



## JOHNSON COUNTY BOARD OF COMMISSIONERS

P.O. Box 269  
2484 W Elm St  
Wrightsville, GA 31096  
Phone (478) 864-3388, Ext 4 ~ Fax (478) 864-9441

### ALCOHOL LICENSE INFORMATION (FOR NEW APPLICATIONS)

Your application package includes the following:

- a) Information Page
- b) County's application (8 pages)
- c) SAVE Affidavit
- d) E-Verify Affidavit \*if you have more than 10 employees you must complete this affidavit\*
- e) E-Verify Exemption Affidavit
- f) Criminal History Consent Form
- g) Applicant's Privacy Rights Form
- h) Bond Form

The following must be submitted before we can consider your application:

- a) Completed Application
- b) Accurate sketch or diagram showing location of building and property lines (only on initial applications when premises was not in existence on January 6, 2010)
- c) Detailed set of plans and working drawings (only if new or renovated building)
- d) SAVE Affidavit
- e) E-Verify Affidavit OR E-Verify Exemption Affidavit
- f) Criminal History Consent Form (must get authorized Consent Form from County Clerk's office and then turn in directly to Sheriff's Office & get fingerprinted)
- g) Applicant's Privacy Rights Form
- h) \$300 Performance Bond (if Retail Beer/Wine)
- i) Copy of Valid Georgia Driver's License
- j) Fee(s)

\*\*\*\*\*The application will not be accepted without all of the above documents\*\*\*\*\*

After we have received all of the above information, we will forward your application to the Sheriff's Office asking them to perform the necessary background checks. No license will be issued until all required information has been submitted and approval has been received from the Sheriff's Office, County Clerk, and the Board of Commissioners.

The state requires that the applicant have their county license before the State will issue its license. The state application has changed to an online process. There is no more paper application form; it all has to be done electronically from the GTC website. The website is <https://gtc.dor.ga.gov>.

For additional questions you may contact the State at:

Georgia Department of Revenue  
Alcohol and Tobacco Division  
1800 Century Blvd. NE, Room 4235  
Atlanta, GA 30345  
404-417-4900 phone; 404-417-4901 fax

Macon Regional Office:  
6055 Lakeside Commons Drive, Suite 220  
Macon, GA 31210  
478-471-3550 phone  
478-471-3546 fax

Please contact the County Health Department at 478-864-3542 if you need a Food Service Permit.

Please review the Johnson County Code of Ordinances regarding alcohol.  
They can be found online at: <http://johnsonco.org/johnson-county-code/>

#### **RENEWALS**

Alcohol licenses are renewable annually by December 31st. As a courtesy, by November 15th each year, we will send you an application, a copy of our alcohol ordinance and instructions on how to renew your license. **IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR LICENSE IS RENEWED.**



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### APPLICATION FOR LICENSE FOR SALE OF ALCOHOLIC BEVERAGES IN UNINCORPORATED JOHNSON COUNTY, GEORGIA (A separate shall be required for each place of business)

Date of Application: \_\_\_\_\_

**1. Type of License – please check one:**

New       Renewal       Modification

**2. Type of Business:**

Restaurant       Package Store       Wholesale  
 Supermarket       Convenience Store

Other\* Please explain \_\_\_\_\_

**3. License Classification & Fees – please check all that apply:**

**Retailed Package**

Malt Beverages \$ 350       Wine \$ 350       Distilled Spirits \$

**Retail Consumption on Premises**

Malt Beverages and/or Wine \$ 350, both \$700       Distilled Spirits \$

**All New Licenses**

Fingerprinting Fee \$50

**4. Business:**

Business Name \_\_\_\_\_

DBA Name (if applicable) \_\_\_\_\_

Location Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Who to contact if there are questions regarding the application:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**5. Type of Ownership** (please mark the appropriate box and fill out section a, b, or c as indicated):

Individual (a)

Partnership (b)

Limited Liability Company (b)

Corporation (c)

**a. For Individual:**

Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Residence in the State of Georgia (must be at least one year) \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

**b. For Partnership or LLC:**

All applicants who are non-individual persons shall list the names, addresses and ownership interest of each owner of a 5% or greater interest.

