



## **Paulding County Marshal Bureau**

240 Constitution Blvd

Dallas, GA 30132

Office: 770-443-9768 Fax: 678-383-3371

### **Application for Alcoholic Beverage License Frequently Asked Questions & Directions**

Dear Applicant/Owner:

Below is a brief description of the forms necessary to complete your alcohol application. Please complete all forms and return to the Marshal Bureau.

The schedule of fees lists the applicable license and applications fees which are required to be paid on two separate certified checks; one for the license fee and one for the application fee. Only certified checks will be accepted and those checks should be made payable to the Paulding Board of Commissioners.

The enclosed forms are for all licenses; the forms required differ slightly for different applications, i.e. new applications, renewals, and transfers. The different forms and documents are listed on the Application Requirement List. Please complete the required forms and supply the required documents applicable to your application.

Every effort has been made to simplify the process for all parties involved. Please review the ordinance and forms in their entirety and contact our office with any questions or concerns.

#### **Definitions, Directions and Explanations:**

- **Business Name:** The business name needs to be consistent on all Paulding County and Georgia Department of Revenue forms and licenses.
- **Evidence of Ownership/Lease Interest:** Copy of property deed or copy of lease agreement for business location.
- **Surveyor's Distance Certification Form 2:** Each applicant will supply a scaled drawing showing the nearest church, school, college and/or residential dwelling along with a notarized affidavit from a registered surveyor.

- Fingerprint/Criminal History Consent Form 3: The applicant must complete and submit a notarized consent form. Fingerprints will be processed at the Marshal Bureau.
- Public Notice: At the time the application is submitted an official of the Marshal Bureau will provide the applicant or their representative with the language for the Public Notice and directions for publishing the notice in the local legal organ.
- Publishers Affidavit: After the notice has run in the paper the applicant is responsible for returning a notarized Publisher's Affidavit to the Marshal Bureau. The affidavit will be supplied by the legal organ.
- Tax Commissioner's Affidavit Form 4: This applies to the business, applicant, owner and anyone with a substantial interest in the business.
- Residential/Church Dwelling Consent Form 5: This form is required whenever a home, "residential dwelling", falls within the 300 feet of the business location. If the home is a rental property, the owner of the property must consent. There are also stipulations that must be met when dealing with church dwellings. See form 5 for the exact ordinance that explains the distance required.
- Wholesaler List Form 6: List each wholesaler that delivers alcoholic beverages to your business or restaurant.
- Seating Capacity Confirmation: This form is supplied by the Paulding County Fire Marshal, a division of the Paulding County Fire Department. This form is required for on premises consumption. The State requires a minimum seating capacity of 50 people. An appointment will be required with the Fire Department for this confirmation. Contact 770-222-1160 for an appointment.
- Sell of Alcoholic Beverages Affidavit: The Registered Agent must complete an Affidavit for Application of Registered Agent. The Registered agent must be a Paulding County Resident, at least 25 years of age, and willing to receive any process, notice or demand required or permitted by law or under the Paulding County Ordinance to be served upon a licensee or owner.
- Affidavit Verifying Status for Paulding County Public Benefit Application: Used to ensure only eligible applicants are receiving public benefits. If the owner/applicant has immigrated to the United States, proof of United States Citizenship or proof of legal residency is required.
- Privacy Act Statement: Describes your rights as an applicant/licensee, registered agent, business owner, business partner/corporation who may be the subject of a criminal history record check.

# PAULDING COUNTY MARSHAL BUREAU

Alcoholic Beverage License and Permit Fees



## LICENSE FEES (Separate Certified Checks required for license fee and application fee)

### Retail Package License<sup>1</sup>

- Malt Beverages \$500
- Wine \$500
- Combination Malt Beverages & Wine \$1,000
- Temporary License (up to 60 Days, while annual permit application pending) \$500

### On Premises Consumption License<sup>1,2,5</sup>

- Limited Pouring: Malt Beverages or Wine \$1,550
- Limited Pouring: Combination Malt Beverages & Wine \$3,100
- Limited Pouring: Combination Distilled Spirits, and/either 1.) Malt Beverages or 2.) Wine \$6,600
- Full Pouring: Distilled Spirits, Malt Beverages, & Wine \$8,150
- Brewpub \$1,550
- Combination Malt Beverages, Wine & Distilled Spirits, Nonprofit Civic Organization \$2,550
- Temporary License (up to 60 Days, while annual permit application pending) \$500

