City of Lavonia

ALCOHOLIC BEVERAGE LICENSE APPLICATION CHECKLIST

The follow list of documentation is required before the application for alcoholic beverage license is processed. Please return this form with all permit application submittals. All documents must be legible.

****Incomplete forms will not be processed and will delay license issuance.****

_____ Completed & Notarized Application

_____ Proof of ownership of property or lease of property , if outlet is to be located on leased premises

_____ Copy of valid government issued photo ID

_____ Proof of Current Occupational Tax License issued by the City of Lavonia

_____ Corporation: Copy of Articles of Incorporation and By-Laws including any & all amendments & a list of all officers, partners or associates who own any interest in the business, and the name of the principal resident managing officer and registered agent

_____ Partnership: Copy of partnership agreement including any/all amendments & a list of all active partners

_____ Private Club: Copy of Articles of Incorporation and By-Laws including any & all amendments & a list of all agents/officers who own interest in the business

_____ Nonprofit/tax-exempt: Copy of the Charter or Articles of Incorporation AND Proof of Tax-Exempt Status, if applicable

_____ License Fee(s) Payable by Check or Cashier's Check. Please make checks payable to The City of Lavonia. Fee amount is dependent upon license type (see page 2), Alcohol Licensing Fee Schedule

_____ Applicants for Distilled Spirits must submit a site plan see page 9

* All New Applicants must submit to a background fingerprint check at Franklin County Sheriff's Office

12221 Augusta Road Lavonia, GA 30553 · P.O. Box 564 · 706-356-8781 · www.lavoniaga.gov

City of Lavonia Alcohol License Fees

License Fees			
Package Sales		**Consumption Sales**	
Malt Beverage	$750	Malt Beverage	$750
Distilled Spirits	$5,000	Distilled Spirits	$2,000
Wine	$100	Wine	$100
Hotel/Motel Beer/Wine - Complimentary		**Additional License Types**	
Beer & Wine	$100	Brewpub	$1500
		Incidental Service License	$100
		Alcohol Catering License	$50/event

*License fees must be paid by Certified or Cashier's Check or check

Internal Use Only:
Paid $_____ on ____/____/ 20____ Ck#: _____ or cash.
Received by: _____ Receipt #: _____

All alcohol licenses run on an annual basis and expire on December 31st each year.

Renewal applications are due **November 15th each year**.

Sec. 10-80. - Proration of fee: Any new applicant for any license under this division who makes application at any time after January 1 and before July 1 shall pay the full annual license fee. Any new applicant for any license under this division who makes app1ication on or after July 1 shall pay half the annual license fee. (Ord. of 3-5-2002, § 1(1-13))

Completed applications (new or renewal) are submitted to City Council for review and approval in their next regularly scheduled public meeting after the ad has run in the legal organ for 2 weeks. Applicants are welcome to attend these meetings, but your presence is not required. Once a decision has been officially made, the applicant will either receive their license or notification of a denial.

City of Lavonia

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

PURPOSE OF THIS APPLICATION:

_____NEW LICENSE _____RENEWAL _____BREWPUB

_____MALT BEVERAGE _____WINE _____DISTILLED SPIRITS

_____RETAIL PACKAGE SALES _____CONSUMPTION ON PREMISE

Please write legibly.

APPLICANT NAME_____ AGE_____

ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

PHONE NUMBER_____ EMAIL_____

Resides in city limits of Lavonia _____YES _____NO Length of residency _____NO. OF YEARS

Name of Business: _____

Business Address:_____

CITY_____ STATE_____ ZIPCODE_____

All applications for any alcohol license shall be in the name of the owner of the business seeking the application. If the owner of the premises is someone other than the applicant, the name of the owner of the premises shall be listed and the applicant will provide proof that the owner of the premises has been given notice of the applicant's intent to apply for an alcoholic beverage license.

