

## Information Sheet

The process to acquire a business license for the sell of any alcoholic beverage is as follows:

- **First**, you must obtain a Business License Application {Appendix A} from the City of Alma Administrative Office. This license is for the **actual business**, to conduct sales of alcoholic beverages. The cost for the license is determined similar to standard business licenses, and the amount is preset on an established table.
- The Appendix A will be returned to the City of Administration, for logging in and records tracking purposes. The general consent form will be signed at that point.
- Please attach a copy of the following documents:

Birth Certificate	Driver's License
H.S. Diploma or G.E.D.	Social Security Card

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- **Second**, for any licensee, as the store owner, will complete another application {Appendix B} which deals with a background check and fingerprint submission of that licensee. Cost of Appendix B will be \$50.00 for application processing for the licensee. {\$50.00 money order made payable to the City of Alma}.
  - **Third**, you will need a \$5.00 money order for fingerprinting services provided. After being printed, return the cards to the licensing clerk. {\$5.00 money order made payable to Bacon County Sheriff's Office}.
  - **Fourth**, complete the request for a GCIC background history and consent form. {\$15.00 money order made payable to Bacon County E-911 must be given to clerk for the center to run the history}.
  - **Fifth**, you must provide the clerk with a money order to process the prints via the state data bank. {\$31.00 money order made to GBI}.

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If any questions exist on the status of the application, the City of Alma Business Licensing Clerk can be contacted at 912-632-8072.



APPENDIX "A"

APPLICATION FOR RETAIL LICENSE FOR ALCOHOLIC BEVERAGE LICENSE

1. \_\_\_\_\_  
NAME OF APPLICANT

2. \_\_\_\_\_  
ADDRESS OF APPLICANT

3. RESIDENT OF ALMA \_\_\_\_\_, BACON COUNTY \_\_\_\_\_ AND FOR HOW  
LONG \_\_\_\_\_.

4. \_\_\_\_\_  
PLACE OF LAST RESIDENCE

5. \_\_\_\_\_  
TYPE OF BUSINESS OR BUSINESSES

6. \_\_\_\_\_  
TRADE NAME, IF ANY, TO BE USED

7. \_\_\_\_\_  
BUSINESS ADDRESS AND LOCATION

8. \_\_\_\_\_  
NAME AND RESIDENTIAL ADDRESS OF THE PERSON IN CHARGE OF  
BUSINESS

9. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NAMES AND ADDRESSES OF ALL OWNERS OF BUSINESS

10. \_\_\_\_\_  
NAME OF OWNER OF REAL PROPERTY WHERE BUSINESS IS LOCATED

11. NAME AND ADDRESS OF THREE CHARACTER REFERENCES:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE

ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
APPLICANT

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

THE FOREGOING APPLICATION IS HEREBY APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_ AND LICENSE NO. \_\_\_\_\_ WAS ISSUED

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

APPENDIX "B"

PERSONNEL STATEMENT

INSTRUCTIONS: This personnel statement must be executed, under oath, by every person having any ownership or profit sharing interest in, managing, or employed by, and place of business applying for a license from the City of Alma, Georgia, to sell or deal in malt beverages or spirituous liquors. Use typewriter or print. Each question must be fully answered. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached.

1. Full name of applicant: \_\_\_\_\_
  
2. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the business premises? If so give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Home address: \_\_\_\_\_
  
4. Business address: \_\_\_\_\_
  
5. Place of birth: \_\_\_\_\_  
Date of birth \_\_\_\_\_ U.S. Citizen \_\_\_\_\_  
By birth \_\_\_\_\_ Naturalized \_\_\_\_\_ Date, place and  
court \_\_\_\_\_ Certification No. \_\_\_\_\_  
Petition No. \_\_\_\_\_ Derived Parents Certificate # \_\_\_\_\_  
\_\_\_\_\_ Alien Registration No. \_\_\_\_\_  
Native Country \_\_\_\_\_ Date and Port of Entry \_\_\_\_\_  
\_\_\_\_\_
  
6. Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_  
Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_.
  
7. Have you ever had a financial interest in a liquor business

which was denied a liquor license? \_\_\_\_\_ If so, give full details. \_\_\_\_\_

8. Has any liquor business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of distilled spirits? \_\_\_\_\_ If so, to whom, and where? \_\_\_\_\_

VERIFICATION

STATE OF GEORGIA,  
BACON COUNTY

I, \_\_\_\_\_ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true.

\_\_\_\_\_  
Applicant's signature  
(Full name and in ink)

I hereby certify that \_\_\_\_\_ is  
(the above-named person)  
personally known to me, that he signed his name to the foregoing

application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

(Affix seal)