Partnership or LLC Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Partners:**

• Full Legal Name \_\_\_\_\_ % Interest \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Residence in the State of Georgia (must be at least one year) \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

• Full Legal Name \_\_\_\_\_ % Interest \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Residence in the State of Georgia (must be at least one year) \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

(Attach additional pages if necessary)

**c. For Corporation:**

All applicants who are non-individual persons shall list the names, addresses an ownership interest of each owner of a 5% or greater interest.

Name of Corporation \_\_\_\_\_  
(Name should be shown exactly as registered with the Office of the Secretary of State)

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of existence in the State of Georgia (must be a least one year) \_\_\_\_\_

**Officers:**

• Full Legal Name \_\_\_\_\_ % Interest \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Residence in the State of Georgia (must be at least one year) \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

• Full Legal Name \_\_\_\_\_ % Interest \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Residence in the State of Georgia (must be at least one year) \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

(Attach additional pages if necessary)

**Agent Authorized to receive service of process under the laws of the State of Georgia – for corporations only:**

Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Residence in the State of Georgia (must be at least one year) \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_



c. (cont.)

**Managing Agent** (person responsible for alcohol issues and day to day operations for the entity)  
- **for corporations only:**

Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Residence in the State of Georgia (must be at least one year) \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

**6. Residency/ Age requirement:**

Is there any part identified in Question 5 that is not a citizen of the United States and at least twenty-one (21) years of age?

Yes If yes, please give full details on separate sheet.

No

**7. Disclosure of previous denials:**

Is there anyone connected with this business that has applied for a beer, wine, and/or liquor license from Johnson County or other City or County in the State of Georgia or other state or political subdivision and been denied such, have such suspended or have such revoked?

Yes If yes, please give full details on separate sheet.

No

**8. Disclosure of licenses held:**

Is there anyone with this business who holds another alcohol license in any retail category or any license under any wholesale category?

Yes If yes, please provide locations thereof on separate sheet.

No

**9. Disclosure of felony/other convictions or offenses:**

Is there anyone connected with this business that has been convicted of any felony offense or any offense involving moral turpitude under federal, state or local laws?

Yes If yes, please give full details on separate sheet including dates, charges, and dispositions.

No

Is there anyone connect with this business that has been convicted of any misdemeanor offense pertaining to the sale or illegal possession of alcoholic beverages, gambling, tax laws, controlled substances and/or dangerous drugs under federal or local laws?

Yes If yes, please give full details on separate sheet including dates, charges, and disposition.

No

**10.** As a prerequisite to the issuance of any license, the person, partners, or corporation's managing agent shall furnish a complete set or sets of his/her/their fingerprints to the Board of Commissioners. Said fingerprints shall be obtained under the direction of the Board of Commissioners or their designee. The Board of Commissioners will request the Sheriff of Johnson County to obtain a fingerprint based criminal history records check from the Georgia Crime Information Center and Federal Bureau of Investigation for purposes of determining the suitability of the individual(s) fingerprinted and to return an appropriate report to the board. Fingerprints shall be in such form and of such quality as prescribed by the Georgia Crime Information Center and under standards adopted by the Federal Bureau of Investigation. Any fees charged by the Johnson County Sheriff's Office or the Georgia Crime Information Center or the Federal Bureau of Investigation to cover the cost of the records search shall be paid by the individual(s) fingerprinted. Please complete the "Consent Form" attached to this application and turn in to the Board of Commissioners Office.

**11.** If the proposed licensed premises were not in existence on January 6, 2010, the initial application shall include an accurate sketch or diagram showing the location of the building, the area thereof to be used, and the property lines of the real property where the licensee proposes to carry on the business of selling alcoholic beverages. The diagram shall also show the location of all churches or recognized places of worship and schools in the immediate area, and the distance between the property line of the proposed place of business and the property line of schools, churches or recognized places of worship as measured along a straight line.



**12.** If the proposed licensed premises are not in existence or require substantial renovation, the applicant shall submit a detailed set of plans and working drawings showing the exact location of the proposed licensed premises and the construction proposed to be carried out by the licensee and the anticipated time for completion of said construction or renovation.