### On Premises Consumption License – Special Event Facility<sup>1,2,3</sup>

- Limited Pouring: Malt Beverages or Wine \$250
- Limited Pouring: Combination Malt Beverages & Wine \$500
- Limited Pouring: Combination Distilled Spirits, and/either 1.) Malt Beverages or 2.) Wine \$750
- Full Pouring: Distilled Spirits, Malt Beverages, & Wine \$1,000
- Temporary License (up to 60 Days, while annual permit application pending) \$500

### Wholesale License<sup>1</sup>

- Malt Beverages \$500
- Wine \$500
- Combination Malt Beverages & Wine \$1,000
- Combination Malt Beverages & Wine (Principal Place of Business Outside Paulding County Only) \$100

### Manufacturing License<sup>1</sup>

- Malt Beverages \$3,000
- Wine \$3,000

### Application Fees

- |  |  |
|--|--|
| <input type="checkbox"/> New Malt Beverage and/or Wine \$150 | <input type="checkbox"/> Renewal Malt Beverage and/or Wine \$100 |
| <input type="checkbox"/> New Liquor By The Drink \$350       | <input type="checkbox"/> Renewal Liquor By The Drink \$200       |
| <input type="checkbox"/> Transfers \$150                     |  |

# PAULDING COUNTY MARSHAL BUREAU

Alcoholic Beverage License and Permit Fees



## PERMITS & OTHER FEES

### Retail Package Permits

Ancillary Wine Tasting Permit \$50/Day

### On Premises Consumption Permits

Nonprofit Civic Organization Temporary Permit (up to 3 days) Malt Beverages & Wine \$50/Event

Nonprofit Civic Organization Temporary Permit (up to 3 days) Distilled Spirits, Malt Beverages & Wine \$100/Event

On Premises Special Event Temporary Permit (2 hour extension) Malt Beverage & Wine \$100

On Premises Special Event Temporary Permit (2 hour extension) Distilled Spirits, Malt Beverage & Wine \$200

### Alcoholic Beverage Caterer Event Permit<sup>4</sup>

Resident Caterer Event Permit - No Charge

Nonresident Caterer Event Permit \$50/Event

### Server Identification Fees

New Server ID Card \$30

Replacement Server ID Card \$15

Renewal Server ID Card \$10

<sup>1</sup>After June 30<sup>th</sup> license fees for new licensees are half

<sup>2</sup>License fee includes Sunday sales

<sup>3</sup>License fee includes application and renewal fees

<sup>4</sup>Nonresident Caterer must be licensed in home jurisdiction

<sup>5</sup>Alcoholic Beverage Caterer License included with any On Premises Consumption License

# PAULDING COUNTY MARSHAL BUREAU

Application Requirement List



**Please choose the type of license you are applying for and submit the required forms/documents**

Business Name:

**New License**

The following forms and supporting documents are required for the opening of a new business serving or selling alcoholic beverages:

- Application Form 1
- Appropriate Registered Agent Affidavit
- Surveyor's Distance Certification Form 2
- Surveyor's Diagram
- Fingerprint/Criminal History Consent Form 3/Copy of Driver's License
- Tax Commissioner's Affidavit Form 4
- Residential Dwelling Consent Form 5 (as applicable)
- Wholesaler list Form 6
- Seating Capacity Confirmation (as applicable)
- Evidence of Ownership or Lease for Business Location
- United States Citizenship / Legal Resident Alien Card (as required)
- Affidavit Verifying Status for Paulding County Public Benefit Application (copy of driver's license)
- Privacy Act Statement
- Copy of Public Notice (to be supplied at time of application)
- Publisher's Affidavit (to be supplied by legal organ)
- Certified Funds in the Proper Amounts

**A valid Business License and Certificate of Occupancy for business location must be obtained before issuance of the Alcohol License.**

**Renewal of License**

There are two types of renewals, those with changes, i.e. partners, managers and those without changes.

