



City of Watkinsville
P. O. Box 27
Watkinsville, Georgia 30677

Telephone
(706) 769-5161
Fax: (706) 769-4760

Name of Applicant _____

Name of Business _____

CHECKLIST FOR MALT BEVERAGE AND WINE RETAIL SALES LICENSE:

- NOTARIZED APPLICATION FORM
- INDIVIDUAL CRIMINAL HISTORY CONSENT FORM
- PERSONAL/CRIMINAL HISTORY RELEASE FOR INVESTIGATION
- POLICE DEPARTMENT DETERMINATION
- FINGERPRINT CARDS – See Fingerprint Instruction Sheet
- BOND - \$1,000 – In lieu of the bond required herein above, the City may accept a letter of credit or a certificate of deposit from a FDIC insured bank in the same amount.
- COPY OF APPLICATION FOR STATE LICENSE: **Form CRF-009 & CRF-002**
http://www.etax.dor.ga.gov/alcohol/alc_forms.shtml
- EVIDENCE OF OWNERSHIP OF BUILDING OR COPY OF LEASE
- FINANCIAL STATEMENTS – LAST 5 YEARS
- COMPLETE ALCOHOL AWARENESS TRAINING WITHIN 3 MONTHS OF APPROVAL
- PROOF OF LIABILITY INSURANCE
- INSPECTION BY CODE ENFORCEMENT OFFICER
- AFFIDAVIT OF CITIZENSHIP NOTARIZED AND RECEIVED
- Payment CK#: _____ R#: _____ Paid: _____



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Name of Applicant _____ Name of Business _____

APPLICATION FOR MALT BEVERAGE AND WINE RETAIL SALES FOR A RETAIL BUSINESS

I, _____, am a potentially eligible applicant under the City of Watkinsville, Georgia Malt Beverage and Wine Retail License regulations, a copy of which I have received and read and shall cause to be complied with at all times. I make application below for a retail license for malt beverages and wine for a retail business as follows:

Name of proposed license holder: _____

Name of Business: _____

Business street address: _____

I am a citizen of the United States, at least 25 years of age and have been a resident of the State of Georgia for at least two (2) year prior to the filing of this application. I shall be actively involved in the management and operation of the business for which the license is requested. If I am making this application as an agent for a corporation or LLC or other entity, I state that the corporation or LLC or other entity is eligible for such a license, and I am authorized to act on its behalf and bind it through my actions herein. I agree on behalf thereof that any license to sell malt beverages or wine is a privilege, and not a right.

I understand that a violation of any of the laws, ordinances, regulations or statutes of the State of Georgia and/or the City of Watkinsville, Georgia, pertaining to the sale of malt beverages and/or wine may result in the suspension or revocation of the license. I further understand that the license can be revoked because of the violation of such law, statute, regulation or ordinance by any agent or employee of the business, including, but not limited to, the sale of beer or wine to a person less than 21 years of age or on Sunday. I understand such offenses could lead to incarceration for up to six months.

I further agree to accept all communications at the above address from the City of Watkinsville, Georgia, regarding this application and any malt beverage and wine license granted there under, and waive any right to notification at a different address.

Signature

Sworn to and subscribed before me, this _____ day of _____, 20____.

Notary Public, City of Watkinsville
My commission expires _____

COMPLETE ALL APPLICABLE ITEMS BELOW

Name of Applicant _____ Name of Business _____

1. Business

a. Legal Name _____

b. Location Street Address _____

c. Phone _____

2. Owner

a. Legal Name _____

b. Corporation or LLC Name (if applicable) _____

c. Location Street Address _____

d. Phone _____

3. Registered Agent (GEORGIA RESIDENCY REQUIRED)

a. Legal Name _____

b. Physical Location Street Address _____

c. Phone _____

4. Type of Ownership (check one)

- Sole Owner
- Partnership
- Private Held Corporation
- Public Held Corporation
- Public Held Corporation subject to S.E.C. Regulations
- LLC
- Other, Explain: _____

5. For PARTNERSHIPS only:

a. Date Partnership was formed: _____

b. Attach partnership agreement.

c. List all partners (attach additional sheet as necessary):

1). Legal Name _____ General
Social Security #s _____ Limited
Interest Investment Participation \$, % _____ Silent
Position/Title in Partnership: _____

2). Legal Name _____ General
Social Security #s _____ Limited
Interest Investment Participation \$, % _____ Silent
Position/Title in Partnership: _____

