



**CITY OF HARLEM  
INITIAL ALCOHOL  
LICENSE APPLICATION  
FOR CY 2024 ALCOHOL  
LICENSE**

320 North Louisville Street  
Post Office Box 99  
Harlem, Georgia 30814  
(706) 556-3448  
Fax: (706) 556-3293  
www.harlemga.org  
cityofharlem@harlemga.org

**APPLICANT TYPE**

- Retail Package Dealer (off premises)
- Retail Consumption dealer (on-premises)
- Temporary (non-profit civic organization)
- Alcohol Beverages for catering
- Brew Pub
- Farm Winery

**APPLICATION TYPE**

- New
- Renewal
- Suspension Reinstatement
- Transfer

Name of Applicant: \_\_\_\_\_ Age of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ email Address: \_\_\_\_\_

**TYPE OF OWNERSHIP OF BUSINESS APPLYING FOR LICENSE:**

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION
- PRIVATE CLUB
- NONPROFIT CIVIC ORGANIZATION (TEMPORARY PERMIT)

**CERTIFICATION AND AUTHORIZATION:**

I CERTIFY THAT: (FULL NAME OF AGENT) \_\_\_\_\_ HAS AGREED TO CONTINUE TO SERVE AS OUR RESIDENT AGENT, THAT HE/SHE IS A RESIDENT OF COLUMBIA COUNTY, AND HIS/HER MAILING ADDRESS IS:

BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO DETERMINE THAT ALL QUESTIONS HAVE BEEN ANSWERED FULLY AND 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:

- NEITHER I NOR, TO MY KNOWLEDGE, NO PARTNER, OFFICER, DIRECTOR, SHAREHOLDER OR OTHER PERSON REQUIRED TO BE LISTED ON THE APPLICATION, HAVE BEEN CONVICTED OF, OR HAVE PLED GUILTY TO, OR ENTERED A PLEA OF *NOLO CONTENDERE* TO, ANY CHARGE INVOLVING A CRIME OF MORAL TRUPITUDE, GAMBLING, ILLEGAL POSSESSION OR SALE OF CONTROLLED SUBSTANCES OR ILLEGAL POSSESION OF ALCOHOLIC BEVERAGES WITHIN THE LAST TEN YEARS IMMEDIATELY PRIOR TO FILING THIS APPLICATION.
- ALL OF THE REQUIREMENTS OF THE CITY OF HARLEM CODE REGARDING MALT BEVERAGES AND WINE HAVE BEEN MET BY THE APPLICANT(S) AND ALL OTHER PERSONS REQUIRED TO BE LISTED ON THE APPPLICATION. I HAVE READ AND FULLY UNDERSTAND THIS CITY OF HARLEM CODE AND THAT ALL PROVISIONS CONTAINED THEREIN ARE APPLICABLE TO ALL APPLICANTS FOR RETAIL, POURING OR BREWERY LICENSES.
- I HAVE NOT BEEN CONVICTED OF, OR PLEADED GUILTY OR *NOLO CONTENDERE* TO ANY CHARGE UNDER ANY FEDERAL, STATE OR LOCAL LAW CONSTITUTING A FELONY WITHIN TEN YEARS OF THE DATE OF THIS 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 WITHIN TWO 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 APPPLICATION 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 HARLEM, COLUMBIA COUNTY OR THE STATE OF GEORGIA HAVE BEEN PAID.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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

\_\_\_\_\_  
NOTARY

MY COMMISSION EXPIRES: \_\_\_\_\_

SEAL

## SOLE PROPRIETOR INFORMATION

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

**SOLE PROPRIETOR NAME:** \_\_\_\_\_

PERSONAL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER or EMPLOYER ID NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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 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 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Sole Proprietor

\_\_\_\_\_  
Date

## PARTNERSHIP INFORMATION

(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 OWNING THE GREATEST PERCENTAGE INTEREST IN THE ASSETS 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 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.)

