IMPORTANT – PLEASE READ INSTRUCTIONS BEFORE PROCEEDING TO APPLICATION
ALCOHOLIC BEVERAGE LICENSE APPLICATION

Applicant(s) seeking to obtain a license to serve or sell alcoholic beverages within the city limits of the City of Milledgeville must submit an Alcoholic Beverage Application with accompanying documentation to the Licensing Division of the Finance Office located in City Hall.

REQUIREMENTS.

- **Alcoholic Beverage Background Check.** Please contact this office to schedule a State of Georgia background check.
- **Documentation.** Picture ID, evidence of SS# or Tax ID, proof of ownership or signed and dated Lease and Affidavits of Citizenship must accompany your application.
- **Processing Time.** A **minimum** of fourteen (14) business days from date of receipt for processing. Approvals from Police, Fire and Zoning Departments as well as formal approval from Milledgeville City Council (meets on 2nd & 4th Tuesdays each month) must be obtained before issuance. You may be asked to attend a meeting regarding your application after all documentation is received. If so, we will notify you as to the date, time and location.
- **State Licensing.** Upon receipt of your City of Milledgeville license, **you must also obtain a State of Georgia license.** Please visit the Georgia Department of Revenue website for additional information and FAQ's. ***You will be required to provide this office with evidence of your State of Georgia license within thirty (30) days of your receiptof the City license.***
- **Payment.** Payment is not required until license is approved and ready to be issued.

THE APPLICATION.

Answer each question fully and completely. Questions left unanswered could delay processing of your application. Make sure we have a way to reach you if we have questions. Add extra sheets if necessary for your response(s).

- **Documentation**. Requested documentation must also accompany the application.
- **Individual / Partnership applications**. Must be made jointly in both names of the partnership, association or corporation with all partners, active and silent, disclosed.
- **Corporate name / Trade name of business**. The name you list on your City application must match the name you list on your State application. Corporate name dba Trade name must be indicated (if applicable). The application must be dated, signed and notarized by the applicant(s) together with all supporting documents.
- **Signatures**. Please do not sign the application until you are before a Notary Public.

LIQUOR, BEER OR WINE MAY NOT BE OBTAINED FROM ANY SOURCE OTHER THAN A LICENSED DISTRIBUTOR.
This office receives monthly distribution reports from each distributor.

***** If this license is approved for serving of Liquor/Mixed Drinks on the Premises, a Mixed Drink Excise Tax Report must be submitted to this office by the 20th of each month. A copy of this report is attached for your use.

This application (and attachments) is subject to the penalties of false swearing. Any license issued pursuant to this application is conditioned upon the truth of the answers and statements provided and anything to the contrary shall constitute cause for the suspension or revocation of any license issued.

License fees cannot be prorated, are specifically issued, are *location sensitive* **AND MAY NOT BE TRANSFERRED**. Any changes to the information contained on this application shall negate this license and be cause for a new license – both local and state **- *and must precede any business activity on the part of the new owner or location. Failure to notify the city in writing of any change occurring during the licensed year, for which a license issued pursuant to this application would require a different answer, shall be cause for the revocation of this license.***

Questions should be directed to the Business Office: Chiquita Danzy, Finance Director, smerritt@milledgevillega.us 478-414-4403.

I have read and understand this information on this _____ day of Select _____, 20 _____.

_____

Applicant for Alcoholic Beverage License

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

FOR YEAR 20 ____

P. O. Box 1900
Milledgeville, Georgia
31059-1900
smerritt@milledgevillega.us

119 E Hancock Street
Milledgeville, Georgia 31061
Phone: (478) 414-4403
Fax: (478) 414-4011

PLACE APPROPRIATE AMOUNT ALONGSIDE LICENSE(S) REQUESTED

RETAIL PACKAGED TO GO	FEE AMOUNT	PAYMENT
Beer License	$1,050	
Wine License	$1,050	
Liquor License	$5,000	
CONSUMPTION ON PREMISES		
Beer License	$850	
Wine License	$850	
Anciliary Beer Tasting	$400	
Anciliary Wine Tasting	$400	
Liquor License	$4,000	
TOTAL ENCLOSED:		$ 0.00

Sunday Sales License Needed? ☐ YES ☐ NO If **YES**, then applicant must adhere to Milledgeville Code Chapter 6, Sections 6-10 and 6-185 for Sunday sales requirements.