3). Legal Name _____ General
Social Security #s _____ Limited
Interest Investment Participation \$, % _____ Silent
Position/Title in Partnership: _____

6. For CORPORATION and LLC only:

a. Date of Formation _____

b. Place of Formation _____

c. Parent Corporation or LLC (if applicable) _____

d. Number of shares of Capital Stock Authorized _____

e. Number of Shares or Outstanding Stock _____

f. List all officers, directors, members, and/or principal shareholders with 20% or more of the stock or membership interest and list their Social Security Number, number of shares held, and office held (attach additional sheets if necessary):

1). Legal Name _____
Social Security # _____
Interest % _____ Position _____

2). Legal Name _____
Social Security # _____
Interest % _____ Position _____

3). Legal Name _____
Social Security # _____
Interest % _____ Position _____

g. Is the company owned by a parent company or held by a holding company? _____ If yes, explain

7. Financing

a. Bank to be used by business, including branch:

b. State total amount of capital that is or will be invested in the business: _____

c. State total amount of capital invested by the owner: _____

d. State total amount of capital invested by the parties other than the owner: _____

e. If any capital is borrowed, indicate the name of the lender, date, amount, and interest rate:

f. Attach financial statement.

8. General Information

a. Has owner and/or individual partner, member shareholder, director or officer:

1. Any financial interest in any manufacture or wholesale of alcoholic beverage? _____

2. Received any financial aid or assistance from any manufacture or alcoholic beverage? _____

If yes to either of immediate foregoing, explain:

b. List all other businesses engaged in the sale of malt beverages (beer) and wine that you the owner, or any individual, partner, member, shareholder, officer or director is interested in, employed by or associated with in any way whatsoever, or have been interested in, employee by, or associated with in the past. List name, name of business, and interest %.

9. Proof of ownership or lease interest. Attach proof that applicant is the owner or lessee of the business in the form of a fully executed and recorded deed or a copy of the lease.

10. No convictions. All applicants including shareholders/members of corporations/LLC's have not within the last ten years had any convictions or pleas of nolo contendere to/of a felony or a misdemeanor of moral turpitude.

11. Operation As Legitimate Business.

- All premises used for the sale of malt beverages and wine and/or for the storage of malt beverages and wine shall be kept in a sanitary condition and shall be kept in full compliance with the regulations of the Health Department and/or Department of Agriculture, as applicable.
- All premises shall be subject to inspection by the Health Department and/or Department of Agriculture, as applicable, the Fire Department, the Code Enforcement Officer, and any authorized law enforcement officers to determine if the premises are in compliance with all City, County and State rules, regulations, laws, and codes.
- It shall be unlawful for any licensed premises to have equipment in disrepair.
- All premises must be kept free of litter, unused equipment and outdated signage.
- It shall be unlawful for any retail package licensee to allow any display, viewing, performance, entertainment, including without limitation adult entertainment, material, or act which when viewed in the light of community standards is patently offensive, obscene, pornographic, or indecent. See O.C.G.A 16-6-18, 16-12-80, 3-3-41.
- Drug related objects, drug paraphernalia forbidden: It shall be unlawful for any retail package licensee to sell, rent, lease, give, exchange, possess, or distribute any object or materials of any kind which are intended to be used for the purpose of planting, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, weighing, packaging, re-packaging, storing, containing, concealing, injecting, ingesting, inhaling, or introducing into the human body marijuana, or any controlled substance. See O.C.G.A 16-13-32, 16-13-32.1, 16-13-32.2.
- The City of Watkinsville's Code Enforcement Officer and / or Law Enforcement Officers will determine at least once a quarter if the premises are in compliance with this ordinance.
- The parking lot shall be maintained well, have a smooth impervious surface and be lined.
- There shall be no drive through sales of any kind.
- Loitering on or about the premise of a licensee is prohibited.
- No licensee or employee or agent of a licensee shall engage in any of the following practices in connection with the sale or other disposition of malt beverages and wine:
 - The giving away of any ticket, token or any other item that can be exchanged for any malt beverage or wine upon the purchase of any other malt beverage or wine;
 - The sale of two (2) or more malt beverages or wine for a single price, or the sale of one (1) container of malt beverage or wine with a ticket, token or any other items redeemable for a subsequent container of malt beverage or wine.
 - The display of malt beverage or wine within 20 feet of point of purchase, i.e., cash register or checkout counter.

