



# City of Ringgold

150 Tennessee Street  
Ringgold, GA 30736

Office (706) 935-3061  
Fax (706) 965-7446

## LIQUOR BY THE DRINK LICENSE APPLICATION (FOR CONSUMPTION ONLY ON THE PREMISES IN RESTAURANTS)

YEAR 20\_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

New Application       Renewal/Manager Change

**INSTRUCTIONS:** EACH AND EVERY question must be fully answered (typewritten or printed in ink). If the question does not pertain, so indicate. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant, notarized and filed with the License Department, together with all supporting papers.

### OATH

OATH: I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application conditioned upon a fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application, such change MUST be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be caused for the suspension or revocation of any license issued. I have received a copy of the City of Ringgold's Consumption of Liquor on Premises in Restaurants Ordinance as amended and swear affirm that I will abide by and comply with all of the terms of the ordinance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business and/or Organization Name

Sworn to and subscribed before me

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

\_\_\_\_\_  
Notary Public, State of Georgia  
My Commission Expires: \_\_\_\_\_

1. Full Name of Business: \_\_\_\_\_

Under what name is the business to be operated: \_\_\_\_\_

Is the Business a Proprietorship, Partnership, Corporation, Domestic, or Foreign:

\_\_\_\_\_

2. Location: \_\_\_\_\_

3. Phone: \_\_\_\_\_

4. Full Name of Applicant: \_\_\_\_\_

FEI Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name of Spouse of Married: \_\_\_\_\_

Spouses Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a citizen of the United States: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Number of Years at Present Address: \_\_\_\_\_

Do you reside in Catoosa County: \_\_\_\_\_ If yes, how long: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Number of Years at Previous Address: \_\_\_\_\_

State Driver's License Number: \_\_\_\_\_

What has been your occupation for the past five (5) years, please give a detailed list:

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

Applicant's employment date with present business: \_\_\_\_\_

Date business will be in Ringgold: \_\_\_\_\_

5. 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, phone number, and employer:

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

6. Has the applicant, spouse, or any individual having an interest either as owner, partner, or stockholder, been convicted or entered a plea of nolo contendere within five (5) years immediately prior to the filing of this application for any felony or misdemeanor of any state, or of the United States, or any municipal ordinance except traffic violations: \_\_\_\_\_

7. Do you own the land and building on which this business is to be operated: \_\_\_\_\_

Date purchased: \_\_\_\_\_ Amount: \_\_\_\_\_

If not, give amount paid for such land and building, the manner in which the rent is determined, to whom and at what intervals it is paid. Give the name of the owner and agent, if any: \_\_\_\_\_

\_\_\_\_\_  
(Attach a Copy of the Lease and any Other Pertinent Documents)

8. How is the proposed location zoned: \_\_\_\_\_

9. If operating as a corporation, state name and address of the corporation, when and where incorporated, and the names and addresses of the officers and directors, social security numbers, and the office held by each: \_\_\_\_\_

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

10. If operating as a corporation, list the stockholders complete addresses, area code and telephone numbers, residential and business, and the amount of interest or each stockholder in the corporation: \_\_\_\_\_

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

11. If operating as a partnership, list the partners with complete addresses, area code and telephone numbers, residential and business, and the amount of interest or percent of ownership of each partner: \_\_\_\_\_

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

12. If partnership or individual, state names of any other persons or firms owning interest or receiving funds from the corporation: \_\_\_\_\_

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

13. Show hereunder any and all persons, corporations, partnerships, or associations who have received or will receive, as a result of your operations under the requested license, any financial gain or payment derived from any interest or income in the operation. (Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under the license).

In the event that any corporation is listed as receiving any interest or income from this operation, show the names of the officers and director of said corporation together with the names of the principal stockholders:

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14. State whether or not applicant, partner, corporation officer, or stockholder holds any alcoholic beverage license in another jurisdiction or has ever applied for a license and been denied. Please submit full details: \_\_\_\_\_

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15. What is the minimum seating capacity of this restaurant: \_\_\_\_\_

16. What is the maximum seating capacity of this restaurant: \_\_\_\_\_

18. Do you have any questions or comments regarding the ordinances, laws, regulations, or application:         YES         NO

Are you familiar with the City of Ringgold ordinances, state laws, and regulations, federal laws, and regulations regarding governing the operation of this type of business:

YES         NO

19. Have you made application for a State license:

YES         NO

20. Have you answered all questions:

YES         NO

\_\_\_\_\_ Applicant must be fingerprinted by the Catoosa County sheriff's Office. Fingerprints must be made at least fifteen (15) days prior to issuance of any license in order to allow for the investigation of the applicant.

\_\_\_\_\_ A State Approved Photo I.D. must accompany this application.

\_\_\_\_\_ Attach, for proof, a copy of U.S. Citizenship.

\_\_\_\_\_ Attach copy of deed or lease.

\_\_\_\_\_ Please provide a copy of the State of Georgia License to sell Alcoholic Beverages (once received from state).

***Proposed Manager if different from Applicant***

\_\_\_\_\_ Applicant must be fingerprinted by the Catoosa County sheriff's Office. Fingerprints must be made at least fifteen (15) days prior to issuance of any license in order to allow for the investigation of the applicant.

\_\_\_\_\_ A State Approved Photo I.D. must accompany this application.

\_\_\_\_\_ Attach, for proof, a copy of U.S. Citizenship.

**CONSENT/RELEASE (APPLICANT)**

The undersigned hereby authorize and request the city of Ringgold Police Department, Georgia, to obtain a records check on me from the Georgia Crime Information Center (GCIC). I have been advised that this information will be used by the City of Ringgold for the purpose of determining whether to issue to me a license and the City of Ringgold Police Department is hereby authorized to release this information to the City Manager or his designee.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

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

(SS #) \_\_\_\_\_ (DL# AND STATE) \_\_\_\_\_

**CONSENT/RELEASE (MANAGER)**

The undersigned hereby authorize and request the City of Ringgold Police Department, Georgia, to obtain a records check on me from the Georgia Crime Information Center (GCIC). I have been advised that this information will be used by the City of Ringgold for the purpose of determining whether to issue to me a license and the City of Ringgold Police Department is hereby authorized to release this information to the City Manager or his designee.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

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

(SS#) \_\_\_\_\_ (DL# AND STATE) \_\_\_\_\_

**Certification**

City of Ringgold Police Department

This is to certify that I have reviewed this application and criminal background of the applicant and store manager. I find no reason to deny a Consumption of Liquor on Premises License.

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date