City of BAINBRIDGE GEORGIA

Complete the following application and return to the City of Bainbridge, City Clerk's Office
101 S. Broad Street OR P. 0. Box 158, Bainbridge, GA 39818
Email: sylviab@bainbridgecity.com

For **20** Calendar Year **ALCOHOLIC BEVERAGE LICENSE APPLICATION**	**OFFICE USE ONLY**

TYPE OF APPLICATION	**Initial Application** **Amended Application** **Renewal Application**	**Date Applied:** _____ **Application/License No:** _____ **Public Safety:** _____ **Building Inspector:** _____ **Council Meeting Date:** _____

CLASSIFICATION OF LICENSE

Distilled Spirits Consumption Fee: $2,400.00 Late Fee: $100	**Package Store Fee: $3,125.00 Late Fee: $100.00**	**Malt Beverage Retail Fee: $150.00 Late Fee: 100.00**	**Wine Package Retail Fee: $200.00 Late Fee: $100.00**	**Malt Beverage Consumption Retail Fee: $300.00 Late Fee: $100.00**	**Wine Consumption Retail Fee: $300.00 Late Fee: $100.00**	**Bar Fee: $4,800.00 Late Fee: $100.00**

APPLICATION FEES

Initial/Amended Application Fee: $100.00	**Renewal Application Fee**	**TOTAL OF: License & Application Fees: $** _____

APPLICATION SHOULD BE TYPEWRITTEN OR PRINTED IN INK. IF THE APPLICATION CANNOT BE READ, IT WILL BE RETURNED CAUSING DELAY IN PROCESSING AND CONSIDERATION. ATTACH EXTRA SHEETS AS NECESSARY TO FILE COMPLETE APPLICATION.

Name of Applicant or Owner	Social Security Number	Home Phone Number
Name of Manager/Applicant	Social Security Number	Home Phone Number
Business Name	Trade Name (if any)	
Mailing Address	City / State / Zip Code	

Federal Employer Identification Number	**Georgia State Tax Number**	**State Withholding Number**

LOCATION AT WHICH LICENSE WILL BE USED

Business Street Address

What is the distance from the nearest school or college?	**What is the distance from the nearest government owned and operated alcohol treatment center?**	**What is the distance from the nearest church?**
_____ **Feet**	_____ **Feet**	_____ **Feet**

TYPE OF BUSINESS (Please Check One)	Restaurant Convenience Store	Tavern/Pub/Bar Grocery Store	Private Club Food Caterer Other

TYPE OF CONSUMPTION ☐ **On Premises** ☐ **Off Premises**

TYPE OF OWNERSHIP (Please Check One)	Single Proprietor Partnership or Assoc.	Corporation Other	Name (if corporation, partnership, or other) _____
Date of Incorporation or Date of Partnership Formed?	Place of Incorporation or County Where Partnership Agreement is Recorded?	Registered Agent's Name or Name of Managing Partner (last, first, middle initial).	Date Last Annual Report Filed?

1. Has a City Alcohol Beverage License ever been issued for the location applied for?

☐ **Yes** ☐ **No** ☐ **Unknown**

If yes, state: YEAR: _____ **LICENSE NO:** _____

Name of Licensee: _____

Previous Licensee's Name **Date Discontinued** **Sales Tax No.** **Social Security No.**

_____

_____

_____

2. Has a City Alcohol Beverage License ever been denied, suspended, or revoked to or for anyone for the location applied for? ☐ **Yes** ☐ **No** ☐ **Unknown**

If yes, indicate the date, applicant, licensee, and reason for denial, suspension or revocation?

_____

_____

_____

3. Does the applicant, any principal officer, or any manager presently hold any interest in any other business which is licensed by the another municipality to sell any alcoholic beverage either as an employee, licensee, owner, partner, shareholder, property owner, or otherwise ☐ **Yes** ☐ **No**

Name of Business	Address Licensed	City License No.	Type of License	Name of Persons Interested	Type of Interest	% of Interest

4. Has the applicant, any principal officer, or any manager in the past held any interest which has not been previously described herein in a business which was then licensed by the City of Bainbridge or any other governmental entity to sell any alcoholic beverages as an employee, licensee, owner, partner, shareholder, property owner, or otherwise? ☐ **Yes** ☐ **No**

Name of Business	Address Licensed	City License No.	Type of License	Name of Persons Interested	Type of Interest	% of Interest

5. Does the applicant own the property in which this business will be operated? ☐ **Yes** ☐ **No**

If no, list below the name and address of property owners.

Name	Address	Monthly Rent

A. If the answer is no, list below any interest the landlord has in any business licensed to sell alcoholic beverages. (If no, or you do not know, so state, do not leave unanswered).

Name	Name of Business	Business Address	Type of an % of Interest

B. If you are applying for a Retail Malt Beverage, Retail Wine, and/or Distilled Spirits License and do not own the property, attach a copy of your current lease, if any, and if none, mark here: ☐

6. Applicant Home Address: Street City State Zip Code

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7. **If business is to be managed by someone other than Applicant.**

Name of Manager: _____ **Did manager change? YES____ NO_____**

Social Security Number: _____

Date of Birth: _____ **Sex** ☐ **F** ☐ **M** **Height:** _____ **Weight:** _____

8. Does the applicant hold a valid Occupational Tax Certificate for:

(a) Restaurant? (Permanent seating capacity for 30 persons, excluding bar stools) ☐ **Yes** ☐ **No**

(b) Food Caterer? ☐ **Yes** ☐ **No**

9. If applicant answered "Yes" to either question, 8 (a) or question 8 (b) above, then does the applicant derive a minimum of 50% of the gross income of the business subject to the alcoholic beverage license application (excluding tips and gratuities) from the sale of food prepared, served, and consumed on the premises?