**Renewals without changes complete and submit:**

- Application Form 1
- Appropriate Registered Agent Affidavit
- Fingerprint/Criminal History Consent Form 3/Copy of Driver's License
- Tax Commissioner's Affidavit Form 4
- Wholesaler list Form 6
- Affidavit verifying status for Paulding County Public Benefit Application (if you are not a US Citizen you must supply a copy of your Permanent Resident Card)
- Privacy Act Statement
- Certified Funds in the Proper Amounts

**Renewals with changes complete and submit:**

- Application Form 1
- Appropriate Registered Agent Affidavit
- Form 3 Fingerprint/Criminal History Consent/Copy of Driver's License
- Tax Commissioner's Affidavit Form 4
- Wholesaler list Form 6
- Affidavit Verifying Status for Paulding County Public Benefit Application (if you are not a US Citizen you must supply a copy of your Permanent Resident Card)
- Privacy Act Statement
- Copy of Public Notice (to be supplied to applicant at time of application)  
(Not needed if only changing the resident manager/registered agent)
- Publisher's Affidavit (not needed if only changing the resident manager/registered agent)
- Certified Funds in the Proper Amounts

# PAULDING COUNTY MARSHAL BUREAU

Application Requirement List

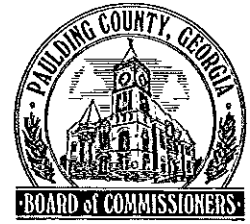


**Transfer of License (Resident Manager/Registered Agent Only)**

- Application Form 1
- Appropriate Registered Agent Affidavit
- Fingerprint/Criminal History Consent Form 3/Copy of Driver's License
- Tax Commissioner's Affidavit Form 4
- United States Citizenship/Legal Resident Alien (as required)
- Affidavit Verifying Status for Paulding County Public Benefit Application
- Privacy Act Statement
- Certified Funds in the Proper Amounts

# PAULDING COUNTY MARSHAL BUREAU

Owner/Applicant Information Form 1



<b>BUSINESS INFORMATION (PRINT LEGIBLY OR TYPE)</b>									
Name of Business (including d/b/a if applicable)									
Business Address									
Type of Ownership	Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Federal/State Tax ID Number					
County Occupational Tax Certificate Number (Business License)				Published Telephone Number					
Description of Location (i.e. convenience store, restaurant)									
<b>APPLICANT/LICENSEE INFORMATION</b>									
Applicant Is	Owner <input type="checkbox"/>	Stockholder <input type="checkbox"/>			Fulltime Employee <input type="checkbox"/>				
Last Name		First			M.I.				
Home Address									
Home Phone		Business/Cell Phone			E-mail				
Georgia Resident For At Least One Year?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Social Security No.					
Date of Birth		25 Years Old/Older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ever Been Arrested?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
United States Citizen?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Paulding County Resident?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have You Ever Made Application For An Alcoholic Beverage License?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Disposition?			
Has Any Previously Issued Alcoholic Beverage License Been Revoked?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Reason?			
<b>REGISTERED AGENT INFORMATION (IF DIFFERENT FROM APPLICANT/LICENSEE)</b>									
Last Name		First			M.I.		Title		
Home Address									
Home Phone		Business/Cell Phone			E-mail				
Paulding County Resident?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Social Security No.					
Date of Birth		25 Years Old/Older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ever Been Arrested		YES <input type="checkbox"/>	NO <input type="checkbox"/>
United States Citizen		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>BUSINESS OWNER INFORMATION (IF DIFFERENT FROM APPLICANT/LICENSEE)</b>									
Last Name		First			M.I.				
Address									
Home Phone		Business/Cell Phone			E-mail				
Georgia Resident For At Least One Year?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Social Security No.					
Date of Birth		25 Years Old/Older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ever Been Arrested?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
United States Citizen?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have You Ever Made Application For An Alcoholic Beverage License?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Disposition?			
Has Any Previously Issued Alcoholic Beverage License Been Revoked?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Reason?			

