IMPORTANT – PLEASE READ INSTRUCTIONS BEFORE PROCEEDING TO APPLICATION

CITY OF WARRENTON APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applicant(s) seeking to obtain a license to serve or sell alcoholic beverages within the city limits of the City of Warrenton 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.** A State of Georgia background check must accompany your application. This can be done by any law enforcement agency in Georgia including the WarrenCounty Sheriff's Office. Out-of-state applicants should consult with this office.
- **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 Warrenton City Council (meets on 1st Tuesday of 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 Warrenton 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 receipt of the City license.***
- **Payment.** Payment of $100.00 is required to be paid to the Licensing Division of the Finance Office at City Hall for fingerprints and ~~$20.00~~ 20.00 is required to be paid to the sheriff's office at the time of the fingerprinting (~~cash~~ Money Order only).

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 Mary Ann Moseley, mmoseley@warrentonga.gov (706) 465-3282 ext. 3

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

Applicant for Alcoholic Beverage License

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE FOR YEAR 20____

CITY OF WARRENTON

P O BOX 109
WARRENTON, GA 30828-0109
Phone (706)465-3282
mmoseley@warrentonga.gov

PLACE APPROPRIATE AMOUNT ALONGISDE LICENSE(S) REQUESTED

RETAIL PACKAGED TO GO		
Beer and/or Wine License	$500	$_____
CONSUMPTION ON PREMISES		
Beer and/or Wine	$1,000	$_____
Anciliary Beer Tasting	$300	$_____
Anciliary Wine Tasting	$300	$_____
Liquor License	$2,000	$_____
Non-profit Special Event	$100	$_____
APPLICATION FEE	$100	$_____
TOTAL ENCLOSED		$_____

EACH QUESTION MUST BE ANSWERED FULLY

FULL NAME OF APPLICANT (Person Applying for License)

_____ SS#

ADDRESS

APPLICANT CONTACT NUMBERS (____) _____ (____) _____

EMAIL ADDRESS_____

FULL NAME OF BUSINESS – List Corporate Name first (if applicable) then d/b/a Name

PHYSICAL ADDRESS _____

MAILING ADDRESS_____

BUSINESS CONTACT NUMBERS (____)_____ (____) _____ (____) _____

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	SS#	% INTEREST

Has **Applicant** or any other person representing this business previously applied for a City of Warrenton 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.

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

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? If you answer Yes, provide full details on a separate sheet and attach to this Application. **( )Yes** **( ) No**

STATE OF GEORGIA, CITY OF WARRENTON

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 _____.

Applicant (please sign in ink)

_____
Notary Public
My Commission Expires:

_____
Date of Application

APPROVALS
For Office Use Only – Do not Complete this Page

Date of Meeting _____ **Applicant Notified**

POLICE DEPARTMENT
Background Check. ( )Yes ( )No
( ) APPROVED ( ) DISAPPROVED
Date received by Business Office

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 # _____ License printed ( ) Yes ( )No Date _____

~~**State License Verification**~~ _____ / _____ ~~**Licensing Official**~~ _____

CITY MANAGER

( ) APPROVED ( ) DISAPPROVED **City Manager** _____ Date
COMMENTS

rev8/2018

Attachment "A"

Affidavit Verifying Status for City of Warrenton Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Warrenton, 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 Warrenton 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:

_____

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 _____

Address _____ Signature of Applicant Date

THIS FORM MUST BE NOTARIZED _____ Printed Name

*

Alien Registration number for non-citizens

Sworn and Subscribed before me on this the
_____ day of _____, 20 _____.

Notary Public

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: _____

Attachment "B"

APPLICANTS AND RENEWALS FOR OCCUPATIONAL 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 Warrenton, 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:

.3 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 ten (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 O.C.G.A. §16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 20____ in _____ (city), _____(state).

.3 _____ **.3 PRINT LOCAL BUSINESS NAME HERE:**

Signature of Authorized Officer or Agent

_____ **.3PRINT LOCAL BUSINESS ADDRESS HERE:**

Print Name or and Title of Authorized Officer or Agent

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS

_____ DAY OF _____, 20_____.

_____

Notary Public

My Comm Expires: