



PIERCE COUNTY BOARD OF COMMISSIONERS

312 Nichols Street; Suite 5

P.O. Box 679

Blackshear, Georgia 31516

Phone (912) 449-2022 Fax (912) 449-2024

pc.pcgeorgia.com

Instructions for obtaining an alcohol license:

1. *Complete the following Alcohol License Application in its entirety.*
2. *Business owner(s) must have a fingerprint card completed, which may be obtained at the Pierce County Jail. A fingerprint card must be completed for ALL OWNERS of the business; sole-proprietorship, partnership, corporation officers, etc.*
3. *A fee of \$_____ per owner, for fingerprint cards must be paid at Pierce County Board of Commissioners – Finance Department.*
4. *Call or visit Pierce County Clerk's Office/Finance Department, or visit Pierce County's website, pc.pcgeorgia.com, to obtain a copy of the County ordinance which explains in detail the rules and regulations pertaining to an alcohol license.*
5. *All documentation must be completed and submitted to the County. Fingerprint cards must be returned from GCIC and then you can request to come before the Board of Commissioners to apply for an alcohol license. If approved, you must advertise for four (4) weeks in the County's legal organ (at your own cost), in the legal section of the newspaper. If there is no opposition to your application, you will then be put on the next regular monthly Board meeting for approval.*

PIERCE COUNTY, BLACKSHEAR, GEORGIA – ALCOHOL LICENSE APPLICATION

DATE _____

NEW _____ **TRANSFER OF LICENSE** _____ **TRANSFER OF OWNERSHIP** _____

ALCOHOL BEING SOLD (Check all that apply):	LIQUOR ()	BEER ()	WINE ()
	TYPE OF LICENSE (Check all that apply)	Retail Package _____	Retail Package _____
Retail Pouring _____		Retail Pouring _____	Retail Pouring _____
Wholesale _____		Wholesale _____	Wholesale _____

Action Taken _____

Type of Establishment (Check One):

Package Store _____ Distillery _____ Brewery _____ Liquor Store _____ Club _____

Tavern _____ Winery _____ Service Station _____ Grocery _____ Restaurant _____

Other _____

1. (a) Full name of Business _____

(b) Under what name is the business to be operated? _____

(c) Is the business a: Proprietorship () Partnership () Corporation ()

2. Location: _____

3. Address: _____ Phone: _____

4. Is business within the designated distance of any of the following:

(a) School or College - 600 ft. () YES () NO

(b) Church () YES () NO

(c) Private Residence - 300 ft. () YES () NO

(d) School or College - 300 ft. () YES () NO

NOTE - The distance shall be measured in all directions from nearest point or building to the nearest property line of school or church.

5. (a) Full name of the applicant: _____

Social Security # _____ Address: _____

(b) Full name of Spouse, if married: _____

Social Security # _____ Address: _____

(c) Do you reside in Pierce County? () NO () YES How Long? _____

(d) Phone #: _____ Residence _____ Work _____

(e) Number of years at present address _____

(f) How long have you resided in the State of Georgia? _____

(g) What has been your occupation for the past five (5) years? _____

GIVE DETAILED LIST: _____

6. What is the name of the person who, if the license is granted, will be the active manager of the business and on the job at the business? List address, occupation and employer.

7. Has the applicant, or any individual having an interest, either as owner, partner or stockholder been convicted or entered a plea of nolo contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any State or of the United States or any ordinance except traffic violation?

If the answer is YES, describe in detail and give dates

(FAILURE TO MAKE A FULL DISCLOSURE IN RESPONSE TO THIS QUESTION WILL RESULT IN A DENIAL OF THE APPLICATION OR A REVOCATION OF THE LICENSE IF INFORMATION SHOULD HAVE BEEN GIVEN BUT WAS NOT, FOR ANY REASON WHATSOEVER, IS FORTHCOMING TO THE GRANTING OF THE LICENSE):

8. Do you own the property in which this business will be operated: () Yes () No

If NO, list below, the information requested of the property owner and/or building owner, if separate. Also, a copy of the LEASE/RENTAL AGREEMENT must be attached:

Name: _____ Monthly Payment: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

9. Are you familiar with the State Laws and regulations, governing the operation of this type of business? YES () NO ()

10. Do you agree to abide by such Laws & Regulations: _____

INFORMATION TO MEET REQUIREMENTS

- **EACH BUSINESS MUST HAVE 6 INCH STREET NUMBERS ON BUILDINGS BEFORE APPROVAL.**
- **ALL ALCOHOLIC BEVERAGES PACKAGED-TO-GO ESTABLISHMENTS, MUST HAVE SECURITY CAMERAS, OR THREE OR MORE EMPLOYEES ON DUTY AT ALL TIMES.**
- **PRIOR TO OPENING, SECURITY CAMERA AND LENS OF A TYPE, NUMBER AND LOCATION MUST BE APPROVED BY THE SHERIFF, OR HIS/HER DESIGNEE.**
- **COPY OF STATE APPLICATION AND LEASE OR DEED OF PROPERTY MUST BE ATTACHED.**

PIERCE COUNTY, BLACKSHEAR, GEORGIA – ALCOHOL LICENSE APPLICATION

Georgia, Pierce County

I, _____ being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such answers were made in order to procure the granting of such a license.

Signature of Applicant

Signature of Spouse of Applicant

Sworn to and subscribed before me this

_____ day of _____, 20_____.

Notary Public

ALL QUESTIONS MUST BE ANSWERED

Fingerprint Date: _____ Completed By: _____

Received in Pierce County Board of Commissioners-Clerk's Office on _____ at
_____ a.m. / p.m.

By: _____ Clerk, Pierce County Board of Commissioners

I, _____ have this day made application with the Pierce

County Commission to sell _____

at _____

located at _____

Signature of Applicant

_____ DATE _____

PIERCE COUNTY, BLACKSHEAR, GEORGIA – ALCOHOL LICENSE APPLICATION

FOR OFFICE USE ONLY

ZONING OFFICE:

APPROVED _____ DENIED _____ SIGNED/DATE: _____

PROPERTY ZONED: _____

COMMENTS: _____

HEALTH DEPARTMENT:

APPROVED _____ DENIED _____ SIGN/DATE: _____

COMMENTS: _____

COUNTY CLERK/FINANCE OFFICE:

AMOUNT OF LICENSE \$ _____ AMOUNT OF PRO-RATED LICENSE \$ _____

DATE ISSUED: _____ PRO-RATED LICENSE EXPIRES: _____

LICENSE NUMBER: _____ ACCOUNT NUMBER: _____

BOARD OF COMMISSIONERS:

DATE OF FIRST MEETING: _____

DATE OF SECOND MEETING: _____

DATE APPROVED: _____

DATE DISAPPROVED: _____