CITY OF HAMPTON APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES

2. Mark type of alcohol license sought. A separate license (and therefore separa application) may be required for each category pursuant to City Code of Ordinanc Section 6-25. The City Clerk will confirm the availability of each license and therefor your selection of any category does not guarantee issuance of same. a. Malt beverage package sales	1.	License Year	_ Renewal: Yes _	No		
4. Enter the name, name of registered agent and address under which your Business is registered with the Georgia Secretary of State. If the Business is not registered, then enter the name under which the Business owns property or acquires debt. Corporations, limited liability companies and other similar business entities (other than a sole proprietorship) shall apply for a license in the name of the business entity in care of a managing agent, who must be designated by resolution of the corporate entity as manager of the day to day operations of the premises. If the Business is a partnership, the legal name is the partnership name. In the case of a sole proprietorship, the legal name is the name of the individual owner of the Business. Name of Business Managing Agent Business Address Phone Number Fax Alternative Phone Number Email Website Registered Agent	2.	application) may be r Section 6-25. The Cit your selection of any c a. Malt beverage s b. Wine package s c. Distilled spirits d. Malt beverage s e. Wine sales by t	equired for each categ y Clerk will confirm th ategory does not guarar package sales package sales package sales sales by the drink he drink	ory pursuant to City ie availability of each atee issuance of same.	Code of Ordinances license and therefore	
is registered with the Georgia Secretary of State. If the Business is not registered, then enter the name under which the Business owns property or acquires debt. Corporations, limited liability companies and other similar business entities (other than a sole proprietorship) shall apply for a license in the name of the business entity in care of a managing agent, who must be designated by resolution of the corporate entity as manager of the day to day operations of the premises. If the Business is a partnership, the legal name is the partnership name. In the case of a sole proprietorship, the legal name is the name of the individual owner of the Business. Name of Business Managing Agent Business Address Phone Number Fax Alternative Phone Number Email Website Registered Agent	3.	Georgia State Taxpaye	r Identifier			
Managing Agent	4.	is registered with the Georgia Secretary of State. If the Business is not registered, then enter the name under which the Business owns property or acquires debt. Corporations, limited liability companies and other similar business entities (other than a sole proprietorship) shall apply for a license in the name of the business entity in care of a managing agent, who must be designated by resolution of the corporate entity as manager of the day to day operations of the premises. If the Business is a partnership, the legal name is the partnership name. In the case of a sole proprietorship, the legal name is the name of the individual owner				
Business Address Phone Number Fax Alternative Phone Number Email Website Registered Agent		Managing Agent				
Alternative Phone Number Email Website Registered Agent						
Email Website Registered Agent						
Registered Agent						
Registered Agent Address		Registered Agent				
		Registered Agent Address				
						

initial: _____

Mailing Address (if different from physical location) Name of owner of real property or building from which Business operate Property Owner Address Phone Number Fax Alternative Phone Number Explain the Applicant's relationship with Property Owner (i.e. landlord/buy sell agreement, subsidiary, common parent company) If the land or building are owned by a corporation, list addresses, officer directors and their titles in the corporation. Attach additional pages as new What is the current zoning of the property How long has Business operated from this location Name all previous owners, partners, or members of the Business for the (5) years no longer involved in Business.	Phone Number	Fax
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Property Owner Address	Mailing Address (if	different from physical location)
Phone Number Fax		
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Address of previous location of Business	If the land or building directors and their to directors and directors	are owned by a corporation, list addresses, officers it les in the corporation. Attach additional pages as necessarily according of the property
	If the land or building directors and their to the land or building directors and their to the land or building directors and their to the land or building with the land or b	are owned by a corporation, list addresses, officers it les in the corporation. Attach additional pages as necessarily and the property

6.	corporation, LLC, LLP, P.C., etc.).
7(a)	If this Business will be owned in whole or in part by a partnership, corporation, firm, or any other association, list the partners, principal officers and directors, their titles with the Business, amount of ownership interest, addresses and phone numbers. Attach additional pages as necessary.
7(b)	If formed in a state other than Georgia, state when and in what state the partnership, corporation, or other legal entity was formed
8(a)	State whether applicant has any legal or ownership interest in any other alcohol beverage business(es) licensed by this state and/or a local government other than the City of Hampton. Yes No
	If "yes", provide additional information. Name of Other Alcohol Beverage Business(es) 1
	(attach additional page as needed) Physical Location of Other Alcohol Beverage Business(es)
8(b)	State whether co-applicant (or any other persons or entities who must meet the requirements of an applicant pursuant to Chapter 6 of the City of Hampton Code of Ordinances) have any ownership interest in any other alcohol beverage business(es). Yes No
	initial:

