



# City of Ringgold

150 Tennessee Street  
Ringgold, GA 30736

Office (706) 935-3061  
Fax (706) 965-7446

## APPLICATION FOR CITY OF RINGGOLD MALT BEVERAGE LICENSE AND/OR WINE LICENSE YEAR 20\_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

New Application     Renewal/Manager Change – Prior license No. \_\_\_\_\_

On premises consumption     Off premises consumption

**INSTRUCTIONS: EACH AND EVERY question must be fully answered (typewritten or printed in ink). If the question does not pertain, so indicate. 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. When completed, it must be dated, signed and verified under oath by the applicant, notarized and filed with the License Department, together with all supporting papers.**

### OATH

OATH: I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application conditioned upon a fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change **MUST** be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be caused for the suspension or revocation of any license issued. I have received a copy of the City of Ringgold Malt Beverage and Wine Ordinance as amended and swear affirm that I will abide by and comply with all of the terms of the ordinance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business and/or Organization Name

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Georgia  
My Commission Expires: \_\_\_\_\_

1. Applicant: Name of Individual  
(NO initials, spell out all names); List all names used in the last five years and maiden name.

\_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_

C/Eyes \_\_\_\_\_ C/Hair \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Name of all minor children \_\_\_\_\_

2. List all convictions, guilty pleas and pleas of nolo contendere for violation of all laws, City, State, and Federal of both applicant and spouse.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Applicant must be fingerprinted by the Catoosa County Sheriff's Office. Fingerprints must be made at least fifteen (15) days prior to issuance of any license in order to allow for the investigation of the applicant.**

\_\_\_\_\_ **A State Approved Photo I.D. must accompany this application.**

\_\_\_\_\_ **Attach, for proof, a copy of U.S. Citizenship.**

\_\_\_\_\_ **Attach copy of deed or lease**

\_\_\_\_\_ **Please Provide a copy of the State of Georgia License to sell Alcoholic Beverages (once received from state).**

3. Name of Business \_\_\_\_\_

Form of Business: (Check one)

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

Business Street Address:

\_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address (If different from business street address)

\_\_\_\_\_

Names and address of all persons having any financial interest in the business:

\_\_\_\_\_

\_\_\_\_\_

This application is for license for the following: (Place "yes" or "no" in each blank)

	(ON) Premises	(Off) Premises
Retail outlet (malt beverage)	_____	_____
Wholesale outlet (malt beverage)	_____	_____
Retail (wine)	_____	_____
Wholesale (wine)	_____	_____
Private Club	_____	_____
Micro-Brewery	_____	_____
Brew Pub	_____	_____
Micro-Distillery	_____	_____

4. Name of Landlord or property owner \_\_\_\_\_

Address of Landlord or property owner \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is existing building being used or new building erected \_\_\_\_\_

Trade name or proposed trade name of business \_\_\_\_\_

5. Proposed Outlet Manager if different from applicant

Name \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_

6. List all convictions, guilty pleas and pleas of nolo contendere for violation of all laws, City, State, and Federal of both Outlet Manager and spouse.

---

---

\_\_\_\_\_ **Applicant must be fingerprinted by the Catoosa County Sheriff's Office. Fingerprints must be made at least fifteen (15) days prior to issuance of any license in order to allow for the investigation of the applicant.**

\_\_\_\_\_ **A State Approved Photo I.D. must accompany this application.**

\_\_\_\_\_ **Attach, for proof, a copy of U.S. Citizenship.**

**CONSENT / RELEASE (APPLICANT)**

The undersigned hereby authorize and request the City of Ringgold Police Department, Georgia, to obtain a records check on me from the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC). I have been advised that this information will be used by the City of Ringgold for the purpose of determining whether to issue to me a license and the City of Ringgold Police Department is hereby authorized to release this information to the City Manager or his designee.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Witness Applicant Signature

(SS #) \_\_\_\_\_ (DL# AND STATE) \_\_\_\_\_

**CONSENT / RELEASE (MANAGER)**

The undersigned hereby authorize and request the City of Ringgold Police Department, Georgia, to obtain a records check on me from the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC). I have been advised that this information will be used by the City of Ringgold for the purpose of determining whether to issue to me a license and the City of Ringgold Police Department is hereby authorized to release this information to the City Manager or his designee.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Witness Applicant Signature

(SS #) \_\_\_\_\_ (DL# AND STATE) \_\_\_\_\_

**Certification**

City of Ringgold Police Department

This is to certify that I have reviewed this application and criminal background of the applicant and store manager. I find no reason to deny a malt beverage wine licenses.

\_\_\_\_\_  
Chief of Police Date