APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. **TYPE OF ALCOHOL BEVERAGE LICENSE APPLIED FOR:**

✓	License Class	License Description	Fee
	A1	Retail malt beverages, by package only	$750
	A2	Retail wine, by package only	$750
	A3	Retail malt beverages, and wine, by package only	$1,000
	A4	Retail liquor, malt beverages, and wine, by package only	$5,000
	B1	Consumption on-premises, liquor, malt beverages, and wine	$1,250
	B2	Consumption on-premises, malt beverages and wine	$1,000
	B3	Consumption on-premises, malt beverages only	$750
	B4	Consumption on-premises, wine only	$750
	C	Wholesale liquor	$75 where principal place of business is outside the City; $1,000 where principal place of business is inside the City
	D	Wholesale malt beverages	$75 where principal place of business is outside the City; $1,000 where principal place of business is inside the City
	E	Wholesale wine	$75 where principal place of business is outside the City; $1,000 where principal place of business is inside the City
	F	Special Event Venue	$500
	G	Distiller, brewer, or manufacturer	$1,000
	H	Transfer license	$200
	I	Private Club	$500
	J	Temporary Special Event Permit	$200
		Add-Ons	**Fee**
		Sunday sales permit, requires qualifying license (A1, A2, A3, B1, B2, B3, or B4)	$150
		Application Type	**Fee**
		New application (License Classes A1-B4, F, G, H, I)	$125
		New application (License Classes C-E)	$25
		Renewal Application	$25
		Sunday sales permit application	$25
		Investigative fee	$25
Total of License/Application Fee:			

2. **BUSINESS INFORMATION:**

Legal Name of Business (include any DBA)

Physical Address of Business (or Proposed Physical Address of Business, If Applicable)

Business Telephone Number Projected Opening Date

Operator's/General Manager's Name

Operator's/General Manager's Home Address Telephone Number

3. **APPLICANT'S INFORMATION:**

Applicant's Name

Applicant's Home Address Telephone Number

4. **OWNER'S INFORMATION:**

i. Please list all owners who have an ownership interest of 10% or more in the business. If the business is a trust, please identify the trustees. Use additional paper if necessary.

Business Owner Name:	Business Owner's Address:	Business Owner's Telephone Number:

ii. Is the business a partnership? Yes__ No__

iii. Is the business a corporation or limited liability company? Yes__ No__

iv. Is the business a trust? Yes__ No __

5. **BUSINESS DISCLOSURE**

a. Has applicant, owner, corporation, or any person connected with or having an interest in said business everpreviously or currently held/hold a license to sell wine, beer and/or distilled spirits/liquor? Yes__ No__

i. If the answer to item "a" is yes, were there any violations of any law, regulation or ordinance relating to such business? Yes__ No__

ii. If the answer to item "a" is yes, were any complaints filed by citizens objecting to the manner in which the business was conducted at the location for which the license was held? Yes__ No__

1. If yes, please provide copies of said complaints.

b. Has applicant, owner, corporation, or any person connected with or having an interest in said business:

i. Ever been convicted of any criminal violation or city ordinance violation *(other than a traffic citation)*? Yes__ No__

ii. Ever served time in prison or other correctional institution? Yes__ No__

iii. Ever had an alcoholic beverage license suspended or revoked by any licensing authority within the last five (5) years? Yes__ No__

iv. Has applicant, owner, or any person having an interest in said business been convicted of driving under the influence of intoxicants or drugs or pled nolo contendere or forfeited bond in connection with any such charge within the preceding two (2) years? Yes__ No__

v. Has applicant, owner, or any person connected with or having an interest in said business been convicted of a felony or pled nolo contendere or forfeited bond in connection with any such charge within the preceding five (5) years? Yes__ No__

vi. Has applicant, owner, or any person connected with or having an interest in said business been convicted of a felony or pled nolo contendere or forfeited bond in connection with any such charge within the preceding five (5) years? Yes__ No__

vii. Has applicant, owner, or any person connected with or having an interest in said business been convicted of a violation of law pertaining to the sale of alcoholic beverages or the sale or possession of a controlled substance or pled nolo contendere or forfeited bond in connection with any such charge within the preceding five (5) years? Yes__ No__

viii. Has the applicant previously had an application denied on the basis of the qualifications or suitability of the proposed location (the location proposed for the present license)? Yes__ No __

NOTE: If the answer to any question in this section (5) is "yes" for the applicant or any person connected with or having aninterest in said business, describe circumstances in detail for each person. Please provide and attach a detailed written explanation.