(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:** \_\_\_\_\_

FORMATION DATE: \_\_\_\_\_

ATTACH PARTNERSHIP AGREEMENT AS EXHIBIT TO APPLICATION:

MANAGING OR GENERAL PARTNER: \_\_\_\_\_ Age of G.M.: \_\_\_\_\_

G.P. MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OTHER 20% PARTNER(S): \_\_\_\_\_

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 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 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.

## CORPORATION

(WHERE THE APPLICANT IS A **CORPORATION**, THE APPLICATION SHALL BE MADE JOINTLY IN THE NAME OF THE CORPORATION AND ITS PRESIDENT OR VICE PRESIDENT AND ANY STOCKHOLDER OWNING AT LEAST 20% OF THE TOTAL OUTSTANDING CAPITAL STOCK OF THE CORPORATION.)

**NAME OF CORPORATION:** \_\_\_\_\_

CORPORATION ADDRESS: \_\_\_\_\_

PLACE OF INCORPORATION: \_\_\_\_\_

PARENT CORPORATION, IF APPLICABLE: \_\_\_\_\_

GEORGIA SECRETARY OF STATE CONTROL NUMBER: \_\_\_\_\_

GEORGIA SECRETARY OF STATE BUSINESS FORMATION DATE: \_\_\_\_\_

NAME OF LOCAL MANAGER: \_\_\_\_\_ Age of Local Mgr: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(ATTACHED ADDITIONAL SHEETS IF NECESSARY)

THE CORPORATION 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 ALEIN 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 REGISTERED AGENT FOR SERVICE OF PROCESS, THE MANAGER OF THE BUSINESS FOR WHICH THE LICENSE IS SOUGHT AND ALL SHAREHOLDERS UNLESS THERE ARE MORE THAN 20. IN THAT CASE LIST THE SAME INFORMATION FOR ALL SHAREHOLDERS HOLDING AT LEAST 5% OF THE CAPITAL STOCK OF THE CORPORATION.

IF APPLICANT IS A PUBLIC COMPANY REGULATED BY THE SECURITIES AND EXCHANGE COMMISSION, PLEASE ATTACH CURRENT FORM 10-K

## PRIVATE CLUB:

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

NAME OF PRIVATE CLUB: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME OF PRESIDENT OR GENERAL MANAGER: \_\_\_\_\_

G.M. MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL 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  
(SPECIAL EVENT)**

NONPROFIT CIVIC ORGANIZATION: \_\_\_\_\_

or

NAME OF INDIVIDUAL: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CHIEF EXECUTIVE OFFICER: \_\_\_\_\_

(Must have authority to bind the entity and will submit to a background check, if requested)

CEO ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

DATE OF EVENT 1: \_\_\_\_\_ EVENT TIMES: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE OF EVENT 2: \_\_\_\_\_ EVENT TIMES: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE OF EVENT 3: \_\_\_\_\_ EVENT TIMES: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE OF EVENT 4: \_\_\_\_\_ EVENT TIMES: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE OF EVENT 5: \_\_\_\_\_ EVENT TIMES: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE OF EVENT 6: \_\_\_\_\_ EVENT TIMES: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**(NO MORE THAN SIX (6) TEMPORARY PERMITS COVERING A TOTAL OF SIX (6) DAYS SHALL BE ISSUED TO AN ORGANIZATION IN ANY CALENDAR YEAR)**

TOTAL NUMBER OF EXPECTED ATTENDEES, STAFF & VOLUNTEERS: \_\_\_\_\_

ALCOHOL TO BE SERVED (mark all that apply): \_\_\_\_\_ Beer \_\_\_\_\_ Wine

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)



**ESTABLISHMENT OF RESIDENT AGENT LIVING IN COLUMBIA COUNTY**

**(FOR NON-RESIDENTS OF COLUMBIA COUNTY)**

FULL NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT**

I, \_\_\_\_\_, AM A RESIDENT OF COLUMBIA COUNTY, GEORGIA AND RESIDE AT THE ADDRESS SHOWN ABOVE. I HEREBY CONSENT TO SERVE AS RESIDENT AGENT, I UNDERSTAND I WILL BE THE PERSON UPON WHOM ANY PROCESS, NOTICE OR DEMAND REQUIRED OR PERMITTED BY LAW OR UNDER THE ALCOHOLIC BEVERAGES CHAPTER MAY BE SERVED.

