



Off-Premises Application For Alcoholic Beverage License: Part A

A fully completed application includes the application forms and the following attachments:

1. The applicant must obtain a City of Rincon business license for the premises.
2. Proof of general liability insurance.
3. Certificate of Occupancy. (if applicable)
4. Survey prepared by a Georgia Registered Land Surveyor for distance requirements per ordinance. (upon request of the city)
5. Color copy of Driver's License.
6. Criminal History from Rincon Police Department.
7. Completed fingerprint card from Effingham County Sheriff's Office or Rincon Police Department.
8. A money order, certified check, cash or personal check for the application fee in full.
9. Once the State License to sell or distribute alcohol is obtained, a copy of the license shall be submitted to the city within 5 business days.

License fees shall be payable in advance for an entire year beginning January 1 and ending December 31 of the same year. The suspension or revocation of any license granted pursuant to city ordinance shall not entitle the licensee to a return of any portion of the license fee.

APPLICANT (print or type)

Last Name: _____ First Name : _____
Home Address: _____
Home/Cell Phone: _____ Business Phone: _____
Position of applicant at licensed business: _____
Resident of the State of Georgia: Yes No
Date of Birth: _____ US Citizen: Yes No
Gender: Male Female Legal Alien: Yes No NA

Are you the Licensee for any establishment other than the above referenced for which you are applying?
 Yes No if yes where _____

Have you ever been convicted of any felony, any misdemeanor involving moral turpitude, or any other misdemeanor or violation of any criminal offense relating to alcoholic beverages, taxes, or gambling?
 Yes No

Have you ever applied for any alcoholic beverage license and been denied, suspended, or revoked?
 Yes No

Do you agree to abide by such ordinances, laws and regulations?
 Yes No

Applicant's Signature Date

City of Rincon
302 South Columbia Avenue
Rincon, Georgia 31326

Off-Premises Application for Alcoholic Beverage License: Part B

APPLICATION FEE- \$250.00

_____ License for beer and wine only - \$ 1,500.00

_____ Other fee _____

- New
 Renewal
 Name Change

Name of Business (print): _____

Location Address: _____

Business Phone: _____ 2nd Business Phone: _____

Corporate Name: _____

Federal Tax ID Number: _____ Georgia Sales Tax Number: _____

IF MY APPLICATION IS APPROVED, I CERTIFY (PLEASE INITIAL EACH ONE)

1. I have received a copy of the alcohol ordinance and understand that I am responsible for complying with all sections. _____ I further understand that the ordinance may be revised by the city as needed.
2. I understand any license granted to me is not transferable. _____
3. I will allow my business premises to be open to inspection at any reasonable time by city officials authorized to conduct inspections. _____
4. In each retail sales location and place of business, there shall be prominently posted and clearly visible to customers at least two black and white notices in letters at least two inches high, with the following language: *Notice Unlawful to Open Malt Beverages or Wine Containers On Premises.* _____
5. I understand that a state license must also be obtained before any alcoholic beverage can be sold in the City of Rincon. _____
6. I understand that I must provide the city quarterly sales taxes report. _____

Applicant's Signature

Date

City of Rincon
302 South Columbia Avenue
Rincon, Georgia 31326

Off-Premises Application for Alcoholic Beverage License: Part C

CERTIFICATION

I, _____ do solemnly swear or affirm, subject to the penalties of false swearing, that the statements and answers made by me, as the applicant, in the foregoing application are true and correct. **I am familiar with, have read, understand, and agree to abide by all applicable City Ordinances, local, state, and federal laws pertaining to the establishment and operation of a business inside the City of Rincon involved in the sale of alcohol and the proper conduct of its management.** I understand that a violation of any applicable law, may result in the permanent revocation of my license.

The undersigned hereby certifies that he/she is _____ of
Title

_____ and is authorized to sign this application on behalf of the applicant.

Business Name

The undersigned further certifies that:

I have read the Rincon City Alcoholic Beverages Ordinance and a copy will be maintained on the premises, and each and every employee will be required to be familiar with said regulation.

I will comply with all laws, rules and regulations of the United States, the State of Georgia, and City of Rincon, now in force or which may hereafter be promulgated or enacted, regulating and governing the sale of distilled spirits, wine and malt beverages.

I understand that any license issued shall cover the period of one year commencing the 1st, day of January and expiring December 31, and that no license shall be assignable or transferable, nor am I entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that making false or fraudulent statements and/or representations may subject me to criminal and/or civil penalties including fine and/or imprisonment.

Submitted herewith in either cash or check payable to the City of Rincon, Georgia is the sum of \$ _____ as payment in full for the license fee and application cost.

I solemnly swear that the facts stated in the above and foregoing application for a license in the City of Rincon, Georgia, are true and correct.

Applicant's Signature

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

Notary Public

My commission expires:

City of Rincon
302 South Columbia Avenue
Rincon, Georgia 31326

Off-Premises Application for Alcoholic Beverage License: Part D

PARTNERSHIP / CORPORATION

1. 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, their titles and addresses, state and county of their legal residence, and the amount of their interest. Please attach separately.

Please initial here _____ if attachment is included

2. State when and where the partnership was organized. _____

3. If this is a corporation, state name and address of corporation, when and where incorporated, and the Names and addresses of the directors. Please attach separately.

Please initial here _____ if attachment is included

4. If operating as a corporation, list the stockholders with addresses and the amount of interest of each stockholder in the corporation (4 principal stockholders).

5. Does the corporation now own any interest in any wholesale or retail outlet(s) of any type selling alcoholic beverage? If so, list outlet(s) and address(s)

Yes No

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

Applicant's Signature: _____ Date: _____