NAME OF OWNER(S), DESIGNEE, PARTNERSHIP, CORPORATION, ETC. IF OTHER THAN THE APPLICANT
(ATTACH ADDITIONAL PAGES IF NEEDED)

TITLE:_____ NAME:_____ AGE:_____

ADDRESS_____

CITY_____STATE_____ZIP CODE_____

BUSINESS NAME _____

STREET ADDRESS_____

PHONE NUMBER_____

TITLE_____

NAME_____

AGE_____

ADDRESS_____

CITY_____STATE_____ZIP

CODE_____BUSINESS NAME

_____STREET

ADDRESS_____PHONE

NUMBER_____

TITLE_____

NAME_____ AGE_____

ADDRESS_____

CITY_____STATE_____ZIP CODE_____

BUSINESS NAME _____

STREET ADDRESS_____

PHONE NUMBER_____

TITLE_____

NAME_____ AGE_____

ADDRESS_____

CITY_____STATE_____ZIP CODE_____

BUSINESS NAME _____

STREET ADDRESS_____

PHONE NUMBER_____

City of Lavonia

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Silent, undisclosed partners or joint venture partners:

Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venture partner; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firms, companies, corporations or other?

_____Yes _____No

If yes, please state name of person or other entity with address and amount of

percentage of profits and receipts to be split.

Name _____Address _____% _____

City _____State _____Zip Code _____

Residency/Age requirement:

Is there any party identified in this application that is not a legal resident of the United States and at least twenty-one (21) years of age?

_____Yes _____No If yes, please give full details on separate sheet.

If not a U.S. Citizen, can they legally be employed in the United States?

_____Yes _____No If yes, please explain on separate sheet and submit copies of eligibility.

Disclosure of Previous Applications

Has the applicant or any party with shared interest ever previously applied for a beer, wine, and/or liquor license from the City of Lavonia or any other City or County in the State of Georgia or other state or political subdivision? If so please indicate the disposition of the license.

_____Yes _____No

If yes please indicate type and disposition of license:

_____

_____

City of Lavonia

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Disclosure of felony/other convictions or offenses:

Has applicant or any person owning an interest in the business ever been convicted of a felony under any federal, state, of local law within ten years immediately preceding the filing of this application? If so, state the name, offense, date of conviction or plea, county and state. If none, so indicate:

_____

_____

Has applicant or any person owning an interest in the business ever been convicted of any misdemeanor involving alcoholic beverages, gambling, or tax laws? if so, state name, offense, date of conviction or plea of guilty, county and state. If none, so indicate:

_____

_____

Disclosure of licenses held:

Indicate whether a previous license issued to the applicant or any person with an interest in the application, has been revoked by any state or subdivision thereof or by the federal government and the reason for the revocation: _____

_____

_____

City of Lavonia

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Save Affidavit Affidavit Verifying Status for City Public Benefit
Pursuant to O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a(n) ____Alcohol License____, as referenced in O.C.G.A. § 50-36-1 from the City of Lavonia , _____, 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.

My alien number issued by the Department of Homeland Security or other federal immigration agency is _____.

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 _____(city) _____(state)

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE {seal}

ME ON THE

_____DAY OF _____, 20____

NOTARY PUBLIC:_____ My Commission Expires:_____

City of Lavonia

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees 1 . *** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2. 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ___, 202__ in _____ (city), _____ (state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 201__.

_____
NOTARY PUBLIC
My Commission Expires: _____

1 To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

City of Lavonia

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

RETAIL PACKAGE LICENSE FOR DISTILLED SPIRITS

Applicant must submit a site plan indicating the exact size and location of the premise to be licensed. Such plan shall indicate adjacent buildings and their use, parking areas including entrances and exits, entrances and exits to the premises to be licensed, and all adjacent streets either public or private. all measurements shall be indicated in feet.

By initialing here the applicant, hereby certify that the attached site plan is up to date and correct for the location that will be operating under this license: _____

The applicant certifies that the business operated under this license will be engaged exclusively in the sale of distilled spirits and related items outlined in section 1-22 of the alcoholic beverages ordinance.