\_\_\_\_\_  
(PRINTED NAME OF RESIDENT AGENT)

\_\_\_\_\_  
(SIGNATURE OF RESIDENT AGENT)

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
20\_\_\_\_.

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

MY COMMISSION EXPIRES \_\_\_\_\_

SEAL

## **BUSINESS PROPERTY INFORMATION CHECK-LIST**

CONFIRM BY PLACING INITIALS ON LINE:

1. \_\_\_\_\_ PLAT OF PROPERTY SHOWING DISTANCES FROM BUSINESS TO NEARBY CHURCHES, SCHOOLS, PARKS AND PLAYGROUND, AND ALCOHOLIC TREATMENT FACILITY IS SUBMITTED WITH THE APPLICATION.
2. \_\_\_\_\_ EVIDENCE OF OWNERSHIP OF THE PROPERTY IS SUBMITTED WITH THE APPLICATION.
3. \_\_\_\_\_ A COPY OF A VALID LEASE (INCLUDING LEASE PAYMENTS) OF THE PROPERTY IS SUBMITTED WITH THE APPLICATION.
4. \_\_\_\_\_ FOR A FRANCHISE OPERATION, A COPY OF THE FRANCHISE AGREEMENT IS SUBMITTED WITH THE APPLICATION.
5. \_\_\_\_\_ SUBMISSION OF MOST RECENT FIRE MARSHALL INSPECTION OF THE EXISTING PROPOSED PROPERTY.
6. IF THE PROPOSED BUILDING IS UNDER CONSTRUCTION, PLEASE INITIAL THE APPROPRIATE LINE BELOW: (NOTE: NEIGHBORHOOD COMPATIBILITY REQUIRED)

\_\_\_\_\_ 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/RENOVATION AND A COPY OF THE BUILDING PERMIT AND THE BUILDING PLANS ARE SUBMITTED WITH THE APPLICATION.

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

\_\_\_\_\_ 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.

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.

**FINANCIAL RESPONSIBILITY**

FINANCIAL INSTUTION NAME: \_\_\_\_\_

FINANCIAL INSTITUTION 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 BORROWED: \_\_\_\_\_

NAME OF LENDER	DATE	AMOUNT
_____	_____	_____
_____	_____	_____

**(EACH APPLICANT MUST FURNISH A FINANCIAL STATEMENT)**



# APPLICANT'S AUTHORIZATION TO RELEASE CERTAIN INFORMATION

THE UNDERSIGNED APPLICANT HAS APPLIED FOR AN ALCOHOL LICENSE IN THE CITY OF HARLEM, GEORGIA AND AUTHORIZES BACKGROUND CHECK INFORMATION TO BE RELEASED TO THE CITY OF HARLEM REGARDING THE APPLICANT'S RECORDS.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME TELEPHONE NO.

\_\_\_\_\_  
BUSINESS TELEPHONE NO.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
**NOTARY**

MY COMMISSION EXPIRES \_\_\_\_\_

RAISED SEAL

## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

## Privacy Act Statement

*This privacy act statement is located on the back of the FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

I have received a copy of the Non-Criminal Justice Applicant's Privacy Rights notification as well as the Privacy Act Statement notification.

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Signature

---

Date

---

Printed Name



**CITY OF HARLEM,  
GEORGIA  
NATIONAL  
BACKGROUND CHECK  
REQUEST SUBMISSION  
INFORMATION**

320 North Louisville Street  
Post Office Box 99  
Harlem, Georgia 30814  
(706) 556-3448  
Fax: (706) 556-3293  
www.harlemga.org  
cityofharlem@harlemga.org

Background check requests are processed at the Records Section, Columbia County Detention Center, 2273 County Camp Rd, Appling, GA 30802 (706-541-0754).