	Name of Other Alcohol Beverage Business(es) 1. 2. 3.	
	(attach additional page as needed)	
	Physical Location of Other Alcohol Beverage Business(es)	
8(c)	State whether the Applicant has any interest in or is engaged in, now or in the past, the manufacture, importation, distribution or sale of alcoholic beverages as owner, stockholder holding 5% ownership or more, or employee. This request also applies to any owner, manager, managing agent or	
	stockholder holding 5% ownership or more of the Business. If "yes", please provide details and contact information for these businesses.	
8(d)	List any other alcoholic beverage licenses held now or in the past by this Business in the State of Georgia, including physical address, mailing address and type of busin	ıess.
8(e)	To your knowledge, has a state or local government alcohol license been issued at this Business location within the last five (5) years? Yes No	
	If "yes", complete as much of the following as possible regarding previous license information.	
	Name of LicenseeName of Business	
	Business Address	
	Phone Number Fax	
	initial:	

State Alcohol License Number Date Discontinued
State whether Applicant has ever been convicted or entered a plea of guilty or nolo contendere within the last five (5) years immediately prior to the filing of this application of any of the following violations: felony, any violation of Chapter 6, any crime involving moral turpitude, or any federal or state law related to liquor, malt beverages or wine, or driving under the influence (DUI) of alcohol or drugs. Do not include traffic offenses unrelated to alcohol or drugs.
This request also applies to any owner, manager, managing agent or stockholder holding 5% ownership or more of the Business
If "yes", describe the violation (including dates of violation, location where violation occurred, court or administrative body with jurisdiction over matter).
State any fines, sentence or other punishment rendered as a result.
State whether or not the Applicant has, in the last five (5) years immediately prior to the filing of this Application, had their ability to sell or serve alcoholic beverages suspended, revoked, denied as part of a license or permit renewal, or had other disciplinary action imposed.
This request also applies to any owner, manager, managing agent or stockholder holding 5% ownership or more of the Business
If "yes", describe the circumstances of the disciplinary action.
State any fines, sentence or other punishment rendered as a result.
initial:

9(c)	State whether the applicant has been employed in the last five (5) years by any business for which the alcohol license was suspended, revoked, denied as part of a license or permit renewal, or had other disciplinary action imposed.
	This request also applies to any owner, manager, managing agent or stockholder holding 5% ownership or more of the Business.
	If "yes", describe the circumstances of the disciplinary action.
	State any fines, sentence or other punishment rendered as a result.
10.	State total funds to be invested in Business by all parties \$
	Amount of funds invested by Applicant \$
	Amount of funds invested by any owner, manager, managing agent or stockholder holding at least 5% ownership interest in the Business. \$
	Amount of funds invested by any other party \$
11(a)	List employees of this Business identified as of the date of this application who will in any way handle alcoholic beverages and indicate their positions.
	Note: all employees who intend to sell alcoholic beverages must first obtain a permit from the City. Should additional employees be identified after this Application is submitted, notification must be provided to the City in writing.
11(b)	Describe any training that will be given to employees regarding compliance with the City of Hampton alcoholic beverage ordinance and include in your response the name or names of individuals responsible for training and how often such training occurs.
	initial:

11(c)	State what your policy will be regarding employees who do not follow and/or who sell to underage customers.	procedure
11(d)	What signage does your establishment use to alert customers and emprinors are prohibited?	
CODE AND COME	EKNOWLEDGE THAT I WAS PROVIDED A COPY OF THE CITE OF ORDINANCES REGARDING LICENSES TO SELL ALCOHO THAT I REVIEWED SAID ORDINANCES PRIOR TO SUIPLETED APPLICATION. CLARE UNDER PENALTY OF FALSE SWEARING THAT THIS AIS SUPPORTING DOCUMETNS HAVE BEEN EXAMINED BY ME, ANY KNOWLEDGE AND BELIEF ARE TRUE, CORRECT AND COM	PLIC BEVERAGES BMITTING THIS PPLICATION AND ND TO THE BEST
	(Print name and Title)	nte
	d, sealed and delivered presence of:	
	y Public ommission expires:	