

City of Ellijay

Off-Premise Consumption License Application

Date: _____

Legal Name of Business: _____

Business Physical Address: _____

Business Mailing Address: _____

Business Telephone: _____ Email: _____

Owner is: () Sole Proprietorship () Partnership () Corporation

Name of Owner: _____

Address: _____

Telephone: _____ Email: _____

Drivers License: _____ Social Security: _____

Are you a resident of the United States? _____ Yes _____ No
If no, are you a resident legal alien? _____ Yes _____ No

Managing Agent(if applicable) _____

Address: _____

Telephone: _____ Email: _____

Drivers License: _____ Social Security: _____

Registered Agent(if applicable) _____

Address: _____

Telephone: _____ Email: _____

Drivers License: _____ Social Security: _____

Check All That Apply:

- | | |
|--|---|
| <input type="checkbox"/> Package Beer \$500.00 | <input type="checkbox"/> Change of Managing Agent \$100.00 |
| <input type="checkbox"/> Package Wine \$150.00 | <input type="checkbox"/> Change of Registered Agent \$25.00 |

Off-Premise Consumption License Application

Name of Business _____ Date of Application _____

Name of Business Owner(s)(printed) _____

Name of Applicant/Managing Agent _____

Address: _____ Phone: _____

Birthdate: _____ Social Security: _____ Drivers License: _____

- 1) Has the person to whom license is to be issued ever been convicted of a crime other than a traffic violation?
 Yes No
- 2) Is the person to whom the license is to be issued, a U.S. citizen? Yes No
- 3) Is the person to whom the license is to be issued a Georgia resident? Yes No
(All licensed establishments must have and continuously maintain in Gilmer County a registered agent upon whom any process, notice or demand required or permitted by law, or under this chapter to be served upon the licensee or owner may be served. This person must be a resident of Gilmer County. The licensee shall file the name of such agent, along with the written, notarized consent of such agent with the city in such form as may be prescribed.)
- 4) Is the person to whom the license is to be issued employed full-time and responsible for the management and operation of the business? Yes No
- 5) Has the applicant or any person with any interest in the application made application at any previous time for any malt beverage or wine license or a distilled spirits license? Yes No
If yes, what is the disposition of that license? _____
- 6) Has a previous license issued to the applicant or any person with any interest in the application been revoked by any state or subdivision or by the federal government?
 Yes No If yes explain: _____
- 7) Is any other person interested directly or indirectly in the profits or losses or both of the proposed business?
 Yes No (Names and addresses of owners, partners and shareholders should be provided with this application)
- 8) Location of proposed business: _____
(If this is a new application, you must attach a drawing to scale indicating that the location complies with the distance requirements as set forth in the ordinance to which your application applies.)

I hereby swear that I am a person of good moral character and do qualify for this license in accordance with the contents and terms of the ordinance to which my application applies. I also swear that the facts contained in this application are true and correct to the best of my knowledge. I also understand that any false swearing concerning the information contained herein shall be punishable as provided by law.

Signature of Business Owner

Signature of licensee

City of Ellijay regulations require that where the owner of the business for which a license is sought is a resident individual of Gilmer county, Georgia, the application for said license shall be in said owner's name. Where the owner is a corporation, partnership, association or non-resident, the application shall be made in the name of a resident managing officer or managing agent and the application shall show that the license is for the use of the owner, and the owner shall be named. The written application for the license shall be a permanent record which the licensee must maintain current. Failure to maintain a current license application as required shall be grounds for revocation of license.

AL HOYLE, Mayor
Sharon Spivey, City Clerk



COUNCIL MEMBERS:
Charles Barclay Al Fuller
Ruth Caudell Kathryn Lancey
David Westmoreland

CITY OF ELLIJAY

Georgia's Apple Capital

Consent to Serve as Registered Agent

I acknowledge, accept and consent to my designation as registered agent in Ellijay, Gilmer County for:

Name of represented entity

I am a resident of Gilmer County and understand that it will be my responsibility to receive any process, notice, or demand that is served on me as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the City of Ellijay if I resign.

Signature of registered agent

Printed name of registered agent

Date(mm/dd/yyyy)

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____

NOTARY PUBLIC

My Commission Expires:

City of Ellijay

O.C.G.A § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath pursuant to O.C.G.A. § 50-36-1, as an applicant for a City of Ellijay public benefit, I swear or affirm under oath the following with respect to my application for a City of Ellijay Occupation Tax Certificate for: _____

Select one of the following:

- I am a United States citizen 18 years of age or older. Attach a front and back copy of your driver's license or United State Passport or other secure and verifiable document approved by the Georgia Attorney General's Office. You can find a list of approved documents at www.law.ga.gov under the *Key Issues* tab.
- I am a legal permanent resident 18 years of age or older. Attach a front and back copy of your Permanent Resident Card.
- I am a qualified alien or non-immigrant under the *Federal Immigration and Nationality Act* and 18 years of age or older and lawfully present in the United States.

Alien Registration number for non-citizens: _____

(Required) A front and back copy of one of the following documents must be attached:

- Valid Foreign Passport with I-94
- Temporary Resident Alien Card (I-688)
- Employment Authorization Card (I-766 or I-688B)
- Employment Authorization Document (I-688B)
- Refugee Travel Document (I-571)

Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia O.C.G.A. § 16-10-20.

Sworn to and subscribed

Signature of applicant

Printed name of applicant

For notary use only

Subscribed and sworn before me on

this the _____ day of _____, 20_____

Notary Public

Date my commission expires

SEAL

City of Ellijay

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 a business license, 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.

*** 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 _____, __, 201__ in Ellijay, Georgia.

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: _____