I have been provided a copy of the Non-Criminal Justice Applicant’s Privacy Rights form and the Privacy Act Statement and understand these rights. \_\_\_\_\_ (Initial)

Provide this form to the Reception Deputy when requesting a background check.

A Government Issued Photo I.D. card is required.

Alcohol License Applicant Name: \_\_\_\_\_

Alcohol License Applicant Government Issued Photo ID Number: \_\_\_\_\_

When submitting the Applicant’s national background check, use the following information:

- Reason Code: 3-3-2
- Reason Description: Alcohol / Liquor Licensee
- ORI Number: \_\_\_\_\_
- ORI Entity: City of Harlem (GA)

Background Check Deputy:

- Print two (2) applicant cards for the officer and have the officer return them to Mr. Romeo Satsatin, Columbia County Detention Center, Jail Administration.
- Return this form to Mr. Romeo Satsatin, Columbia County Detention Center, Jail Administration.

National Background Check Request Authorized by:

\_\_\_\_\_  
David Jenkins  
Community Development Director

**NOT VALID WITHOUT RAISED  
CITY OF HARLEM SEAL**

\_\_\_\_\_  
Date



# CERTIFIED REPORT OF SURVEY FOR ALCOHOL LICENSE

SURVEYOR NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

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 HARLEM. THE UNDERSIGNED UNDERSTANDS AND APPLIED THE FOLLOWING CRITERIA IN MAKING SAID DETERMINATIONS:

### DISTANCE REQUIREMENTS ATTACHED:

THE PROPOSED BUSINESS \_\_\_\_\_ IS \_\_\_\_\_ IS NOT IN A COMMERCIAL CORRIDOR AS DEFINED IN THE ALCOHOL BEVERAGE ORDINANCE OF THE CITY OF HARLEM, COLUMBIA 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  
SCHOOL GROUNDS/ \_\_\_\_\_ FRONT DOOR TO FRONT DOOR OF ESTABLISHMENT  
COLLEGE CAMPUS

PUBLIC HOUSING \_\_\_\_\_ YARDS FROM \_\_\_\_\_ PROPERTY LINE TO FRONT DOOR OF  
ESTABLISHMENT  
\_\_\_\_\_ FRONT DOOR TO FRONT DOOR OF ESTABLISHMENT

TREATMENT CENTER \_\_\_\_\_ 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

LICENSE NUMBER: \_\_\_\_\_

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

**NOTICE OF APPLICATION  
FOR  
INITIAL ALCOHOL LICENSE**

Notice is hereby given that (Name of Individual) of (Name of Business) to be located at (Physical Address) will apply to the Harlem City Council for a (Malt Liquor/Wine/Spirituos Liquor) license for retail sale for (off-premises / on-premises) consumption. The Harlem City Council will consider this application on (Date) at its Regular Meeting located in the Municipal Courtroom, Public Safety Building, 110 W Milledgeville Road, Harlem, GA 30814. The Meeting will begin at 7:00 P.M.

Note: Any citizen wishing to support, comment upon, or oppose this application must notify the City of Harlem at P.O. Box 99, Harlem, GA 30814, Attention: City Manager, on or before Date:  
\_\_\_\_\_.

**NOTICE OF APPLICATION  
FOR  
ALCOHOL LICENSE SUSPENSION REINSTATEMENT**

Notice is hereby given that (Name of Individual) of (Name of Business) \_\_\_\_\_ to be located at (Physical Address) will apply to the Harlem City Council for a (Malt Liquor/Wine/Spirituos) license for retail sale for (off-premises / on-premises consumption). The Harlem City Council will consider this application on (Date) at its Regular Meeting located in the Municipal Courtroom, Public Safety Building, 110 W Milledgeville Road, Harlem, GA 30814. The Meeting will begin at 7:00 P.M.

