



City of Porterdale
**Alcoholic Beverage License Application
Annual Renewal Application**

**Please Complete the Below Information. Incomplete Applications
will be Returned.**

Date Received: _____

Received By: _____

Meeting Date: _____

Process No.: _____

I. Requirements:

Business Address: _____

(Location where alcohol will be Sold)

Business Name (DBA): _____

Legal Business Name: _____

Please Choose Type Of License You Are Renewing For:

License Fees:

- | | |
|--|------------|
| ☐ Off Premises Consumptions – Beer Only | \$ 750.00 |
| ☐ Off Premises Consumptions – Wine Only | \$ 750.00 |
| ☐ Off Premises Consumptions – Distilled Spirits Only | \$4,000.00 |
| ☐ Off Premise Consumptions – Beer, Wine, and Distilled Spirits | \$5,000.00 |
| | |
| ☐ On Premises – Beer Only | \$ 500.00 |
| ☐ On Premises – Wine Only | \$ 500.00 |
| ☐ On Premises – Beer and Wine Only | \$ 500.00 |
| ☐ On Premises – Distilled Spirits Only | \$3,000.00 |
| ☐ On Premises – Beer, Wine, and Distilled Spirits | \$3,750.00 |
| | |
| ☐ Amenity License | \$ 50.00 |

II. Business Information:

What type of business does the applicant operate?

_____ Convenience Store	_____ Grocery Store
_____ Restaurant	_____ Wine Café
_____ Brew Pub	_____ Package Store
Other: _____	

Please select business type:

___ Corporation ___ Sole Proprietorship ___ Partnership ___ Other: _____

Employer Identification Number: _____ GA Sales & Use Tax Id: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

City of Porterdale, 2800 Main St, Porterdale, Georgia 30014
P.O. Box 667, Porterdale, Georgia 30070
Phone: 770-786-2217 Fax: 770-786-5171



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If business is a corporation or LLC, please list all officers and shareholders. If a partnership, please list all partners.		
Name/Title	Address	Phone
Name/Title	Address	Phone
Name/Title	Address	Phone
Name/Title	Address	Phone

Attach separate sheet if more space is needed.

No Director or Officer shall have been convicted, pled guilty or nolo contendere to any felony or to any other offense related to the sale, manufacture or use of alcoholic beverages, or any Georgia controlled substance, as that term is defined in O.C.G.A Section 16-13-21, sex crimes or crimes against children; provided, however, that if the applicant has had any such conviction and has successfully completed five years of any probation or parole imposed upon said conviction then this disqualification shall be removed.

III. Manager Information:

If the Applicant is a corporation or partnership, then the Applicant must name a person as Manager. This person will be the person who does or will actually manage or operate on a day-to-day basis the establishment licensed to sell alcoholic beverages hereunder.

Manager's Name: _____ Email: _____

Manager's Home Address: _____ City: _____ State: ____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Has the Manager been convicted of a felony or crime involving children or a controlled substance?
 _____ Yes _____ No

Are you at least 21 years old or older? _____ Yes _____ No

Cell Phone: _____ Business Phone: _____

The Manager shall not have been convicted, pled guilty or nolo contendere to any felony or to any other offense related to the sale, manufacture, or use of alcoholic beverages or any Georgia controlled substance, as that term is defined in O.C.G.A. Section 16-13-21, sex crimes or crimes against children; provided however, that if the applicant has had any such conviction and successfully completed five years of any probation or parole imposed upon said conviction then this disqualification shall be removed.

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I, As the party responsible for this application for an Alcohol Beverage Permit, swear that all information provided is true and accurate. Should the information I provided prove to be false this request will be denied or the license revoked.

Signature

Date

Printed Name

NOTARY SEAL:

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

Notary Public

My Commission Expires:

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Affidavit Verifying Status for City Public Benefit Application

I, _____ am applying to the City of Porterdale, Georgia for a
(Name)

_____ 1) Alcohol

_____ 2) Other public benefit as referenced in O.C.G.A 50-36-1.

(Please describe) _____

I hereby state, under oath, with respect to my application for

That:

_____ 1) I am a United States citizen or a legal permanent resident

OR

_____ 2) I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 year of age or older, lawfully present in the United States.*

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 is an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

Alien Registration Number for Non-Citizens*

NOTARY SEAL:

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

Notary Public

My Commission Expires:

* Note O.C.G.A. 50-36-1 (e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number, because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration numbers. Qualified aliens that do not have an alien registration number may supply another identifying number below:

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