Alcoholic Beverage Catering License Needed? ☐ YES ☐ NO If **YES**, then applicant must complete a separate **Off-Premises Alcoholic Beverage Catering Event Application.**

EACH QUESTION MUST BE ANSWERED FULLY

FULL NAME OF APPLICANT (Person Applying for License)

First Name:_____ Last Name:_____ SS#:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Applicant Contact Numbers Home:_____ Cell:_____ Other:_____

Email Address:_____

FULL NAME OF BUSINESS - LIST CORPORATE NAME FIRST (IF APPLICABLE) THEN DBA NAME

Corporate Business Name:_____ DBA Name:_____

Physical Address:_____ City:_____ State:_____ Zip:_____

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

Business Contact Numbers:_____ Cell:_____Other:_____

LOCATION ☐ LEASED **(PROVIDE COPY OF LEASE)** OR ☐ OWNED (**EVIDENCE OF OWNERSHIP)**

State of Georgia Tax ID#:

BUSINESS STATUS

- ☐ Single Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ Limited Liability Corporation

Please complete required information for **EACH INDIVIDUAL** involved in business including "limited and silent" partners. Please use separate sheet of paper if necessary.

NAME		ADDRESS INFORMATION					%
FIRST	LAST	ADDRESS	CITY	STATE	ZIP	SS#	INTEREST
							0%
							0%
							0%

Has **Applicant** or any other person representing this business previously applied for a **City of Milledgeville** license as a dealer in alcoholic beverages? ☐ YES ☐ NO If answer is "YES" please state **name of individual** and **disposition**.

Provide full **name and address of OWNER of property/building** where this business will be conducted.

First Name:_____ Last Name:_____

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

Provide full **name** and **address of MANAGER** of this business.

First Name:_____ Last Name:_____

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

Have you, the Applicant, or any other person having any interest in the business for which this Application is made ever been arrested, indicted or convicted for any offense by any State, County, City or Federal Court? ☐ YES ☐ NO
If you answer YES, provide full details on a separate sheet and attach to this Application.

STATE OF GEORGIA, CITY OF MILLEDGEVILLE

I, _____, Applicant do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me in this Application for a license as a dealer in alcoholic beverages are true and that no false or fraudulent statement or answer is made herein to procure the granting of such license.

Sworn to and subscribed before me this_____

day of _____, 20_____

_____
Notary Public
My Commission Expires:_____

_____
Applicant (please sign in ink)

_____
Date of Application

APPROVALS

For Office Use Only - Do not Complete this Page

Date of Meeting:_____ **Applicant Notified:**_____

POLICE DEPARTMENT

Background check ☐ YES ☐ NO Date received by Business Office:_____

☐ APPROVED ☐ DISAPPROVED

Chief, Police Department:_____ **Date:**_____

Comments:_____

FIRE DEPARTMENT

Building meets all City Fire Code provisions ☐ YES ☐ NO

☐ APPROVED ☐ DISAPPROVED **Chief, Fire Department**_____ **Date:**_____

Comments:_____

ZONING AND BUILDING CLASSIFICATION

Current Zoning Classification of Location:_____ Proper Classification ☐ YES ☐ NO

Location meets municipal and state distance requirements? ☐ YES ☐ NO

☐ APPROVED ☐ DISAPPROVED **Zoning Compliance Officer** _____ **Date:**_____

Comments:_____

Building and/or premises has been inspected and approved. ☐ YES ☐ NO ☐ N/A ☐ SEE COMMENTS

If applicable, copies of building plans have been submitted ☐ YES ☐ NO ☐ N/A ☐ SEE COMMENTS

☐ APPROVED ☐ DISAPPROVED **Building Official** _____ **Date:**_____

Comments:_____

LICENSING OFFICIAL

Appropriate documentation, fees & approvals received for placement on Council's agenda. ☐ YES ☐ NO

Presented to Council on:_____ ☐ APPROVED ☐ DISAPPROVED

License #:_____ Receipt #: _____ Licensed printed ☐ YES ☐ NO Date:_____

State License Verification:_____ **Licensing Official**:_____

CITY MANAGER

☐ APPROVED ☐ DISAPPROVED **City Manager:**_____ **Date:**_____

Comments:_____

Affidavit Verifying Status for City of Milledgeville Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Milledgeville, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A., Section 50-36-1, I am stating the following with respect to my application for the (check one):

☐ City of Milledgeville Business Occupation Tax Certificate

☐ Alcohol License

☐ Taxi Permit

If person is applying on behalf of a business, specify the NAME AND ADDRESS of the business:

_____ _____ _____ _____ _____

Business Name Address City State Zip

I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under OCGA § 50-36-1. Such documents are defined by OCGA § 50-36-2 and made available on the State Attorney General's website.