Note: Any citizen wishing to support, comment upon, or oppose this application must notify the City of Harlem at P.O. Box 99, Harlem, GA 30814, Attention: City Manager, on or before Date:  
\_\_\_\_\_.

**NOTICE OF APPLICATION  
FOR  
ALCOHOL LICENSE TRANSFER**

Notice is hereby given that (Name of Individual) of (Name of Business) \_\_\_\_\_ to be located at (Physical Address) will apply to the Harlem City Council for a (Malt Liquor/Wine/Spirituos) license for retail sale for (off-premises / on-premises consumption). The Harlem City Council will consider this application on (Date) at its Regular Meeting located in the Municipal Courtroom, Public Safety Building, 110 W Milledgeville Road, Harlem, GA 30814. The Meeting will begin at 7:00 P.M.

Note: Any citizen wishing to support, comment upon, or oppose this application must notify the City of Harlem at P.O. Box 99, Harlem, GA 30814, Attention: City Manager, on or before Date:  
\_\_\_\_\_.

## ALCOHOL APPLICATION CHECK LIST

\_\_\_\_\_ STATEMENT OF CURRENT PROPERTY ZONING AND LOCATION COMPATIBILITY.

\_\_\_\_\_ PURCHASED ALCOHOL ORDINANCE.

\_\_\_\_\_ CERTIFIED OR CASHIERS CHECK FOR FEES, ADMINISTRATIVE, INVESTIGATIVE AND LICENSE FEE (SEPARATE CHECKS FOR HARLEM DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK AND/OR GEORGIA BACKGROUND CHECK (NEW APPLICATIONS ONLY ON GCIC) 3-153

\_\_\_\_\_ POST SIGN AT LOCATION

\_\_\_\_\_ PICTURE OF SIGN AND AFFIDAVIT STATING THE DATE SIGN WAS POSTED.

\_\_\_\_\_ ADVERTISE IN COLUMBIA COUNTY NEWS TIMES (3 consecutive weeks) AFTER LAST ISSUE RUNS BRING CERTIFIED AFFIDAVIT TO ALCOHOL LICENSING DEPARTMENT.

\_\_\_\_\_ NATIONAL BACKGROUND CHECK OF APPLICANT(S). (STORED SEPERATELY FOR CONFIDENTIALITY)

\_\_\_\_\_ 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. 3-108

\_\_\_\_\_ CERTIFIED SCALE DRAWING (PLAT) SHOWING LOCATION AND DISTANCE TO CLOSEST SCHOOL BUILDING, EDUCATIONAL BUILDING, SCHOOL GROUNDS OR COLLEGE AND TO ANY CHURCH BUILDING.

\_\_\_\_\_ 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.

\_\_\_\_\_ BACKGROUND CHECK APPLICATION SIGNED BY APPLICANT AND NOTARIZED.

\_\_\_\_\_ EVIDENCE OF FINANCIAL RESPONSIBILITY.

\_\_\_\_\_ COPY OF CURRENT OCCUPATIONAL TAX LICENSE APPLICATION FROM THE CITY FOR THE ESTABLISHMENT OF THE BUSINESS.

\_\_\_\_\_ 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.

\_\_\_\_\_ RESIDENT AGENT CONSENT FORM **MUST BE A RESIDENT OF COLUMBIA COUNTY,**  
(IF APPLICANT DOES NOT LIVE IN COLUMBIA COUNTY)

\_\_\_\_\_ COPY OF MENU FOR ESTABLISHMENT.

\_\_\_\_\_ FOR PRIVATE CLUB ONLY, MINUTES OF ANNUAL MEETING, SETTING SALARIES FOR MEMBERS, OFFICERS, AGENTS OR EMPLOYEES.

\_\_\_\_\_ FOR PARTNERSHIPS ONLY, PARTNERSHIP AGREEMENT ATTACHED.

\_\_\_\_\_ FOR CORPORATIONS, COPY OF CERTIFICATE OF INCORPORATION MINUTES, COPY OF CERTIFICATE OF LP OR LLC AUTHORIZING APPLICATION AND APPOINTING AGENT OR RECORD.