**13.** Applicants shall provide a copy of their state license. If applicant does not have a state license yet, a copy must be sent as soon as it is obtained.

**14.** Before any retail package sale of malt beverages and/or wine license is granted, the applicant must post with the Board of Commissioners, along with this application, a performance bond with an insurance company as surety. Such bond is to be conditioned requiring the faithful observance and performance by the licensee of the rules and regulations contained in the Code of Ordinances. Upon the violation of the ordinances the amount of the bond to be forfeited will be determined by the seriousness of the violations as determined by the Board of Commissioners. Such bond is to be approved by the Board of Commissioners and shall be properly executed. Such bond shall be in the amount of \$300.00.

**15.** Prior to issuance of any license pursuant to this Chapter, an applicant must be in compliance with all applicable requirements under federal, state, and/or county ordinances. Compliance with state and county statute and ordinances shall specifically include the requirement that the applicant or business of the applicant is not delinquent in the payment of any tax or fee owed the county, including, but not limited to, personal or real property taxes, any occupational taxes, sales and use taxes, or payment for any required permit necessary for operation of applicant's business. For purposes of this section, any tax that has been paid, formally appealed to the proper authorities, or is being paid pursuant to a plan authorized and appropriate tax or revenue commissioner shall not be deemed delinquent.

I, \_\_\_\_\_, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a license to sell alcoholic beverages in Johnson County, Georgia is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said license.

\_\_\_\_\_  
Print full name as signed below

\_\_\_\_\_  
Signature of Applicant or Managing Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (SEAL)

*The written application for a license on file with the Board of Commissioners shall be a permanent record which the licensee must maintain current with correct information at all times. The failure to maintain a current license application shall be grounds for revocation of a license.*

\_\_\_\_\_  
**(For Office Use Only)**

Name of Business \_\_\_\_\_

Payment Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt# \_\_\_\_\_

**Approval:** (please sign appropriate line below)

Sheriff \_\_\_\_\_

Date \_\_\_\_\_



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### SAVE Affidavit

#### **(U.S. Citizens are only required to provide this affidavit one time)**

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

**Please check one box only**

- 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: \_\_\_\_\_

Date \_\_\_\_\_

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

Notary Public Signature: \_\_\_\_\_

Affix Notary stamp seal here

My Commission Expires: \_\_\_\_\_



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### **E-Verify Affidavit** **(For Businesses that have more than 10 employees)** **(Required with initial application only)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

E-Verify Number (must be a number between 4 and 6 digits): \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

Name of Business: \_\_\_\_\_

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in  
\_\_\_\_\_ (city), \_\_\_\_\_ (state).

Signature of Authorized Officer or Agent: \_\_\_\_\_

Printed Name and Title of Authorized Officer or Agent: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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

Affix Notary Stamp Seal here

My Commission Expires: \_\_\_\_\_



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### **E-Verify Exemption Affidavit** **(For Businesses that have 10 or less employees)** **(Required with initial application only)**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Name of Business: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in  
\_\_\_\_\_ (city), \_\_\_\_\_ (state).

Signature of Authorized Officer or Agent: \_\_\_\_\_

Printed Name and Title of Authorized Officer or Agent: \_\_\_\_\_

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

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

Affix Notary Stamp Seal here

My Commission Expires: \_\_\_\_\_

Johnson County Sheriff's Office  
Greg Rowland, Sheriff

Consent Form

I hereby authorize \_\_\_\_\_ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (PRINT) \_\_\_\_\_

Address \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Purpose code:

- E-Employment
- J-CIVILIAN CRIMINAL JUSTICE EMPLOYMENT
- M-Working with the mentally ill
- N-Working with the elderly
- P-Public records
- U-Personal copy
- W-Working with children
- Z-SWORN CRIMINAL JUSTICE EMPLOYMENT
- E-Record Expungement

Terminal Operator/Date \_\_\_\_\_

Purpose Code \_\_\_\_\_ ORI \_\_\_\_\_

SID# \_\_\_\_\_ FBI# \_\_\_\_\_



## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or 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 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 a federal record check is so authorized.
- 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 explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your 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 criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your 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 find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. 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> 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 agency that contributed the questioned information and request the agency to verify or correct the challenge 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.)
- 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.



