

**GILMER COUNTY
BOARD OF COMMISSIONERS
1 Broad Street
Suite 106
Ellijay, Ga. 30540
706-635-4361**

Date of Meeting: _____
Item Number: _____
License Number: _____

Ad Fee Paid: _____
Ad to Times Courier: _____
Notification Letter: _____

APPLICATION FOR FARM WINERY LICENSE

New Renewal Change of Licensee Change of Ownership

1. Name of Business: _____
2. Phone Number: _____
3. Business Address: _____
City: _____ State: _____ Zip: _____
4. Full Name of Licensee: _____
5. Date of Birth: _____
6. Social Security Number: _____
7. Business Telephone #: _____
8. Home Telephone #: _____
9. Home Address: _____
City: _____ State: _____ Zip: _____
10. Does the Licensee have any vested interest in any other alcoholic beverage license in the State of Georgia? Yes No

If yes, give complete names and addresses:

11. List full name, address, date of birth, social security number and percentage of ownership for each individual, including all "limited" and "silent" partners having any vested interest in this application (attach where necessary any documents indicating ownership, direct, indirect or by default).

NAME	ADDRESS	D.O.B.	SS#	% OF OWNERSHIP

12. Are you or have you ever had any interest in or been engaged in any alcoholic establishment? If yes, please list below.

NAME	SS#	NAME OF BUSINESS	BUSINESS ADDRESS	% INTEREST

13. List the full names and addresses of every owner of the property on which this business is to be conducted.

NAME OF PROPERTY OWNER	ADDRESS	RELATIONSHIP TO APPLICANT OR OTHER OWNERS

14. Has this place of business, or any owner or employee ever been cited, charged, or convicted at any time within the last 10 years for any violation of Georgia law, federal law, or any rule or regulation of the State Revenue Commissioner, or any rule or regulation of any city, county or other governmental unit?

Yes [] No []

If YES, please provide full details:

15. Have you, the Licensee, or any person having an interest in this business ever been detained, arrested, indicted or convicted for any offense, by any state, county, city, federal or foreign officer, or any other governmental authority?

Yes [] No []

If YES, provide full details. (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not provided for any reason).

GEORGIA, GILMER COUNTY

UNDER PENALTY OF PERJURY, I, THE UNDERSIGNED, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR THAT THE FACTS STATED BY ME IN THE ABOVE AND FOREGOING ANSWERS ARE TRUE. FALSE AND FRAUDULENT STATEMENTS ARE NOT MADE HEREIN AND NONE WERE MADE IN ORDER TO PRODUCE THE GRANTING OF SUCH A LICENSE.

SIGNATURE OF APPLICANT

**SIGNATURE OF GILMER COUNTY
RESIDENT: FOR WHICH THIS LICENSE
WILL BE HELD & USED UNTIL FEDERAL
BONDING HAS BEEN APPROVED AND
NAME CHANGED HAS BEEN APPLIED FOR**

**SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY
OF _____, _____.**

NOTARY PUBLIC

TELEPHONE NUMBER OF RESIDENT

ADDRESS OF RESIDENT

ALL QUESTIONS MUST BE ANSWERED

RECEIVED IN GILMER COUNTY BOARD OF COMMISSIONERS OFFICE ON

(DATE) **AT** **BY** _____
(TIME) **(COUNTY EMPLOYEE)**

COUNTY CLERK

DATE