Alcohol License Application
Planning & Development Department
Alcohol Division
706-312-5038
706-312-5036
706-312-4662

Thank you for choosing to locate your business in Augusta-Richmond County! This application packet includes all required documents for the alcohol license & application. Alcohol licensing applications can be brought into our office at 1803 Marvin Griffin Rd. Applications will be routed to the proper departments for approval.

The items below are required for a complete application and before the Board of Commissioners can consider the application for approval:

- ☐ Alcohol License Application (Completed, signed and dated, and notarized)
  - ☐ Boxed Question answered and initialed
- ☐ Copy of valid Driver's License or Permanent Residence I.D. Note: In case of an address change, please have the driver's license changed & submit a copy to the Alcohol License Department at your earliest convenience.
- ☐ Two current passport photographs
- ☐ Personal statement completed. (If applicant lives outside Augusta-Richmond County, they must provide a registered agent letter to receive any documents issued by this office.)
- ☐ Fingerprint (Applicant only). Use service code 2TGR22 and agency code GA923425Z (https://ga.state.identogo.com/ata)
- ☐ Criminal History Consent Form (Completed, signed, and notarized)
- ☐ Lease, Deed, or Bill of Sales for the selected location.
- ☐ Financial statement showing where the monies are coming from to start-up the new business. (3-6 months of financials, statement from the bank, or loan agreement.)
- ☐ Property Survey showing distance from the nearest church, school, library, and public recreation area. (Required for New Location or absence of alcohol of 9 months or longer at a property.) Note: If application is a liquor store you must be 500 yards from the nearest liquor stone, in addition to the 200 feet or more which is the required distance from the nearest church, school, library and public recreations.
- ☐ Agent Form, Agent Information/Personnel Statement, Copy of I.D. (If applicable)
- ☐ Application Fee ($120)

Additional information:

- Application should contact the Board of Health (Serving Food, Health Department 706-667-4234), the Department of Agriculture (Convenience & Grocery Stores, 770-535-5995), and the Department of Revenue (www.dor.ga.gov and register new business) after alcohol approval. The permit from the Health Department or Department of Agriculture will need to be provided prior to the issuance of the business license.
- All new locations will have to post signage for 30 days, along with a running advertisement in the newspaper for 3 consecutive weeks. (Provide proof.)
- Restaurant or Lounge serving food will need to provide a copy of the full menu. Restaurants applying for Sunday Sales must sign an affidavit stating 50% of total annual gross comes from prepared food & beverages.
- Once an application has been reviewed by the City of Augusta and Sheriff's Department, there will be two meetings held before the City's Commissioners for approval. After approval, please allow at least 1-2 days for fees to be entered.

Alcohol License Application
Physical Address:
Augusta Planning & Development
1803 Marvin Griffin Rd
Augusta, GA 30906
706-312-5038

Alcohol License Application
Mailing Address:
Augusta Planning & Development
P.O. Box 9270
Augusta, GA 30906

Alcohol License Number (Office Use Only): _____

Alcohol Beverage Application

Business Legal Name: _____
If registered with the Georgia Secretary of State, a copy of the current year registration is required. Out of state businesses must register as s foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.

Physical Location: _____
(Complete Street Address– City, State, Zip Code)

Business Location: Map & Parcel #: _____ Zoning: _____

Business Phone: (___) _____ Home Phone: (___) _____

Applicant Name: _____

Applicant's Address: _____
(Complete Street Address – City, State, Zip Code)

Applicant's Social Security: _____ Date of Birth: _____

If Applicant is a transfer, list previous Applicant: _____

Location Manager(s): 1. _____

2. _____

3. _____

Is Applicant an American Citizen or Alien lawfully admitted for permanent residency? ❍ Yes ❍ No

Ownership Information

Corporation (if applicable): Date Chartered: _____

Mailing Address:

Name of Business: _____

Attention: _____

Address: _____

City/State/Zip: _____

Ownership Type: ☐ Corporation ☐ Partnership ☐ Individual

Corporate Name: _____

List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

What type of business will you operate in this location?
☐ Restaurant – Full ☐ Restaurant – Limited ☐ Hybrid ☐ Lounge ☐ Convenience Store
☐ Package Store ☐ Other: _____

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer	_____	_____	_____	_____	_____
Consumption on Premises	_____	_____	_____	_____	_____
Wholesale	_____	_____	_____	_____	_____

Total License Fee: $_____ Prorated License Fee (After July 1 ONLY: $_____

Have you ever applied for an Alcohol Beverage License before: ○ Yes ○ No

If so, give year of application and its disposition: _____

_____

Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages?

☐ Yes ☐ No If so, please initial: _____

Attach a passport-sized photograph (front view) take within two years. Write name on back of the dealer submitting the license application.

Has any liquor business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulation of Augusta – Richmond County or the State Revenue Commission relating to the sale and distribution of distilled spirits? ○ Yes ○ No
If yes, give full details:

_____

_____

_____

Have you ever been arrested, or held by Federal, State, or other law-enforcement authorities, for any violation of any Federal, State, County, or Municipal law, regulation or ordinance? (Do not include traffic violations, with the exception of any offense pertaining to alcohol or drugs.) All other charges must be included, even if they are dismissed. ○ Yes ○ No
If yes, give reason charged or held, date and place where charged and its disposition.

_____

_____

_____

List owner or owners of the building and property.

_____

_____

List the name and other required information for each person, firm or corporation having any interest in the business.

_____

_____

If a new application, attach a surveyor's plat and state the straight-line distance from the property line of school, church, library, or public recreation area to the wall of the building where alcohol beverages are being sold.

A) Church: _____ C) School_____

B) Library: _____ D) Public Recreation: _____

State of Georgia, Augusta-Richmond County, I, _____, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the forgoing alcoholic beverage application are true.

_____
Applicant Signature

I hereby certify that _____ is personally known to be. That he/she signed his/her name to the forgoing allocation stating to me that he/she knew and understood all statements and answers made herein, and, under oath administered by me, has sworn that said statements and answers are true.

This ____ day of _____, in the year _____.

Office Use Only

Department Recommendation	Approve	Deny	Comments
Alcohol Inspection	☐	☐	Click or tap here to enter text.
Sheriff	☐	☐	Click or tap here to enter text.
Fire Inspector	☐	☐	Click or tap here to enter text.

The Board of Commissioners on the ____ day of _____, in the year _____, (Approved/Disapproved) the forgoing application.

_____ _____
Administrator Date