THE ESTABLISHMENT SEEKING THE LICENSE WILL BE HOUSED ARE SUBMITTED WITH THE APPLICATION.

_____ THE BUILDING IS CURRENTLY UNDER CONSTRUCTION AND A COPY OF THE BUILDING PERMIT AND THE BUILDING PLANS ARE SUBMITTED WITH THE APPLICATION.

_____ CONSTRUCTION OF THE BUILDING IS COMPLETED AT THE TIME THE APPLICATION IS SUBMITTED AND A COPY OF THE CERTIFICATE OF OCCUPANCY IS SUBMITTED WITH THE APPLICATION.

_____ THE BUILDING IS CURRENTLY UNDER CONSTRUCTION AND A COPY OF THE CERTIFICATE OF OCCUPANCY WILL BE SUBMITTED IMMEDIATELY AFTER IT IS ISSUED.

IF THE LICENSE IS ISSUED BEFORE THE BUILDING IS COMPLETED, THE LICENSE WILL BE ISSUED SUBJECT TO THE CONDITION THAT THE BUILDING MUST BE APPROVED BY THE BUILDING INSPECTOR UPON COMPLETION. BEFORE ANY SALES ARE ALLOWED.



FINANCIAL RESPONSIBILITY

BANK TO BE USED BY BUSINESS, INCLUDE BRANCH AND ADDRESS:

BANK ADDRESS: _____

TOTAL AMOUNT OF FUNDS INVESTED BY THE OWNER(S): \$ _____

TOTAL AMOUNT OF FUNDS INVESTED BY PARTY OR PARTIES OTHER THAN THE OWNER(S) \$ _____

TOTAL ASSETS: _____

TOTAL LIABILITIES: _____

CAPITAL IS BORROWED: _____

NAME OF LENDER	DATE	AMOUNT
_____	_____	_____
_____	_____	_____

(EACH APPLICANT MUST FURNISH A FINANCIAL STATEMENT)



CERTIFICATION

I CERTIFY THAT TO MY KNOWLEDGE ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS CORRECT AND THAT I HAVE TRUTHFULLY AND AS COMPLETELY AS POSSIBLE RESPONDED TO ALL QUESTIONS AND REQUIREMENTS OF THIS APPLICATION.

(PRINTED NAME OF APPLICANT)

(SIGNATURE OF APPLICANT)

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

SEAL

ALL PERSONAL HISTORY FORMS MUST FURNISH FINGERPRINTS.



CERTIFIED REPORT OF SURVEY FOR ALCOHOL LICENSE.

NAME _____

TRADE NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

THE UNDERSIGNED HAS EXAMINED THE SUBJECT LOCATION AND HAS MADE MEASUREMENTS TO DETERMINE THE COMPLIANCE OR NON-COMPLIANCE WITH DISTANCE REQUIREMENT PURSUANT TO THE ALCOHOLIC BEVERAGE ORDINANCE OF THE CITY OF COCHRAN. THE UNDERSIGNED UNDERSTANDS AND APPLIED THE FOLLOWING CRITERIA IN MAKING SAID DETERMINATIONS:

DISTANCE REQUIREMENTS ATTACHED:

THE PROPOSED BUSINESS _____ IS _____ NOT IN A COMMERCIAL CORRIDOR AS

DEFINED IN THE ALOCHOL BEVERAGE ORDINANCE OF THE CITY OF COCHRAN, BLECKLEY COUNTY, GEORGIA

THE PROPOSED BUSINESS DOES _____ DOES NOT _____ MEET THE FOLLOWING DISTANCE CRITERIA:

CHURCH _____ YARDS FROM _____ PROPERTY LINE TO FRONT DOOR OF ESTABLISHMENT
_____ FRONT DOOR TO FRONT DOOR OF ESTABLISHMENT

SCHOOL _____ YARDS FROM _____ PROPERTY LINE TO FRONT DOOR OF ESTABLISHMENT
_____ FRONT DOOR TO FRONT DOOR OF ESTABLISHMENT

THE CURRENT ZONING OF THE PROPERTY IS _____.

