



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

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

APPLICATION FOR CITY OF RINGGOLD MALT BEVERAGE-LIQUOR-AND/OR WINE LICENSE YEAR 20_____

License NO. _____

DATE OF APPLICATION _____

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
\$500 Retail outlet (malt beverage)	_____	_____
\$500 Wholesale outlet (malt beverage)	_____	_____
\$500 Retail (wine)	_____	_____
\$500 Wholesale (wine)	_____	_____
\$4000 Retail Outlet (Distilled Spirits)	_____	_____
\$500 Private Club	_____	_____
\$500 Micro-Brewery	_____	_____
\$500 Brew Pub	_____	_____
\$500 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

SIGN OFF SHEET

- This Is to Certify That I Have Received and Read the City of Ringgold Code of Ordinances Chapter 6 Entitled Alcoholic Beverage. **Can be found at:** https://library.municode.com/ga/ringgold/codes/code_of_ordinances?nodeId=PTIICOOR_CH6ALBE

- This Is to Also to Certify That I Understand the Rules & Regulations Required by the City of Ringgold to Include but Not Inclusive of the Following:
 - Closing & Vacation of Premises
 - Hours of Operations
 - Sales to Underage Persons

- This Is to Certify That I Understand That a Copy of this Chapter Shall Remain on the Premises of My Establishment Permanently.

Applicant/Designated Agent - Owner

Notary

CERTIFICATION
CITY OF RINGGOLD, GEORGIA ALCOHOL BEVERAGE APPLICATION

Business Name

Address

Will Begin Business On _____
Date

OR

Is Already In Operation And, Will Begin the Sale of Alcohol Beverage on _____
Date