## 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.

As of 02/04/2021

I acknowledge receipt of and have read the Applicant's Privacy Rights form.

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Signature

---

Printed Name

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Date

**RETAIL MALT BEVERAGES AND/OR WINE LICENSE**

**PERFORMANCE BOND**

JOHNSON COUNTY BOARD OF COMMISSIONERS

P.O. BOX 269

2484 W ELM ST

WRIGHTSVILLE, GA 31096

STATE OF GEORGIA  
COUNTY OF JOHNSON

BOND NO. \_\_\_\_\_  
CALENDAR YEAR \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That, we \_\_\_\_\_  
(NAME OF LICENSEE AS SHOWN ON APPLICATION)

and \_\_\_\_\_  
(NAME OF CORPORATION OR PARTNER(S) AND / OR OWNERS AND D/B/A)

AS PRINCIPAL, and \_\_\_\_\_  
(NAME OF SURETY COMPANY EXECUTING BOND)

a surety company incorporated and existing under the laws of the State of \_\_\_\_\_, and licensed and authorized to execute bonds and undertakings as a surety in the State of Georgia, AS SURETY, are held and firmly bound unto the Johnson County Board of Commissioners, and his successor in office, for the use and benefit of said County, AS OBLIGEE, in the sum of THREE HUNDRED (\$300.00) DOLLARS, for the payment of which, we bind ourselves, our heirs, executors, administrators and successors, as the case may be, severally and firmly by these presents.

Signed with our hands and sealed with our seals, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WHEREAS, the above-named Principal has applied to the Johnson County Board of Commissioners for a license to engage in business at \_\_\_\_\_  
(LOCATION OF BUSINESS)

as a retailer of malt beverages and/or wine under the provisions of the Johnson County Alcoholic Beverage Code, (Section 10-1 – 10-18 and as hereafter amended), for a period beginning the \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_, and ending December 31, \_\_\_\_\_, inclusive.

NOW, THEREFORE, the conditions of this bond are such that if the Principal shall promptly pay to the Obligee all sums which may be due by said Principal as taxes, license fees, rental charges, or otherwise, including penalties and interest, by reason of the operation of said business, together with expenses incurred by the County in the collection of amounts due the County, the nature and amount of such expenses to be determined by the Obligee but not to exceed ONE HUNDRED (\$100.00) DOLLARS for the period covered by this bond, and shall, in the operation of said business, faithfully comply with all provisions of said Act, as amended, for the enforcement and administration of said Act, and with such other conditions as the Johnson County Board of Commissioners may require in rules and requirements, then this bond shall be void, otherwise, it shall remain in full force and effect and shall be construed as a bond of forfeiture.

This bond may be cancelled by the Principal, the Surety or the Obligee by giving sixty (60) days' notice in writing to each of the other parties hereto at their last known address, but no such cancellation shall affect the liability of either the Principal or the Surety occurring before the expiration date of such notice.

This bond shall be in force for the period beginning on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, through the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, inclusive, and shall not be construed as a renewal or continuation of any other bond executed by said Principal and Surety to Obligee for any other period.

IN WITNESS WHEREOF, the said Principal has hereunto set his hand and affixed his seal, and the said Surety has caused these presents to be duly executed by its duly authorized officials, or its duly authorized attorney in fact, and its corporate seal to be hereunto affixed, the day and year first above written.

COUNTERSIGNED:

PRINCIPAL:

\_\_\_\_\_  
(LOCAL AGENT NAME)

\_\_\_\_\_  
(LICENSEE OWNER OR AGENT NAME)

\_\_\_\_\_  
(LOCAL AGENT SIGNATURE)

\_\_\_\_\_  
(LICENSEE OWNER OR AGENT SIGNATURE)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(SURETY – ATTORNEY IN FACT NAME)

Approved this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(SURETY – ATTORNEY IN FACT SIGNATURE)

\_\_\_\_\_  
(JOHNSON COUNTY BOARD OF COMMISSIONERS)

NOTE: The official or attorney in fact signing for the Surety shall attach to the original bond a certified copy of authority or power to bind the Surety. It shall show that the power is in force and effect at the time of the execution of the bond.