6. ADDITIONAL DISCLOSURES RELATING TO LICENSES FOR THE PACKAGE SALE OF DISTILLED SPIRITS

i. If the applicant will only sell distilled spirits by the package (i.e., not sell wine and malt beverages by the package), will the proposed location have a showroom of at least 1,500 square feet? Yes__ No __

ii. If the applicant will only sell distilled spirits by the package (i.e., not sell wine and malt beverages by the package), will the proposed location have a storage area of at least 250 square feet? Yes__ No __

iii. If the applicant intends to sell distilled spirits by the package and/or wine and malt beverages, will the proposed location have a showroom of at least 1,750 square feet? Yes__ No __

iv. If the applicant intends to sell distilled spirits by the package and/or wine and malt beverages, will the proposed location have a showroom of at least 1,750 square feet? Yes__ No __

v. Will public ingress and egress to the proposed location be provided directly to and only to the exterior of the building in which the proposed location is located and not to any other enclosed part of the building in which it is located? For example, if the proposed liquor store would located in a shopping center, would there be no ingress and egress to the liquor store from another store in the shopping center? Yes__ No __

NOTE: With regard to section (6), cooler space shall be considered storage area and spaces such as offices, mechanical rooms, janitorial rooms, breakrooms and bathrooms shall not count towards the minimum square footage requirements.

7. OWNER'S INFORMATION:

Before the undersigned attesting officer duly authorized to administer oaths, personally comes the applicant for a license toconduct the sale of alcoholic beverages in the City of Guyton, says that the information given and the statements made in this application are true, correct and complete under penalty of law.

Executed this_____day of_____, 20_____.

_____
Applicant's Signature

_____
Applicant's Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON
THIS_____DAY OF_____, 20_____.

_____
Notary Public/Seal

My Commission Expires: _____

NOTICE: The applicant for an alcoholic beverage license shall be the owner of the business. If this is a corporation, partnership or other legal entity, the applicant must be a substantial and major stockholder or the applicant may be the General Manager charged with the regular operation of said business on the premises for which the license is issued. Applicant for an alcoholic beverage license, as well as every owner having 10% or more ownership, must submit to fingerprinting by using the GAPS system prior to submitting the application. Instructions for fingerprinting are attached.

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

8. STAFF RECOMMENDATIONS – CITY OF GUYTON USE ONLY

ZONING REVIEW City Staff has reviewed and examined the application. Based on the findings and therequirements of the Zoning Ordinance of the City of Guyton, the application is therefore recommended for:		
PIN#:	Zoning District:	Approval: □ Denial: □
Reviewed By:		Date:
Comments:		

POLICE DEPARTMENT The Police Department have reviewed the application and the disclosures and criminal histories of the applicant(s). Based on their findings and the requirements of the Code of Ordinances of the City of Guyton, the application is therefore recommended for:		
Reviewed by:	Date:	Approval:□ Denial: □
Comments:		

CITY MANAGER REVIEW The City Manager has reviewed and examined the application. Based on the findings and the requirements of Chapter 6, Article I of the Code of the City of Guyton (the City's Alcohol Ordinance), the application is therefore recommended for:		
Reviewed by:	Date:	Approval:□ Denial: □
Comments:		

9. COUNCIL APPROVAL:

Scheduled for City Council Meeting Date:_____

COUNCIL APPROVAL		
Mayor's Signature:	Date:	Approval: □ Denial: □
Comments:_____		

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for an **Alcohol License** required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

_____

Name of Private Employer

Please check only one:

☐ On January 1st of the below-signed year, the individual, firm or corporation employed more than ten (10) employees.

The employer has registered with and utilizes the federal work authorization program (E-Verify) in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization (E-Verify) user identification number and date of authorization are as follows:

_____

Federal Work Authorization (E-Verify) User Identification Number Date of Authorization

☐ On January 1st of the below-signed year, the individual, firm or corporation employed less than ten (10) employees.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed this_____day of _____, 20_____.