DOCUMENTATION FROM DEPARTMENTS RECEIVED

\_\_\_\_\_ PUBLIC SAFETY DEPARTMENT / CCSO BACKGROUND CHECKS RECEIVED.

\_\_\_\_\_ TAX COMMISSIONER CERTIFICATION RECEIVED. (ALL PERSONAL AND REAL PROPERTY TAXES AND BUSINESSES TAXES AND INVENTORY TAXES MUST BE PAID IN FULL PRIOR TO LICENSE BEING ISSUED.)

REPORT OF RETAIL SALES OF DISTILLED SPIRITS BY THE DRINK  
(SAMPLE)

1. REPORT PERIOD (MONTH) \_\_\_\_\_, 20\_\_.
2. BUSINESS NAME \_\_\_\_\_
3. BUSINESS ADDRESS: \_\_\_\_\_
4. CITY OF HARLEM ALCOHOL LICENSE NUMBER: \_\_\_\_\_
5. GROSS SALES OF DISTILLED SPIRITS SOLD DURING REPORT PERIOD:  
\$\_\_\_\_\_.
6. QUANTITY (IN OUNCES) OF DISTILLED SPIRITS SOLD DURING REPORT PERIOD:  
\_\_\_\_\_.
7. MULTIPLY THE AMOUNT OF LINE 5 BY 3% \_\_\_\_\_.
8. DEDUCTION: \_\_\_\_\_ 3% OF THE FIRST \$3,000.00 ON LINE 7 PLUS 0.5% OF THE AMOUNT EXCEEDING \$3,000.00. (**NOTE: THIS DEDUCTION CAN BE CLAIMED ONLY IF THE TAX IS PAID BY THE 10<sup>TH</sup> OF THE MONTH FOLLOWING THE REPORT PERIOD**)
- 8A EXCISE TAX DUE: \_\_\_\_\_ LINE 8 SUBTRACT FROM LINE 7.

MAKE CHECKS PAYABLE TO THE CITY OF HARLEM, AND MAIL TO CITY CLERK, CITY OF HARLEM, P.O. BOX 99, HARLEM, GA. 30814.

I HEREBY CERTIFY THAT THE STATEMENT MADE HEREIN AND ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

ALL BOOKS AND RECORDS SHALL BE SUBJECT TO INSPECTION AND AN AUDIT BY AN AGENT OF THE CITY OF HARLEM TO SHOW COMPLIANCE WITH THIS TAX. INTEREST AT THE RATE OF ONE PERCENT PER MONTH WILL BE CHARGED WHEN DEFICIENT FUNDS ARE SUBMITTED OR WHEN PAYMENTS ARE MADE AFTER THE 10<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE REPORT PERIOD.

## O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Harlem, State of Georgia, the undersigned applicant verifies one of the following with respect to application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an  
  alien number issued by the Department of Homeland Security or  
  other federal immigration  
  agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency

is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

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

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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

My Commission Expires:

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for an occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

Section 2. 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User  
Identification Number

\_\_\_\_\_  
Date of Authorization

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 202\_\_ 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 \_\_\_\_\_,  
202\_\_.

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

My Commission Expires: \_\_\_\_\_

<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

## APPLICANT CERTIFICATION

I understand that the issuance of an alcohol license following this application shall be subject to a six-month probationary period. During said period, any violation of city ordinances or state law can result in the license or licenses being revoked by the city. Said revocation can be done exclusively by the city manager and does not require approval of the city council. However, the licensee can appeal the revocation to city council.

I CERTIFY THAT TO MY KNOWLEDGE ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION OF TWENTY-FOUR (24) PAGES 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 A NATIONAL BACKGROUND CHECK.**

City of Harlem Approvals:

\_\_\_\_\_  
Community Development Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Harlem City Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Harlem City Council Approval

\_\_\_\_\_  
Date

City Clerk Certification

(Cite Sec. 4-37 for addition of a license, license transfer, or previously approved location)