1) ☐ I am a United States Citizen

OR

2) ☐ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

If #2 is selected above, a copy of one of the following documents must be attached to the Affidavit:

1. Unexpired foreign passport
2. Employment Authorization Card (I-766)
3. Refugee Travel Document (I-571)
4. Permanent Resident Card (I-551)
5. Reentry Permit (I-327)
6. Certificate of Citizenship
7. Naturalization Certificate
8. Machine Readable Immigrant Visa (w/Temp I-551 lang)
9. Temporary I-551 Stamp (on passport or I-94)
10. I-94 (Arrival/Departure Record) in unexpired foreign passport
11. Certificate of Eligibility for Nonimmigrant (F-1) Student Status(i-20)
12. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)

I am 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 Code Section 16-10-20 of the Official Code of Georgia.

Company:_____ Applicant Signature: _____ Date:_____

Address:_____ Printed Name: _____

City:_____ State:_____ Zip:_____ *Alien Registration Number For Non-citizens:_____

THIS FORM MUST BE NOTARIZED

Sworn and Subscribed before me on this the

_____day of_____,20_____

My Commission Expires: _____

*Note: O.C.G.A. § 5-36-1(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 number. Qualified aliens that do not have an alien registration number may supply another identifying number below: _____

APPLICANTS AND RENEWALS FOR OCCUPATION LICENSES AS OF JULY 1
(CURRENT YEAR)

Private Employer Affidavit Pursuant to O.C.G.A § 36-60-6(d)
By executing this affidavit under oath, as an applicant for an occupational tax license (*business license,occupational tax certificate, or other document required to operate a business*) as referenced in O.C.G.A. § 36-60-6(d), from the **City of Milledgeville**, the undersigned applicant representing the private employer known as:_____ *(printed name of business/private employer)* verifies one of the following with respect to my application for the above-mentioned document:

→ Complete this section (effective as of July 1, current year. Check (A) or (B). Required.

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

☐ ***(B)*** On July 1st of the below signed year the individual, firm or corporation employed ***fewer than (10) employees.***

COMPLETE THIS SECTION IF, AND ONLY IF, YOU CHECKED ITEM (A) ABOVE

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

_____ _____
Federal Work Authorization User Identification Number Date of Authorization

ALL APPLICANTS MUST SIGN BELOW, HAVE NOTARIZED, AND RETURN WITH YOUR APPLICATION OR PAYMENT TO OBTAIN AN OCCUPATION TAX LICENSE

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 0.C.G.A. §16-10-20, and face criminal penalties allowed by such statute.

Executed on the_____day of_____, 20____in_____(city),_____(state).

→_____
Signature of Authorized Officer or Agent

_____
Pint Name and or Title of Authorized Officer or Agent

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS

_____DAY OF_____, 20____.

_____
Notary Public

→LOCAL BUSINESS NAME:

_____

→LOCAL BUSINESS ADDRESS HERE:

_____ _____ _____ _____
Address **City** **State** **Zip Code**

My Comm Expires: _____

MIXED DRINK EXCISE TAX REPORT

FOR THE MONTH OF Select **, 20____**

Pursuant to **City of Milledgeville Code of Ordinances, Division 3. Excise Tax. Section 6.263. Levied**. *There is hereby levied, in addition to all other taxes imposed by law, upon every purchase of distilled spirits by the drink in the city a tax in the amount of three percent of the purchase price.*

On or before the 20th day of each month following each monthly period, a return for the preceding monthly period shall be filed with the **City of Milledgeville**. All reports shall show the gross receipts from the sale of distilled spirits by the drink, the amount of tax due for the related period and such other information as may be required.

Licensees collecting the tax shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting and paying the amount due, if such amount is not delinquent at the time of payment.

Reports not received by the twentieth day shall bear interest and penalty of one percent (1%) per month. This required return should be filed with the Finance Department of the **City of Milledgeville**.

Total Sales of Alcoholic Beverages	(By the Drink)
Amount of Tax	
(3% of Amount of Tax) Less: Collection Fee	
(3% of Amount of Tax) Balance of Mixed Drink Tax	
To Be Paid To City	

I hereby certify that the information contained in this report is true and correct.

Business Name:_____

Date:_____ Signature of Establishment Operator:_____