- 12. Compliance with Age Requirements.** No retail license shall be granted to any person or partnership unless the person or all partners shall be at least 25 years of age and has/have been a resident of the state for a minimum of two years prior to filing an application for such license. If a corporation or LLC should be an applicant, the corporation or LLC must designate a person who will be responsible for all matters regarding the operation of the business, and that person shall be at least 25 years of age.
- 13. Distance Requirements.** The front door of the retail business is not less than 300 feet from the front door of any school or college campus, not less than 150 feet from the front door of any church and not less than 300 feet from any Housing Authority property or any building used as an alcohol rehabilitation center. This distance is to be measured by the most direct route of travel on the ground. This application includes a scale drawing showing the distance to the nearest school ground or college campus and alcohol rehabilitation center, housing authority property, church or a certificate of a registered surveyor that such location complies with this section.
- 14. Gambling.** There shall be no gambling, betting, games of chance, punch boards, vending machine, slot machines, pool tables, pin-ball machines, video poker, lotteries, or tickets of chance therein or the operation of any schemes for hazarding money or any other thing of value in any licensed retail seller's place of business or any room adjoining the same, owned, leased, or controlled by licensee, with the exception of the retail seller's participation in Chapter 27 of Title 50, the "Georgia Lottery for Education Act" as regulated by the board of directors of the Georgia Lottery Corporation.
- 15. Copy of Chapter.** All holders of a license for the sale of malt beverages and wine shall keep a copy of this Chapter in his premises and shall instruct any person working there with respect to the terms hereof and each licensee, or his agents selling malt beverages and/or wine shall at all times be familiar with the terms hereof. The licensees shall be responsible for any acts of agents and employees which are in violation of this section or of the laws of the State of Georgia or the rules and regulations of the State Revenue commissioners.
- 16. Inspections.** The business premises of the holder of a retail sales malt beverages and wine license for the sale of malt beverages and wine shall be open to inspection at any and all times by officers or officials authorized to conduct such inspections.

17. Certification

STATE OF GEORGIA
CITY OF WATKINSVILLE

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to penalties of false swearing, and it includes all attached sheets submitted herewith.

I, _____ DO SOLEMNLY SWEAR SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENT AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING STATEMENT ARE TRUE AND CORRECT.

Applicant's Signature
Print Name: _____

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE/SHE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN AND HAS SWORN THAT SAID STATEMENT AND ANSWERS ARE TRUE AND CORRECT.

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Public _____ (SEAL)

Office Use Only

Date Application Received: _____

Copy of Driver's License Attached _____

Applicant Fingerprints for GBI _____

State License Attached _____

Bond in the Amount of \$1,000 Provided _____

Applicant Is Not an Official or Employee of the City or Member of the City Government _____

Application Complete and Fee Paid: _____

Current Business License:

Complete, Detailed Diagrams of the Business and Outside Premises Are Attached or Proposed Plans and Specifications and a Building Permit of Proposed Business Are Attached _____

The Business or Proposed Business Meets All Ordinances of the City, Regulations of the State Revenue Commissioner, and the Laws of the State _____

Processed Date: _____

Any Extenuating Circumstances Which May Reflect Favorably or Unfavorably on the Applicant, Application or the Proposed Location of the Business. _____

Notes: _____

Mayor and Council Decision:



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Name of Applicant _____ Name of Business _____

INDIVIDUAL CRIMINAL HISTORY CONSENT FORM

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

Signature

Print Full Name

Address

Gender Race Date of Birth Social Security Number

SPECIAL CONDITIONS

O.C.G.A. § 35-3-35: IF AN ADVERSE EMPLOYMENT OR LICENSING DECISION IS MADE AGAINST THE PERSON WHOSE RECORD WAS OBTAINED UNDER THIS LAW, THE PERSON SHALL BE INFORMED:

- (a) THAT A RECORD WAS OBTAINED;*
- (b) THE SPECIFIC CONTENTS OF THE RECORD; AND*
- (c) THE EFFECT THE RECORD HAD UPON THE DECISION.*

Date

Sworn to and subscribed before me this
_____ day of _____, 20____, in the
presence of:

Notary Public

NOT FOR PUBLIC DISCLOSURE



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Name of Applicant _____ Name of Business _____

PERSONAL/CRIMINAL HISTORY RELEASE FOR INVESTIGATION OF APPLICANT

I, _____, (Full legal name) authorize the review of and full disclosure of all records concerning myself and any applicant entity and all members, shareholders, partners, directors and officers thereof to the Watkinsville Police Department. I certify under oath and under penalty of perjury that I have received permission from each of the individuals referenced above to authorize said review and full disclosure of records pertaining to them.