# PAULDING COUNTY MARSHAL BUREAU

Owner/Applicant Information Form 1



BUSINESS PARTNER/CORPORATION OFFICER (IF APPLICABLE)						
Last Name		First			M.I.	
Address						
Home Phone		Business/Cell Phone			Email	
Georgia Resident For At Least One Year		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Social Security No.		
Date of Birth		25 Years Old/Older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ever Been Arrested?	YES <input type="checkbox"/> NO <input type="checkbox"/>
United States Citizen?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have You Ever Made Application For An Alcohol Beverage License?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Disposition?	
Has Any Previously Issued Alcoholic Beverage License Been Revoked?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Reason?	
BUSINESS PARTNER/CORPORATION OFFICER (IF APPLICABLE)						
Last Name		First			M.I.	
Address						
Home Phone		Business/Cell Phone			Email	
Georgia Resident For At Least One Year		YES	NO	Social Security No.		
Date Of Birth		25 Years Old/Older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ever Been Arrested?	YES <input type="checkbox"/> NO <input type="checkbox"/>
United States Citizen?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have You Ever Made Application For An Alcoholic Beverage License?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Disposition?	
Has Any Previously Issued Alcoholic Beverages License Been Revoked?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Reason?	
AFFIRMATION AND SIGNATURE						
<p><b>Statement of Confidentiality:</b> Information provided by a business or practitioner to Paulding County for the purpose of determining applicability is confidential to the extent it qualifies for exemption from disclosure under Article 4, Chapter 18, Title 50 of the Official Code of Georgia. Such information may be provided to other government agencies for the purposes of criminal investigations and occupational tax purposes.</p> <p><b>Affidavit:</b> I hereby certify that all information provided herein is complete. I have answered all questions completely and truthfully to the best of my knowledge. I hereby acknowledge that I have read and understand the rules and regulations for operation of a business in Paulding County. Any false statement on this application automatically voids the application and may result in prosecution.</p>						
Signature of Applicant/Licensee:					Date:	
Signature of Registered Agent:					Date:	
Signature of Owner:					Date:	
Signature of Partner/Officer:					Date:	
Signature of Partner/Officer:					Date:	





**Paulding County Marshal Bureau**  
240 Constitution Blvd Dallas, GA 30132

**Affidavit for Application of Registered Agent**

Before the undersigned attesting officer comes \_\_\_\_\_, who being duly sworn deposes and says that (s)he is a resident of Paulding County and at least 25 years of age, designated by \_\_\_\_\_, a licensee, to receive any process, notice, or demand required or permitted by law or under the Paulding County Ordinance to be served upon a licensee or owner.

The undersigned, on oath, states that if (s)he changes residence within Paulding County or outside of Paulding County or chooses to no longer be the registered agent, (s)he will notify the Marshal Bureau, in writing, within (10) business days.

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

\_\_\_\_\_  
Affiant

Sworn to and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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



# PAULDING COUNTY MARSHAL BUREAU

Surveyor's Distance Certification Form 2

## APPLICANT BUSINESS INFORMATION

Applicant Business' Name:

Address of Location Surveyed:

## SURVEYOR/SURVEYING COMPANY INFORMATION

Name of Surveying Company:

Company Address:

Name and Title of Surveyor:

Georgia Land Surveyor Number:

Date of Survey:

Business/Cell Phone:

E-mail:

## AFFIDAVIT

I, the undersigned, a registered land surveyor in the State of Georgia do hereby swear and affirm under penalty of perjury, that I have inspected the proposed location of the licensed premises shown on the attached plat and have measured the distance to the nearest church, school, college or residential dwelling. Unless noted on the plat, the proposed location of the licensed premises complies with the distance requirements of the Paulding County Code of Ordinances, Chapter 6, Article IV Section 6-90 and the requirements of Title 3, Chapter 3, Section 21 of the Official Code of Georgia Annotated.

No license shall be issued for any place of business which is:

- (a) located within six hundred (600 feet) of any school building, educational building, school grounds, or college campus or adult entertainment establishment or
- (b) within five hundred (500 feet) of a church, or within three hundred feet (300) feet of a private single-family or two-family dwelling in a zoning district that permits single- and/or two family dwellings; provided, however, this prohibition shall not apply with respect to a private dwelling or church located in a zoning district in which alcoholic beverage sales are authorized.