If Yes, initial here: _____

City of Lavonia

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

LICENSE FOR A RESTAURANT

- That the business operated under this license shall be a place where meals are actually and regularly served with seating capacity for at least 45 customers, such place being provided with adequate and sanitary kitchen and dining room equipment, air conditioned, having employed therein a sufficient number and kind of employees to prepare, cook, and serve suitable food for its guests. At least one meal per day shall be served at least six days a week, with the exception of holidays, vacations, and periods of redecoration, and the serving of such meals shall be the principal business conducted, with the service of alcoholic beverages to be consumed on the premises as only incidental thereto. All consumption on the premises license holders in the City of Lavonia, including the consumption on the premises of malt beverages, wine and distilled spirits, shall maintain at least 60% of their annual gross income from the sale of food.

If yes, initial here_____.

LICENSE FOR A FRATERNAL ORGANIZATION OR PRIVATE CLUB

- A copy of the exemption letter from the United States internal revenue service showing compliance with section 501 (a) of the US internal revenue code for tax exempt status.
- A copy of the most recent IRS form 990 “return of organization exempt from income tax.”
- A certification that the building in which the organization or club that is applying for this license is located has a kitchen, dining space, food preparation equipment, and a sufficient number of employees to prepare and serve meals for its members and guests.

If supporting documentation is included, initial here _____.

City of Lavonia

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Every applicant shall read and initial the following:

- Has the applicant received, read and understood, and become familiar with the alcoholic beverage ordinance of the City of Lavonia and the laws of the state of Georgia regulating the sale of alcoholic beverages?

If yes, initial here_____.

- Applicant understands that the making of any untrue or misleading statement in this application shall be sufficient cause for the denial, suspension, revocation, or cancellation of this license.

If yes, initial here_____.

- Applicant understands that all alcoholic beverage licenses shall expire at midnight on December 31st of each year and that an application for a renewal of such license(s) must be completed and filed with the city clerk of the city of Lavonia by November 15th of the year prior to the year for which the license will be issued.

If yes, initial here_____.

- Applicant understands that no license issued under this ordinance may be transferred from one person to another or from one location to another without permission and approval of the city council upon which a written request must be submitted.

If yes, initial here_____.

- Applicant understands that all licenses issued pursuant to this ordinance shall be valid only so long as the premises is actively engaged in such business, with the exception of holidays, vacations, and periods of redecoration, and in the event the licensee shall cease to be actively engaged in such business, the license shall be invalid and the licensee of such business shall immediately notify the city council and return his license hereto.

If yes, initial here_____.

- Applicant understands that the sale of alcoholic beverages in the city of Lavonia is a privilege and not a right, and that the issuance of a license hereunder shall not create any property rights in the license holder. Applicant also understands that any violation of any of the provisions of the city of Lavonia alcoholic beverage control ordinance will result in suspension or revocation of this license.

If yes, initial here_____.

City of Lavonia

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

The applicant hereby makes application for an alcoholic beverage license as indicated and understands that the above answers and supporting documentation are made under oath and are subject to any and all penalties in connection with the making of false statements under oath as well as any and all penalties as provided in the code of ordinances of the city of Lavonia.

_____ _____

APPLICANT **TITLE**

All applications must be reviewed by city council for approval/denial.

SWORN AND DESCRIBED BEFORE ME THIS_____DAY OF_____,20_____.

_____

CITY CLERK

LICENSE APPROVED THIS _____DAY OF _____20_____

_____

MAYOR

City of Lavonia

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applicant Privacy Rights
Notification Signature Form

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34. Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30through 16.33 or review the FBI website.

Signature Print Name Date

Name: _____

Business Name: _____

Is this for an Alcohol License? YES or NO (please circle)

*****Please go to the Franklin County Sherrif's office at 1 James Little St Carnesville, GA 30521 for your fingerprinting and bring this form with you filled out.**

ORI: GA923083Z