The intent of this authorization is to give my consent for disclosure of the records necessary to determine suitability for a malt beverage and wine license. This includes a criminal history, financial statement and records wherever filed; employment records; and complaints or grievances filed by or against me and the other persons referenced above.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered by Watkinsville Police Department in compiling any report for the City of Watkinsville. I certify that any person(s) who may furnish such information concerning me or any of the other persons referenced above shall not be held accountable for giving this information; and I do for myself and all the persons referenced above hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Date Signature

Address Telephone Number

City State Zip Social Security Number

Sworn to and subscribed before me this ____ day of _____, 20____, in the presence of:

Notary Public _____ County, GA

My commission expires: _____

NOT FOR PUBLIC DISCLOSURE



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Name of Applicant _____ Name of Business _____

Police Department Determination

Name of Applicant: _____

Name of Business: _____

Application Date: _____

As per required background investigations:

Comments: _____

Approved

Denied

Signature: _____ Date: _____

Chief of Police



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Watkinsville Police Department
191 VFW Drive Watkinsville, GA. 30677
Chief Lee O'Dillon
Det. Anthony Fortson
Sgt. L. Slaymaker
ORI GA 1080100

FINGERPRINT INSTRUCTION SHEET

The Watkinsville Police Department utilizes the GEORGIA APPLICANT PROCESSING SERVICE, by Cogent Systems, for State required background checks.

To begin the process the applicant will need to come to City Hall with their photo ID and the GAPS form below signed. After the information is entered in the computer you will receive a conformation receipt. Take the receipt and your photo ID to: The UPS Store, 196 Alps Road, Athens. (Beachwood Shopping Center near Chic-Fil-A, Monday - Friday 8:30 am - 6:30 pm, or Saturday 10 am. - 4 p.m. 706-208-1870)

A money order or cashier's check payable to Cogent Systems will be accepted on site. You may pay by credit card online during the registration process. No cash, personal checks, or business checks will be accepted at the fingerprint site.

This procedure should only take several minutes. The results of your background check will only be released to the Watkinsville Police Department within a few days.

Good luck with your business venture and thank you for your co-operation!

P.D. (706) 769-7891 Investigations (706) 769-2100 Fax (706) 769-4760 City Hall (706) 769-5161



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COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

Date: _____



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Name of Applicant _____ Name of Business _____

FINANCIAL GUARANTEE BOND
(Beer & Wine Retail Sales)

BOND NO. _____

STATE OF GEORGIA,

COUNTY OF OCONEE; CITY OF WATKINSVILLE;
KNOW ALL MEN BY THESE PRESENTS:

THAT FOR ONE THOUSAND DOLLARS (\$1,000) AND OTHER GOOD AND VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENCY OF WHICH IS HEREBY ACKNOWLEDGED, IT IS AGREED THAT _____ AS PRINCIPAL, AND _____ AS SURETY, ARE JOINTLY AND SEVERALLY HELD AND FIRMLY BOUND UNTO MAYOR AND CITY COUNCIL OF WATKINSVILLE, GEORGIA, 191 VFW DRIVE, WATKINSVILLE, GEORGIA, AND SUCCESSORS IN OFFICE, FOR THE USE AND BENEFIT OF SAID CITY IN THE SUM OF _____, FOR THE PAYMENT OF WHICH, WELL AND TRULY MADE, PRINCIPAL AND SURETY BIND THEMSELVES, AND THEIR HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS AND SUCCESSORS, AS THE CASE MAY BE, JOINTLY, SEVERALLY AND FIRMLY BY THESE PRESENTS TO SAID MAYOR AND COUNCIL WHICH IS HEREINAFTER CALLED OBLIGEE.

THE CONDITION OF THE ABOVE OBLIGATION IS AS FOLLOWS:

WHEREAS, PRINCIPAL HAS APPLIED TO OBLIGEE FOR A MALT BEVERAGE AND WINE RETAIL LICENSE TO SELL BEER AND WINE UNDER CITY ORDINANCE, **CHAPTER 17, AND TITLE 4** OF THE OFFICIAL CODE OF GEORGIA ANNOTATED, AS AMENDED, FOR A PERIOD BEGINNING ON THE _____ DAY OF _____ 200__, AND ENDING ON THE _____ DAY OF _____, 200__.