☐ **Yes** ☐ **No**

NOTE: BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT ALL QUESTIONS HAVE BEEN ANSWERED FULLY AND CORRECTLY. THIS APPLICATION MUST BE EXECUTED UNDER OATH SUBJECT TO THE PENALTIES OF FALSE SWEARING. THIS APPLICATION INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH, ALL PERSONAL STATEMENTS SUBMITTED HEREWITH AND THE COPY OF THE STATE APPLICATION AND ALL ISSUED PURSUANT TO THIS APPLICATION IS CONDI-TIONED UPON THE TRUTH OF ALL ANSWERS OR STATEMENT HEREIN SHALL CONSTITUTE CAUSE FOR THE DENIAL, SUSPENSION, OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. SHOULD ANY CHANGES OCCUR DURING THE YEAR COVERED BY THIS APPLICATION (INCLUDING SUPPORTING DOCUMENTS) WHICH MAKES ANY STATEMENT CONTAINED HEREIN FALSE, THEN THE APPLICANT MUST IMMEDIATELY FILE AN AMENDED APPLICATON. THE FAILURE TO MAKE SUCH AMENDMENT SHALL CONSTITUTE CASE FOR THE SUSPENSION OF REVOCATON OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION.

NOTE: THE CITY OF BAINBRIDGE RESERVES THE RIGHT TO REQUEST ADDITIONAL WRITTEN INFORMATION RELATIVE TO THIS APPLICATON, THE APPLICANT, ANY PRINCIPAL OFFICER AND ANY MANAGER.

GEORGIA, _____ COUNTY

I, _____, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application, including all statements, attachments and applications attached hereto or made a part hereof, for a City of Bainbridge Alcoholic Beverage License are true and complete and that no false or fraudulent statement or answer is made herein. It is further understood that any false answer or statement or failure to amend this application when necessary shall be grounds for the suspension or revocation of any license issued pursuant to this application.

_____ _____

APPLICANT'S SIGNATURE (FULL NAME IN INK) SIGNATURE OF PRINCIPLE OFFICER OR OFFICIAL OF APPLICANT

I hereby certify that _____ Is personally known to me, that he/she signed his/her name

to the foregoing application after stating to me that he/she knows and understands all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

_____, 20_____ _____

Notary Execution Date NOTARY PUBLIC

Return this application, together with any necessary personal statements as well as applicable and License Fee in the form of CERTIFIED CHECK or CASH, and other required documents **BY MAIL to City of Bainbridge, P.O. Box**

158, Bainbridge, GA 39818, ATTN: Sylvia Bivins; BY PHYSICAL DELIVERY to City of Bainbridge, City Hall, 101 South Broad Street, Bainbridge, GA 39817, ATTN: Sylvia Bivins.

THIS APPLICATION MUST BE ACCOMPANIED BY THE CITY OF BAINBRIDGE PERSONAL STATEMENTS OF THE APPLICANT/LICENSEE, OF ALL PRINCIPALS OF THE APPLICANT AND OF THE MANAGER OF THE BUSINESS IN WHICH THE ALCOHOLIC BEVERAGE LICENSE WILL BE UTILIZED AS WELL AS A COPY OF THE APPLICATION OF THE APPLICANT FOR A STATE OF GEORGIA, ALCOHOLIC BEVERAGE LICENSE FOR THE SUBJECT LOCATION INCLUDING ALL ATTACHEMENTS AND STATEMENTS THERETO.

IF AT ANYTIME DURING THE LICENSE YEAR YOUR BUSINESS HAS A CHANGE IN MANAGEMENT OR OWNERSHIP, IT IS YOUR RESPONSIBILITY TO NOTIFY THE CITY OF BAINBRIDGE TO AMEND OR APPLY FOR A NEW LICENSE AND COMPLETE THE REQUIRED FORMS TO BE FINGERPRINTED AND PAY THE FEE ESTABLISHED AT THAT TIME TO THE CITY OF BAINBRIDGE FOR EACH PERSON; APPLICANT AND/OR MANAGER.

PLEASE SIGN BELOW TO ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THESE INSTRUCTIONS:

_____

SIGNATURE

_____

DATE

☐ Manager

☐ Owner

BAINBRIDGE PUBLIC SAFETY DEPARTMENT

PERSONAL INQUIRY WAIVER AUTHORITY
FOR RELEASE OF INFORMATION
****MUST BE COMPLETED BY OWNER AND MANAGER****

Applicant's Name: _____

Social Security Number: _____ Date of Birth: _____

Sex: ☐ F ☐ M Race: _____

I hereby authorize the Bainbridge Public Safety Department to collect all information they need concerning my character, reputation, and arrest records and reports, including all information of a confidential or privileged nature and photocopies of same, if possible. This information is to be used to assist the Bainbridge Public Safety Department in determining my qualifications and fitness for the Alcoholic Beverage License I am seeking.

I hereby release the City of Bainbridge and any other organization, or others, from any liability or damage that may result from furnishing the information requested above.

_____ _____

Applicant's Signature Date

_____

Address

AFFIDAVIT

State of Georgia
City of Bainbridge

Before me personally appeared the said _____ who stated that he/she inspected the above instrument of his/her own free will and accord, the full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____ , 20____.

_____ _____

Notary Public Commission Expiration Date

☐ Manager

☐ Owner

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