IN MY OPINION, THE PREMISES INDICATED ABOVE MEETS THE REQUIREMENTS FOR LICENSING AS DEFINED IN THE SURVEY PLAT ATTACHED.

SIGNATURE OF GEORGIA REGISTERED LAND SURVEYOR

NUMBER _____

NOTE: A SCALE DRAWING OF THE LOCATION OF THE PROPOSED PREMISES, SHOWN THE DISTANCES DESCRIBED ABOVE, MUST BE ATTACHED.



DISTANCE REQUIREMENTS FOR CITY OF COCHRAN ALCOHOL LICENSE

All licensees are responsible for reviewing Section 6-26 with regards to the City of Cochran's distance requirements and making sure said licensee complies with those requirements. The City Council of the City of Cochran, Georgia shall determine what property is included in a school building, church building, city park or playground, alcoholic treatment facility or housing authority property consistent with the following definitions and state law. THE DETERMINATION OF COUNCIL SHALL BE FINAL.

Definitions

Church Building- The main structure used by any religious organization for purposes of worship and the surrounding property or campus directly incorporated into such use in compliance with the zoning ordinances of the county.

City Park or Playground-A Park, recreation center, ball fields or playgrounds owned and operated by the city for use by the citizens of the city.

School Building- Only the state, county, or church school buildings and buildings at other schools in which are taught subjects commonly taught in the common schools and colleges of the state and the surrounding property or campus which is directly incorporated into such uses, provided that schools other than state or county schools must be in compliance with the city zoning ordinances.

Measurement of Distances

1. In a straight line from the front door of the structure from which beverage alcohol is sold or offered for sale. .
2. To the front door of the building of a church or government-owned treatment center.
3. To the nearest property line of the real property being used for school or educational purposes.



ALCOHOL APPLICATION CHECK LIST

- _____MAKE SURE LOCATION IS PROPERLY ZONED.
- _____ CERTIFIED OR CASHIERS CHECK FOR FEES, ADMINISTRATIVE, INVESTIGATIVE AND LICENSE FEE (MADE PAYABLE TO THE CITY OF COCHRAN)
- _____POST SIGN AT LOCATION
- _____PICTURE OF SIGN AND AFFIDAVIT STATING THE DATE SIGN WAS POSTED.
- _____ADVERTISE IN THE LOCAL PAPER (3 consecutive weeks) AFTER LAST ISSUE RUNS BRING CERTIFIED AFFIDAVIT TO BUSINESS DEPARTMENT.
- _____FINGERPRINTS OF APPLICANT(S) AND AUTHORIZED AGENTS
- _____ PLANS OF BUILDING (IF IN PROCESS OF BEING BUILT-COPIES OF DETAILED PLANS AND OUTSIDE PREMISES ATTACHED).
- _____ IF BUILDING IS PROPOSED, COPIES OF PROPOSED PLANS AND SPECIFICATIONS AND A BUILDING PERMIT OF THE PROPOSED BUILDING TO BE BUILT.
- _____CERTIFIED REPORT OF SURVEY FROM REGISTERED LAND SURVEYOR (SURVEYOR'S SIGNATURE).
- _____EVIDENCE OF OWNERSHIP OF THE BUILDING/PROPERTY OR COPY OF THE LEASE IF APPLICANT IS LEASING THE BUILDING.
- _____EVIDENCE OF FINANCIAL RESPONSIBILITY.
- _____COPY OF CURRENT OCCUPATIONAL TAX LICENSE FROM THE CITY FOR THE ESTABLISHMENT.
- _____CERTIFICATION FROM THE COUNTY TAX COMMISSIONER THAT CITY AND COUNTY TAXES HAVE BEEN PAID.
- _____ALL APPLICATIONS AND GENERAL CERTIFICATION FORM COMPLETED BY APPLICANT, SIGNED AND NOTARIZED.
- _____REGISTERED AGENT CONSENT FORM