



TOWN OF THUNDERBOLT  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

BEFORE THE UNDERSIGNED, ATTESTING OFFICER DULY AUTHORIZED BY LAW TO ADMINISTER OATHS, PERSONALLY COMES THE PETITIONER FOR A LICENSE TO CONDUCT THE BUSINESS DESCRIBED BELOW AND, BEING FIRST DULY SWORN, ON OATH, SAYS THAT THE INFORMATION GIVEN AND THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT, AND COMPLETE.

Application is hereby made for a business license for the calendar year \_\_\_\_\_ to do business within Thunderbolt as a dealer in alcoholic beverages as indicated below:

<u>1. Kind of Business to be Operated.</u>	<u>License Fee</u>
<u>Clause</u>	
<input type="checkbox"/> Retail beer or other malt beverage/wine	\$ _____
<input type="checkbox"/> Retail liquor – sale by package only	_____
<input type="checkbox"/> Retail liquor – sale by drink only	_____
<input type="checkbox"/> Retail liquor – sale by package and drink	_____
<input type="checkbox"/> Sunday Sales – beer/wine, drink only	_____
<input type="checkbox"/> Sunday Sales – liquor only	_____
<input type="checkbox"/> Sunday Sales – retail sales beer and wine	_____
<input type="checkbox"/> Sunday Sales – retail sales liquor	_____
<input type="checkbox"/> Wholesale beer or other malt beverage	_____
<input type="checkbox"/> Wholesale liquor	_____
<input type="checkbox"/> Wholesale wine	_____
<input type="checkbox"/> Other	_____
<b>TOTAL LICENSE FEE (add items checked)</b>	<b>\$ _____</b>

2. Name of Business \_\_\_\_\_ Date \_\_\_\_\_  
Federal Tax Identification Number \_\_\_\_\_  
State Tax Identification Number \_\_\_\_\_
3. Is the name of business registered with the Clerk of Superior Court of this County? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Business Location \_\_\_\_\_ Telephone # \_\_\_\_\_
5. Applicant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_  
Applicant's Social Security # \_\_\_\_\_

6. Business Owner's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_
7. Is the business incorporated? \_\_\_\_\_ If so, where & what date? \_\_\_\_\_  
Other information to identify owner \_\_\_\_\_
8. Name of Manager or Operator \_\_\_\_\_
9. Names and addresses of all persons having an interest in said business, including stockholders, if corporation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What interest do such persons have? \_\_\_\_\_
11. Name of Landlord of Business Location \_\_\_\_\_
12. Owner's Name of Said Location \_\_\_\_\_  
Owner's Address \_\_\_\_\_
13. In whose name will the income taxes be due on profits arising from operation of said business? \_\_\_\_\_
14. In what will the manner will the manager or operator of said business be compensated? \_\_\_\_\_
15. By whom will such compensation be paid? \_\_\_\_\_
16. What other types of business will be conducted at said location? \_\_\_\_\_
17. Names and address of persons conducting other kinds of businesses. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Has applicant or any person connected with or having an interest in said business:  
a) ever been convicted of any violation of law in any locality?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, was conviction for a traffic violation?  
\_\_\_\_\_  
Other violation? \_\_\_\_\_
- b) ever served time in prison, or other correctional institution? \_\_\_\_\_
19. If the answer to any part of the above question is "yes," describe circumstances in detail for each person. (Attach additional sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

20. Has application been made for required State and Federal Licenses? Yes \_\_\_ No \_\_\_

21. Give names and addresses of three citizens as references.

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

22. If this application is for RENEWAL of an existing license, enter number of existing License Number

\_\_\_\_\_

23. If RENEWAL, and the information herein is different from the information given in the original license application in the following particulars: \_\_\_\_\_

\_\_\_\_\_

24. If eating establishment, are Sunday sales of alcoholic beverages contemplated? Yes\_\_\_ No\_\_\_ If "yes" a separate affidavit must be submitted for authorization.

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\*All of the foregoing information is hereby given and all of the foregoing statements are hereby made on oath, willfully, knowingly, and absolutely, and the same is and are hereby sworn to be true under penalty for false swearing, as provided by law.

Sworn to and subscribed before me \_\_\_\_\_

This \_\_\_ day of \_\_\_\_\_ 20\_\_\_ .

Applicant's Signature

\_\_\_\_\_  
Notary Public, Chatham County, Georgia

Notice: The applicant for retail license shall be a Citizen of the United States, a Resident of Chatham County, Georgia and the owner of the business or if a corporation, partnership or other legal entity is the owner, substantial and major stockholder or the applicant may be the manager of the business charged with the regular operation of said business on the premises for which the license is issued.

STATE OF GEORGIA )  
 )  
CHATHAM COUNTY )

AFFIDAVIT

I, \_\_\_\_\_, being duly sworn by the undersigned officer authorized by law to administer oaths, do hereby make this affidavit to be a part of my application for alcoholic beverage licenses to the Town of Thunderbolt, to sell distilled spirits, malt beverages and/or wine for consumption on the premises in my eating establishment on Sunday. Said establishment (place of business) is located at \_\_\_\_\_ in Thunderbolt, Chatham County, Georgia.

I am the owner of said establishment known as \_\_\_\_\_  
\_\_\_\_\_

I am the President, Secretary (or other official title of corporation) of said establishment known as \_\_\_\_\_  
\_\_\_\_\_

I hereby further state under oath that at least Fifty Percent (50%) of the total annual gross food and beverage sales are derived from the sale of prepared meals or food.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Sworn to and subscribed \_\_\_\_\_  
(Signature)

Before me this \_\_\_\_ day \_\_\_\_\_  
of \_\_\_\_\_, 20 \_\_\_\_.  
(Print Name)

\_\_\_\_\_  
(Notary Public,  
Chatham County, Georgia) \_\_\_\_\_  
(Address)

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IMPORTANT: Applicant for an alcoholic beverage license must attach hereto a cashier's check or money order payable to the Town of Thunderbolt in the amount of the license fee to be due if said license is granted, plus other applicable charges as show below.  
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(For Office Use Only)	
Date Application Received: _____	
License # _____	
Amount Paid _____	
License Fee _____	Transfer Fee _____
Advertising _____	Sign _____
Total Cost _____	
Application has been examined and found to conform to the requirements of the ordinance approved by Council on _____ 200 ____, as amended, and is recommended for: _____ Approval _____ Referral to _____ Referral Council _____	
Reason _____ By _____	
<b>INSPECTION DEPARTMENT</b> _____ Approved _____ Disapproved _____	
By _____	
<b>POLICE DEPARTMENT</b> _____ Approved _____ Disapproved _____	
<b>DATE</b> Approved/Disapproved _____	
Comments: (Attach separate sheet if necessary) _____ _____	
This application is Approved _____ Disapproved By: _____	
If approved, authorization is hereby given to issue license: _____	
Date: _____	

**THUNDERBOLT POLICE DEPARTMENT**

**CONSENT FORM**

I, \_\_\_\_\_, do hereby authorize the Thunderbolt Police Department to receive any criminal history record information pertaining to me which may be in the files of any State or Local criminal justice agency in Georgia.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date