CITY OF JONESBORO
1859 City Center Way
Jonesboro, Georgia 30236
City Hall: (770) 478-3800
Fax: (770) 478-3775
www.jonesboroga.com

Ricky L. Clark, Jr.
City Manager

ALCOHOL LICENSE RENEWAL APPLICATION

Do not complete this renewal application if there has been a change of Licensee or ownership. Please contact the Permits/License Office. Renewal must be completed and notarized by the licensee on file.

Remit by November 15th

Business

Business Name:			**Business License #**	**Alcohol License #**
Business Address				
City	**State**	**Zip**		

Licensee

Licensee Full Name:			**Licensee Home Address**
City	**State**	**Zip**	**Home#**
Mobile#			**Email:**

License Fee

☐ **Retail consumption on the premises (Distilled spirits, malt beverages, and wine) - $4,500.00**	**Late Penalty:** (remitted after November 15th)
☐ **Retail consumption on the premises (Malt beverages only) - $1,000.00**	
☐ **Retail consumption on the premises (Wine only) - $1,000.00**	**License Fee:** $_____
☐ **Retail Package Sales (Malt Beverages and Wine) - $2,000.00**	**$75.00 (after 11/15 – before 12/1):** $_____
☐ **Retail Package Sales (Malt Beverages Only) - $1,000.00**	**$150.00 (after 12/1 – before 12/15):** $_____
☐ **Retail Package Sales (Wine Only) - $1,000.00**	**$250.00 or 20% (after 12/15):** $_____
☐ **Art Gallery License - $300.00**	**Total Amount Due:** $_____
☐ **On-Premise Art License - $500.00**	
☐ **Retail Package Sales (Beer, Wine and Liquor) - $5,000.00**	
Total Fees (Must be in Cash, Money Order, VISA, Master Card, Discover or Cashier's Check)	

Ownership

Check Applicable Type:_____Sole Proprietor_____Partnership_____Corporation

Corporation (If applicable) (Only list owners/officers who own 5% or more interest.)

Corporate Name:	**Owner/Officer:**		
Home Address	**City**	**State**	**Zip**
% of Ownership:	**Social Security#:**		

License Eligibility (Jonesboro Code of Ordinances, Chapter 6, Section 6-37 & 6-71)

Retail Consumption: **List your current seating capacity (not including any seating located in a lounge, bar, or other area designated primarily for serving alcoholic beverages.)**

# of Seats: _____

Retail Dealer: **List total amount of inventory including food, tobacco products, household supplies, and periodicals (alcohol and automotive supplies shall not be included.)**

Amount of Inventory: _____

EMPLOYEE NAMES AND ALCOHOL ID BADGES

As part of the renewal application, the licensee shall submit to the city a complete list of the names, social security numbers, and photos of the current shareholders, partners, owners, license representatives, and employees of the licensed establishment for whom fingerprint cards and background checks are required under sections 6-38 and 6-101 of this chapter so that the city may confirm all such persons are being properly investigated under this chapter and may confirm all employees are being issued the requisite employee identification cards as discussed in section 6-101 below. Furthermore, this list must be continually maintained and kept up to date by the licensee and the licensee representative in order to maintain compliance with this chapter. Please note that all employees are required to have an Alcohol ID Badge. The cost of the badge is $25.00. Please list the name of all current employees below:

Name of Employee:	Social Security Number:	Badge Issued:

I,_____, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that I have read and understand the City of Jonesboro alcohol beverage ordinance and that the statements, answers, and information given by me as the Licensee are true and correct.

_____ _____

Signature **Date**

_____

Notary Signature **Seal**

CITY OF JONESBORO
124 North Avenue, Jonesboro, GA 30236
CITY HALL: (770) 478-3800
FAX: (770) 478-3775

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit, as referenced in O.C.G.A. Section 50-36-1, from the City of Jonesboro, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

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.

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 Jonesboro, Georgia.

Signature of Applicant: Date

_____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____DAY OF_____, 20__

Printed Name of Applicant:

_____

_____
Notary Public
My Commission Expires:

*_____
Alien Registration number for non-citizens

*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 number. Qualified aliens that do not have an alien registration number may supply another identifying number: _____

PLEASE SEE CHECKLIST BELOW. THESE ITEMS ARE REQUIRED WITH YOUR RENEWAL APPLICATION

- ☐ Copy of official government issued photo identification (driver's license, passport, state ID card, etc.) for applicant and/or management designee
- ☐ Proof of percentage of Alcohol sales and percentage of other miscellaneous inventory sales
- ☐ Copy of State Alcohol License
- ☐ Copy of State Tobacco License
- ☐ Alcohol ID Card required for all employees selling or serving – (list names on page 2)
- ☐ City taxes (Personal or Real Estate) must be paid
- ☐ Copy of Distribution Invoices that show where your alcohol was purchased
- ☐ Background check (Manager, Business Owner or Registered Agent) ($35)

FOR OFFICE USE ONLY

Date Received: _____/_____/_____

Fee Amount Enclosed: $ _____

Date Approved: _____/_____/_____

Date Denied: _____/_____/_____

Type of License: _____

Business License No.: _____

State Alcohol License No.: _____

Reason (if any): _____

_____

Misc. Notes:

_____

_____

City Manager's Signature: _____ **Date:** _____/_____/_____

City of Jonesboro
1859 City Center Way
Jonesboro, Georgia 30236

APPLICATION FOR ALCOHOL EMPLOYEE IDENTIFICATION CARD
OFFICE OF THE CITY MANAGER

The City of Jonesboro requires an employee identification card for any employee, agent representative, or independent contractor of a licensee holding a license for the sale of alcoholic beverages for consumption on the premises who pours, handles, dispenses, or serves alcoholic beverages on the licensed premises or anyone who manages or supervises any employee who pours, handles, dispenses, or serves alcoholic beverages on the licensed premises. (Ordinance 2021-077)

____ New/Renewal Employee Identification Card $25 ____ Alcohol License Holder (Primary)

____ Replacement Card $25 ____ Alcohol Handler

Name: _____
First Middle Last

Social Security # _____ Date of Birth _____ - _____ - _____
Month Day Year

Permanent Address _____

City, State, Zip _____ Phone ( ) _____

Driver's License # _____ Applicant's Employer _____

Employers Address _____ Employers Phone ( ) _____

Yes ____ No ____ Have you ever been convicted of a felony within the past five years? List conviction(s), date(s), city, state, county. Attach a separate sheet of paper if necessary. (Sec. 6-101)

Yes ____ No ____ Have you been convicted of or had a diversion for DUI (Driving Under the Influence within the past 10 years? List conviction(s), date(s), city, state, county. Attach a separate sheet of paper if necessary. (sec.6-101)

_____ _____

Applicant's Signature/Date Notary Public/Date Seal

For Office Use Only

Date Received _____ Background Check Completed _____ Results _____

Approved _____ Denied _____ Reason _____