

Ben Hill County Commissioners

402 A E Pine St, Fitzgerald, GA 31750

Phone: (229) 426-5100

www.benhillcounty-ga.gov



Alcohol Application Process

1. The applicant will receive an application packet from the County Clerk. *The packet will include the Alcohol Application, Privacy Rights Statement, Alcohol Ordinance, and Alcohol Ordinance Affidavit.*
2. The applicant will return the completed application to the County Clerk for review. *The business licenses and lease agreement (if the applicant is not the property owner) must be attached to the completed application.* The applicant shall return his/her application in an envelope that will be provided by the County Clerk.
3. The County Clerk will schedule an appointment with the Training, Advising, and Counseling ("TAC") Officer at the Sheriff's Office on behalf of the applicant for a background check and fingerprinting.
4. The applicant will be given an appointment time with the TAC Officer to get a background check and fingerprinting completed at the Sheriff's Office
5. The TAC Officer will put the results of the background check and fingerprinting in the applicant's envelope and seal it in front of the applicant.
6. The TAC Officer will hand deliver the application envelope to the Sheriff. *If the Sheriff is out of town for more than 1 day, the TAC Officer will contact the County Clerk to pick up the documents directly from her and the County Clerk will hand deliver the documents to the Sheriff when he returns.*
7. The Sheriff will review all documents, research the applicant's character, and utilize any other pertinent information to make a recommendation.
8. The Sheriff will make his recommendation on the bottom of the application, insert all documents into the envelope, reseal the envelope, and contact the County Clerk to pick up the envelope.
9. The County Clerk will review all documents to make sure all required documentation has been received.
10. The County Clerk will give the documents to the County Manager for review and recommendation.
11. After the County Manager's review, the Board of Commissioners will vote on the application at the next scheduled Regular Meeting. The County Clerk will contact the applicant to let him/her know whether the application was approved or denied. *If denied, the applicant will need to follow the appeals process located on the Privacy Rights Notice.*

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BEN HILL COUNTY GEORGIA BEER, WINE, & LIQUOR APPLICATION

1. NAME OF BUSINESS. _____
2. BUSINESS ADDRESS. _____
3. CITY _____ STATE _____ ZIP _____
4. BUSINESS PHONE _____ HOME PHONE _____
5. APPLICANT NAME AND ADDRESS: _____

6. APPLICANT SOCIAL SECURITY NUMBER _____
APPLICANT DATE OF BIRTH _____
7. BUSINESS LOCATION: A. MAP/PARCEL _____ B.) ZONING _____
8. LOCATION MANAGER(S) _____

9. IS APPLICANT AN AMERICAN CITIZEN OR ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCY? (_____) YES (_____) NO

OWNERSHIP INFORMATION

10. CORPORATION (IF APPLICABLE): DATE CHARTERED: _____ / _____ / _____
11. MAILING ADDRESS: _____
NAME OF BUSINESS: _____
ATTENTION: _____
ADDRESS: _____
12. OWNERSHIP TYPE:
CORPORATION: _____ PARTNERSHIP: _____ INDIVIDUAL: _____

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13. CORPORATE NAME: _____

LIST NAME AND OTHER REQUIRED INFORMATION FOR EACH PERSON HAVING INTEREST IN THIS BUSINESS.

NAME	POSITION	SSN	ADDRESS	INTEREST
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. WHAT TYPE OF BUSINESS WILL YOU OPERATE IN THIS LOCATION?

RESTAURANT _____ LOUNGE _____ CONVENIENCE STORE _____

MANUFACTURER _____ DISTRIBUTOR _____

OTHER: (DESCRIBE) _____

15. LICENSE INFORMATION

	BEER	WINE	LIQUOR
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RETAIL PACKAGE DEALER	()	()	()
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CONSUMPTION ON PREMISES	()	()	()
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WHOLESALE	()	()	()
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16. HAVE YOU EVER APPLIED FOR AN ALCOHOL BEVERAGE LICENSE BEFORE? _____

IF SO, GIVE YEAR OF APPLICATION AND ITS DISPOSITION.

