

DOOLY COUNTY, GEORGIA  
Alcoholic Beverage License  
Application Overview

Section I: Purpose

The purpose of this packet is to assist the applicant in complying with the requirements for issuance of alcoholic beverage licenses. Please review the alcoholic beverage ordinance in its entirety to familiarize yourself with all the qualifications and requirements contained therein. A copy of the ordinance can be obtained from the Dooly County Commissioners Office.

**A fully completed application includes the application form along with the following attachments:**

- Employment history for last 5 years of each person named in application
- Proof of general liability and workers' compensation insurance
- Consent agreement for criminal history record of each person named in application
- Photograph of each person named in application
- A bank money order, certified check, cash or personal check of the application fee in full
- Fingerprints of each person named in application

**The following shall be deemed just cause for denying the application with prejudice:**

- Failure to fully complete the application
- Failure to furnish accurately all data, information and records required by the application form
- Failure to accompany the application with the payment of the prescribed application fee

License fees shall be payable in advance for an entire year beginning January 1 and ending December 31 of the same year. If an initial license fee is paid after January 1, the license fees shall be prorated on a monthly basis for each month or portion of a month left between the date of payment and December 31. The suspension or revocation of any license granted pursuant to this article shall not entitle the licensee to a return of any portion of the license fee.

Section II. Application Process

1. Applicant completes the application form and obtains all required attachments.
2. Applicant submits the application form, attachments, and payment of application fees to:  
Dooly County Commissioners  
113 N. Third Street  
Vienna, GA 31092  
229-268-4228 Phone  
Monday – Friday; 8:00 AM – 12:00 Noon/1:00 PM – 5:00 PM
3. The County Commissioners Office publishes a notice of application in the county legal organ, The News Observer.
4. The Sheriff reviews the application and makes a recommendation to the Board of Commissioners.
5. The Board of Commissioners conducts a public hearing regarding the application.
6. The Board of Commissioners vote to grant or deny the application.

DOOLY COUNTY, GEORGIA  
Alcoholic Beverage License  
Application Form

Instructions: Please answer all questions completely. Return the signed and dated form, all attachments, and payment for application fees to: Dooly County Commissioners; 113 N. Third Street; Vienna, GA 31092; 229-268-4228 Phone; Monday – Friday; 8:00 AM – 12:00 Noon/1:00 PM – 5:00 PM

(1) Type of Application (check one):

\_\_\_\_\_ New                      \_\_\_\_\_ Annual Renewal

(2) Name of Business making the application: \_\_\_\_\_

Street address of sales location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_, GA \_\_\_\_\_

(3) Name of Person making the application: \_\_\_\_\_

Street address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_, GA \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(4) The entity making this application is a(n):

\_\_\_\_\_ Individual                      \_\_\_\_\_  
Name of Individual

\_\_\_\_\_ Partnership                      \_\_\_\_\_  
Name of Partnership

\_\_\_\_\_  
Name of Partner making application

\_\_\_\_\_  
Name of Partner

\_\_\_\_\_  
Name of Partner

\_\_\_\_\_ Corporation                      \_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Name of Principal Officer

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Name of Officer

- (5) Is the licensee at least 21 years of age, of good moral character, and a citizen of the United States? \_\_\_\_ yes / \_\_\_\_ no
- (6) Has the licensee been convicted within the past five years of any felony, any misdemeanor involving moral turpitude, or any other misdemeanor or violation of county alcoholic ordinances within the past two years, or at any time of any criminal offense relating to alcoholic beverages, taxes, or gambling? \_\_\_\_ yes / \_\_\_\_ no
- (7) Has the licensee been denied or had revoked, within the 12 months preceding this application, any license to sell alcoholic beverages issued by any governmental agency? \_\_\_\_ yes / \_\_\_\_ no
- (8) Is the licensee the owner of the premises to be licensed or the holder of a lease thereon for substantially the same period to be covered by the license? \_\_\_\_ yes / \_\_\_\_ no
- (9) Application Fees (check all that apply):

- \_\_\_\_ \$75.00 Retail Sales for Off-Premises Consumption of beer and/or wine  
 \_\_\_\_ \$150.00 Retail Sales for On-Premises Consumption of beer, wine, and/or distilled spirits

**(All Application Fees shall be paid at the time that the application is filed and shall not be refunded.)**

- (10) License Fees (check all that apply):

- \_\_\_\_ \$250.00 Retail Sales for Off-Premises Consumption of beer only  
 \_\_\_\_ \$250.00 Retail Sales for Off-Premises Consumption of wine only  
 \_\_\_\_ \$250.00 Retail Sales for On-Premises Consumption of beer only  
 \_\_\_\_ \$250.00 Retail Sales for On-Premises Consumption of wine only  
 \_\_\_\_ \$1,500.00 Retail Sales for On-Premises Consumption of distilled spirits only  
 \_\_\_\_ \$2,000.00 Retail Sales for On-Premises Consumption of beer, wine, and distilled spirits  
 \_\_\_\_ \$1,000.00 Resident Wholesale Dealer

**(All license fees shall be paid upon approval of the license application and no license shall be issued until the payment of all applicable license fees.)**

I, \_\_\_\_\_, hereby attest that all statements made herein are true and accurate to the best of my knowledge and that I have read and understand the Dooly County Alcoholic Beverage Ordinance.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

DOOLY COUNTY, GEORGIA  
Alcoholic Beverage License  
Consent Agreement for Criminal History Record

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

I, \_\_\_\_\_, hereby request to review my criminal history records. I fully understand that the signing of this authorization form shall relieve the Dooly County Sheriff's Office and its employees of any liability or responsibility related to the Georgia Crime Information Center Council Rules and/or Federal/State Laws related to the dissemination of criminal history data. I further authorize that this criminal history information be remitted the Dooly County Commissioners' Office; 113 N. Third Street; Vienna, GA 31092.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executed in \_\_\_\_\_ County,  
Georgia in the presence of:

\_\_\_\_\_  
Notary Public, \_\_\_\_\_, County, \_\_\_\_\_  
My commission expires: \_\_\_\_\_

Note: The individual acknowledges that he may be required to be fingerprinted and that verification be made before any release of information will be given. Also, the individual acknowledges that he may be required to produce other acceptable forms of identification, as a birth certificate, in lieu of fingerprints, if deemed necessary by the records section.