The distances in this chapter shall be measured along the route traversed by vehicle along a public road between the front door of the business to a point at the front door of the main structure of the church, school, or residential dwelling. As used in this section, the term "school building" or "educational building" shall apply to only state, county, city or church school buildings and to such buildings at any other schools in which are taught subjects commonly taught in schools and colleges of this state and which are public schools and private schools as defined in O.C.G.A § 20-2-690(b). The term "school building" includes only those structures in which instruction is offered. The term "church building" as used in this section means the main structure used by any religious organization for purposes of worship. If a school, church, or residential dwelling subsequently locates within the prohibited area of a preexisting licensed premises this provision shall not be applicable and such an event would not cause a license holder to be in violation of this provision or prohibit the renewal nor transfer of the license. In any event, no license shall be issued for a location which would cause the licensed premises to be in violation of state law as set forth at O.C.G.A. § 3-3-21. The owner of a residential dwelling or the official governing authority of the organizational structure of a legal church entity which is located within the prohibited area described in this subsection may consent in writing to the applicant obtaining a license for the sale of alcoholic beverages by waiving the distance requirements.



# PAULDING COUNTY MARSHAL BUREAU

Surveyor's Distance Certification Form 2

Surveyor:

Date:

**NOTARY PUBLIC**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary's Seal

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



# PAULDING COUNTY MARSHAL BUREAU

Fingerprint/Criminal History Consent Form 3

## APPLICANT/OWNER/LICENSEE INFORMATION (DUPLICATE FORM AS NEEDED)

Business Name:

Last Name:

First:

Middle:

Address:

Phone No.:

E-mail:

Driver's License Number & State:

Social Security No.:

Date of Birth:

Race:

Gender M  F

Eye Color:

Place of Birth (city & state):

Hair Color:

Height:

Weight:

Country of Citizenship:

### CONSENT

The undersigned does hereby consent to be fingerprinted by the Paulding County Marshal Bureau and to allow the same to be transmitted to the Georgia Bureau of Investigation, Federal Bureau of Investigation or any other Federal, State or Local Law Enforcement Agency for the purpose of conducting a criminal background search on the undersigned.

The undersigned does further consent and authorize the Paulding County Marshal Bureau or any Federal, State or Local Law Enforcement Agency to obtain a copy of and conduct an investigation into the criminal history of the undersigned which may be found in the files of any Federal, State or Local Criminal Justice Agency and/or maintained by the Georgia Crime Information Center or National Crime Information Center.

Signature:

Date:

### NOTARY PUBLIC

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Notary's Seal

# PAULDING COUNTY MARSHAL BUREAU

Tax Commissioner's Affidavit Form 4



## APPLICANT BUSINESS INFORMATION

Applicant Business' Name:

Business Address:

Applicant's Name:

Applicant's Address:

Owner and/or Other Parties:

## AFFIDAVIT

I, Bill Watson, as Paulding County Tax Commissioner (or his lawful deputy) certify that there are no delinquent taxes owned to Paulding for either real or personal property pertaining to the business and/or person(s) listed above.

Signature of Tax Commissioner (or deputy):

## NOTARY PUBLIC

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary's Seal

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

**Paulding County Tax Commissioner**  
**Third Floor Paulding County Administration Building**  
240 Constitution Blvd  
Dallas, Georgia 30132  
**Phone 770/443-7581**

# PAULDING COUNTY MARSHAL BUREAU

Residential/Church Dwelling Consent Form 5



## APPLICANT BUSINESS INFORMATION

Applicant Business' Name:

Business Address:

## AFFIANT INFORMATION

Affiant's Name(s):

Affected Address:

Affiant's Address If Different From Above:

Affiant's Telephone Number:

## AFFIDAVIT

I or we, the undersigned, owner or owners of the residential dwelling or church located at the above listed address do hereby swear or affirm that I or we consent to the applicant obtaining a license for the sale of alcoholic beverages and have no objection to the Paulding County Board of Commissioners waiving the distance requirements as set forth in the Paulding County Code of Ordinances, Section 6-90 which states:

- (a) No alcoholic beverage license shall be issued for a location where the front door of the main structure of the business is located within six hundred (600) feet of any school building, educational building, school grounds, or college campus or adult entertainment establishment.
- (b) No alcoholic beverage license shall be issued for any place of business which is located within five hundred (500) feet of a church or within three hundred (300) feet of a private single-family or two-family dwelling in a zoning district that permits single- and/or two-family dwellings; provided, however, this prohibition shall not apply with respect to a private dwelling or church located in a zoning district in which alcoholic beverages sales are authorized.
- (c) The distances in this chapter shall be measured along the route traversed by vehicle along a public road between the front door of the business to a point at the front door of the main structure of the church, school, or residential dwelling.
- (d) If a school, church, or residential dwelling subsequently locates within the prohibited area of a preexisting licensed premises this provision shall not be applicable and such an event would not cause a license holder to be in violation of this provision or prohibit the renewal nor transfer of the license.

Affiant's  
Signature:

Date:

Affiant's  
Signature:

Date:

Sworn to and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

# PAULDING COUNTY MARSHAL BUREAU

Wholesaler List Form 6



## APPLICANT BUSINESS INFORMATION:

Applicant Business Name:

Business Address:

## WHOLESALER INFORMATION: (Please list one wholesaler per form, use additional forms if necessary)

Wholesaler Name:

Wholesaler Address:

Wholesaler Contact Number:

Wholesaler Contact Person:

## PAULDING COUNTY ALCOHOL ORDINANCE, DIVISION 6. EXCISE TAXES

### Sec. 6-116. Taxes; amount levied.

There is hereby levied and imposed upon each wholesaler selling alcoholic beverages in the unincorporated area of the county, an excise tax in the following amounts:

- (1) Where malt beverages, commonly known as tap or draft beer, are sold in and from a barrel or bulk container a tax of \$6.00 on each container sold containing not more than 15 1/2 gallons and a proportionate tax at the same rate on all fractional parts of 15 1/2 gallons;
- (2) Where malt beverages are sold in bottles, cans or other containers except barrel or bulk containers, a tax of \$0.05 per 12 ounces and a proportionate tax at the same rate on all fractional parts of 12 ounces;
- (3) On the first sale or use of wine by the package a tax of \$0.22 per liter and a proportionate tax at the same rate on all fractional parts of a liter. (Res. No. 04-40, § 1(Exh. A), 12-14-2004)

### Sec. 6-117. Exemption.

The taxes imposed by this division shall not be levied with respect to any sales of wine or beer which are exempt from taxation by federal or state law. (Res. No. 04-40, § 1(Exh. A), 12-14-2004)

### Sec. 6-118. Form of reporting and payment.

- (a) The taxes collected pursuant to this division by wholesalers shall be paid on or before the tenth day of the month following the calendar month in which the beverages are sold or disposed of within the unincorporated area of the county by the wholesale dealer.
- (b) Each licensee responsible for the payment of the taxes levied by this division shall file a report itemizing for the preceding calendar month the exact quantities of malt beverages and wine, by size and type of container, sold during the month within the unincorporated area of the county. The licensee shall file the report with the clerk of the board of commissioners.

(Res. No. 04-40, § 1(Exh. A), 12-14-2004)

### Sec. 6-119. Revenue.

Revenue produced from this chapter shall be used only in the unincorporated area of the county.

(Res. No. 04-40, § 1(Exh. A), 12-14-2004)

Secs. 6-120-6-140. Reserved.

Applicant Signature:

Date:



# Paulding County Board of Commissioners

*Marshal Bureau*

Watson Government Complex

240 Constitution Boulevard, Dallas, Georgia 30132

770-443-9768 • www.paulding.gov

## Affidavit Verifying Status for Paulding County Public Benefit Application

### O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_, as referenced in O.C.G.A. § 50-36-1, from Paulding County Board of Commissioners, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_



## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>). Alternatively, The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

## Privacy Act Statement

**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/Social Security Number (SSN) and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principle 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, investigation, 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 have read and understand the Privacy Act Statement and the Non-Criminal Justice Applicant's Privacy Rights

Please sign as applicable

Signature of Applicant/Licensee:		Date:	
Signature of Registered Agent:		Date:	
Signature of Owner:		Date:	
Signature of Partner/Officer:		Date:	
Signature of Partner/Officer:		Date:	