17. ARE YOU FAMILIAR WITH GEORGIA AND BEN HILL COUNTY LAWS AND ORDINANCES REGARDING THE SALE OF ALCOHOLIC BEVERAGES? _____

IF YES, PLEASE INITIAL. ()

18. HAS ANY LIQUOR BUSINESS IN WHICH YOU HOLD, OR HAVE HELD, ANY FINANCIAL INTEREST, OR ARE EMPLOYED, OR HAVE BEEN EMPLOYED, EVER BEEN CITED FOR ANY VIOLATION OF THE RULES AND REGULATIONS OF BEN HILL COUNTY OR THE STATE REVENUE COMMISSION RELATING TO THE SALE AND DISTRIBUTION OF DISTILLED SPIRITS? _____

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IF SO, GIVE FULL DETAILS.

19. HAVE YOU BEEN ARRESTED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? **(DO NOT INCLUDE TRAFFIC VIOLATIONS WITH THE EXCEPTION OF ANY TRAFFIC OFFENSES PERTAINING TO ALCOHOL OR DRUGS)**. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY ARE DISMISSED. GIVE REASON CHARGED OR HELD, DATE, & PLACE WHERE CHARGED AND ITS DISPOSITION.

20. LIST OWNER OR OWNERS OF BUILDING AND PROPERTY OF THIS LOCATION.

21. STATE DISTANCE OF LOCATION IN MILES TO CITY LIMITS OF FITZGERALD.

22. IF THIS IS NOT A RENEWAL APPLICATION, STATE THE STRAIGHT-LINE DISTANCE FOR THE PROPERTY LINE OF THE NEAREST SCHOOL, CHURCH, LIBRARY OR PUBLIC RECREATION AREA TO THE WALL OF THE BUILDING WHERE ALCOHOL BEVERAGES ARE SOLD.

A.) Church _____ B.) School _____
C.) Library _____ D.) Public Recreation _____

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STATE OF GEORGIA
BEN HILL COUNTY

I, _____ DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT ON THE FORGOING ALCOHOLIC BEVERAGE APPLICATION ARE TRUE.

APPLICANT SIGNATURE

DATE

I HEREBY CERTIFY THAT _____ IS PERSONALLY KNOWN TO BE, THAT HE/SHE SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE/SHE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE HEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE.

THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

(SEAL)

MY COMMISSION EXPIRES: _____

- ☐ THIS APPLICATION HAS BEEN REVIEWED AND APPROVAL IS RECOMMENDED BY THE UNDERSIGNED OR THEIR DESIGNEE.
- ☐ THIS APPLICATION HAS BEEN REVIEWED AND DENIAL IS RECOMMENDED BY THE UNDERSIGNED OR THEIR DESIGNEE.

COUNTY MANAGER

- ☐ THIS APPLICATION HAS BEEN REVIEWED AND APPROVAL IS RECOMMENDED BY THE UNDERSIGNED OR THEIR DESIGNEE.
- ☐ THIS APPLICATION HAS BEEN REVIEWED AND DENIAL IS RECOMMENDED BY THE UNDERSIGNED OR THEIR DESIGNEE.

SHERIFF

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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 have 30 days to correct or complete the record (or decline to do so) before the officials deny you the license 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/how-we-can-help-you/more-fbi-services-and-information/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 Ben Hill County Sheriff Office 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 Ben Hill County Sheriff's Office 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-asked-questions>.
- 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.

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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.

I, _____, received a copy of the FBI/GBI Privacy Rights and Privacy Act Statement.

Applicant Signature

Date

County Clerk

Date

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Affidavit for Ben Hill County Alcohol Ordinance

I, _____, have received a copy of the Ben Hill County Alcohol Ordinance. I understand it is my responsibility to familiarize myself with Georgia and Ben Hill County laws and ordinances regarding the manufacture, distribution, and/or sale of alcoholic beverages and my alcohol licenses.

Applicant's Signature

Date

County Clerk

Date

Signed, sealed and delivered on this _____ day of _____, 20____. In the presence of:

Notary Public

(SEAL)

My Commission Expires: _____