_____

Signature of Authorized Officer or Agent

_____

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON
THIS_____DAY OF_____, 20_____.

_____

NOTARY PUBLIC/SEAL

My Commission Expires: _____

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for an **Alcohol License** (type of public benefit), as referenced in O.C.G.A. § 50-36-1, from the City of Guyton, Georgia, the undersigned applicant verifies one of the following with respectto my application for public benefit.

1.)__☐__ I am a United States citizen.

OR

2.)__☐__ I am a legal permanent resident.

OR

3.)__☐__ I am 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.

If you chose #2 or #3, 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 be best 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.

_____
Signature of Applicant Date

_____
Printed Name of Applicant

_____
Name of Business

SUBSCRIBED AND SWORN BEFORE ME ON THIS_____DAY OF_____, 20_____.

_____
Notary Public/Seal

My Commission Expires: _____

AFFIDAVIT TO DISPENSE ALCOHOLIC BEVERAGES ON SUNDAY

The City of Guyton permits eating establishments (restaurants) and inns holding a license to dispense alcoholic beverages for consumption onthe premises under certain conditions.

To be authorized to dispense alcoholic beverages for consumption on Sunday, **an eating establishment** must:

(1) Be licensed by the City of Guyton to sell alcoholic beverages by the drink for consumption on the premises;

(2) Be an eating establishment whose primary business is the sale of prepared meals;

(3) Derive at least 50 percent of its total annual gross food and beverage sales from the sale of prepared meals or food;

(4) Have its primary floor area specifically designed, set aside, set up and operating to serve meals and food on the premises and shall have a fully-equipped commercial kitchen to include an appropriate stove, refrigerator, food preparation area, sink and other items required by the county health department and city inspections department for the preparation of food; and

(5) Have a printed or posted menu from which selections of prepared meals can be made; and

(6) Complete the below affidavit and submit along with the required Sunday Sales permit fee as provided in the fee schedule.

To be authorized to dispense alcoholic beverages for consumption on Sunday, **an inn** must:

(1) Derive at least 50 percent of its total annual gross income from the rental of rooms for overnight lodging; and

(2) Complete the below affidavit and submit along with the required Sunday Sales permit fee as provided in the fee schedule.

NOTE: An application for a transfer or renewal license shall include a certified affidavit from a certified public accountant (CPA) or registered public accountant (RPA) attesting to the accuracy of the financial information supplied to him and that such location derived at least 50 percent (50%) of its gross revenues for the last 12 months of business under present or previous ownership from the sale of prepared meals or room rental in the case of an inn. In the absence of such data, the business owner will not be considered for Sunday liquor sales until a certified affidavit from a CPA or RPA is submitted certifying as to the revenues for the immediate 12 months of business preceding the time of application for a Sunday sales license. Failure to attach such affidavit to an application or failure to comply with the terms of the affidavit will result in disapproval of the application and revocation of the license.

Name of Business _____ Type of Business (eating establishment or inn) _____

Location or Proposed Location _____ Telephone Number _____

If this application is for an eating establishment, I swear and affirm that the establishment named above: (1) is a bona fide public eating establishment which will actually and regularly prepareand serve food on the premises; (2) fully intends to derive at least 50% of its total annual gross food and beverage sales from the sale of prepared meals or food (if a new business) or, if an existing establishment, derive at least 50% of its annual gross food and beverage sales from the sale of prepared meals or food; and (3) will provide full food service along with a printed or posted menu. Further, I understand that I must submit a certified affidavit from my certified public accountant (CPA) or registered public accountant (RPA) upon my request for renewal each year if Sunday Sales of alcoholic beverages is to be continued.

If this application is for an inn, I swear and affirm that the establishment named above (1) is a bona fide inn which fully intends to derive at least 50% of its total annual gross revenue from the rental of rooms for overnight lodging (if a new business) or, if an existing establishment, derive at least 50% of its annual revenue from the rental of rooms for overnight lodging. Further, I understand that I must submit a certified affidavit from my certified public accountant (CPA) or registered public accountant (RPA) upon my request for renewal each year if Sunday Sales of alcoholic beverages is to be continued.

Executed this_____day of_____, 20_____.

_____
Signature

_____
Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON
THIS_____DAY OF_____, 20_____.

_____
Notary Public/Seal

My Commission Expires: _____