NOW, THEREFORE, SHOULD PRINCIPAL PROMPTLY PAY TO THE OBLIGEE FOR THE USE OF SAID CITY ALL SUMS WHICH MAY BECOME DUE BY SAID PRINCIPAL TO OBLIGEE AND/OR SAID CITY OF WATKINSVILLE AS TAXES, LICENSE FEES, OR OTHERWISE, BY REASON OF, OR INCIDENT TO, THE OPERATION OF SAID BUSINESS, TOGETHER WITH EXPENSES

INCURRED BY THE CITY IN THE COLLECTION OF ANY SUM DUE THE CITY, AND SHALL FAITHFULLY COMPLY WITH ALL LAWS, RULES AND REGULATIONS GOVERNING THE SALE OF DISTILLED SPIRITS AS REQUIRED BY THE STATE LAW AND CITY ORDINANCE, AND SUCH OTHER CONDITIONS AS THE STATE OF GEORGIA AND/OR OBLIGEE MAY BY RULES AND REGULATIONS REQUIRE, THEN THIS BOND SHALL BE VOID, OTHERWISE, TO REMAIN OF FULL FORCE.

IT IS FURTHER AGREED THAT THIS BOND MAY ONLY BE CANCELLED BY SURETY, NOT PRINCIPAL, AND ONLY IF SURETY HAS BY WRITTEN NOTICE SERVED BY REGISTERED MAIL UPON OBLIGEE'S MAYOR AT 191 VFW DRIVE, WATKINSVILLE, GEORGIA, 30677, SPECIFIED THE EFFECTIVE DATE OF SAID CANCELLATION, WHICH IN NO EVENT SHALL BE LESS THAN THIRTY (30) DAYS AFTER THE DATE OF RECEIPT SIGNED BY OBLIGEE'S MAYOR,

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THESE PRESENTS

THIS _____ DAY OF _____, 200__.

BOND NO. _____

BY: _____ (SEAL)

(Print Name and Title of Surety Representative)

BY: _____ (SEAL)

(Print Name and Title of Applicant)

UNOFFICIAL WITNESS

NOTARY PUBLIC, _____
COUNTY, GEORGIA

COUNTERSIGNED:

Georgia Resident Agent

OR

- In lieu of the bond required hereinabove; the City may accept a letter of credit or a certificate of deposit from a FDIC insured bank in the same amount.



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Name of Applicant _____ Name of Business _____

INSPECTION CHECKLIST FOR MALT BEVERAGE AND WINE RETAIL SALES LICENSE

- | NO | YES | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Premises for the sale and storage of malt beverages and wine is in unsanitary condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | Premises have equipment in disrepair. |
| <input type="checkbox"/> | <input type="checkbox"/> | Premises has litter, unused equipment and outdated signage. |
| <input type="checkbox"/> | <input type="checkbox"/> | Premises has any display, viewing, material determined to be obscene or pornographic. |
| <input type="checkbox"/> | <input type="checkbox"/> | Drug related objects, drug paraphernalia as defined in Ordinance Section 17-131 located on premises. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parking lot requires maintenance and lining. |
| <input type="checkbox"/> | <input type="checkbox"/> | Drive through window. |
| <input type="checkbox"/> | <input type="checkbox"/> | Gambling as defined in ordinance section 17-114 on premises. |

Inspected by: _____

Date: _____

Robert I Hegge
Code Enforcement Officer

Applicant Name: _____ Business Name _____

AFFIDAVIT OF LICENSE OR PERMIT APPLICATION OR BENEFIT APPLICATION

As an applicant for any City: 1) License, 2) Permit or 3) benefits (including new employment by the City which provides employee benefits, and including labor and construction and other independent contractor contracts with the City which provides benefits to the contractor), in compliance with Georgia Code Section 50-36-1, the Georgia Security and Immigration Compliance Act, and per the Federal “Systematic Alien Verification for Entitlements (SAVE)” Program, I sign this affidavit under oath, certifying I am not an unauthorized alien, and further certifying none of my employees or subcontractors (if any) are unauthorized aliens, and furthermore I initial the appropriate designation for myself below:

_____ I am a United States Citizen;
INITIAL HERE

OR

_____ I am a legal permanent resident 18 years of age or older, or I am a qualified alien or
INITIAL HERE non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older (Alien Registration Number as Follows: _____), and I certify that I am lawfully present in the United States.

In making the above sworn certification, 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 code section 16-10-20 of the Official Code of Georgia.

Applicant Signature: _____

Print Name: _____

Sworn to and subscribed before me
This ___ day of _____, 20__.

Notary Public
My Commission Expires: _____