

## Application for New and Renewal Alcoholic Beverage License

2025 / 2026 — Office of the City Clerk

Renewal applications other than E-Verify affidavits are due November 15. Renewals submitted after November 15 will be scheduled for Commission meetings after December 31. The privilege to sell alcoholic beverages will cease at midnight on December 31 and will not be reinstated until the renewal license is approved. The E-Verify affidavit is due by January 15 of each year; failure to submit it will result in license revocation. The applicant must submit the renewal application in person and provide at least one secure and verifiable document, as defined by the Georgia Attorney General, before processing.

### APPLICATION TYPE

**Type of License:**      New                  Renewal                  Applicant Change

**Beverage:**              Beer                  Wine                  Liquor

**Method of Sale:**      Consumption on premises                  Package sales (not for consumption)                  Private Club

### LICENSE FEES

| Method                              | Beer     | Wine     | Liquor     |
|-------------------------------------|----------|----------|------------|
| Consumption on premises             | \$800.00 | \$550.00 | \$3,500.00 |
| Package sales (not for consumption) | \$805.00 | \$525.00 | \$2,500.00 |
| Sale by private club                | \$293.75 | \$150.00 | \$1,875.00 |

Applications must be made by an individual residing in Ware County with a fiduciary relationship to the business.

### APPLICANT & BUSINESS INFORMATION

**Date:** \_\_\_\_\_ **Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Applicant's relationship to business:** \_\_\_\_\_

**Applicant SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Applicant E-mail:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_ **Property Owner:** \_\_\_\_\_

**Year Business Began:** \_\_\_\_\_ **Operations Business Type:** \_\_\_\_\_

**State License #:** \_\_\_\_\_ **Tax ID #:** \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOXES**

**YES NO**

1. Are you familiar with all City of Waycross ordinances regulating the sale of alcoholic beverages?
2. Are you a citizen of the United States? (Please complete affidavit. Legal aliens must attach documentation of legal alien status.)
3. Are you a resident of Ware County?
4. Have you ever been convicted of any local, state, or federal law that would make you ineligible to receive an alcoholic beverage license, as specified by the Waycross City Code? (If yes, please explain.)
5. Have you ever made application for a similar or other license on premises other than described in this application? (If application was disapproved, please explain.)
6. Have you paid in full the required license fee?
7. Do all required servers have valid servers' permits?
8. Have you ever had an alcoholic beverage license revoked for cause by any state or subdivision thereof? (If yes, please explain.)
9. Do you own the premises for which the license is sought? (If no, attach a copy of the lease that covers the license period.)
10. Are you eligible for a state alcoholic beverage license?
11. Has the business paid all due City of Waycross Occupation Tax and/or property taxes?
12. For consumption-on-premises licenses, have you attached a copy of your most recent financial statements?
13. Have you attached a copy of the required newspaper advertisement? (Required for a new license or applicant name change.)

**If you answered "yes" to questions 4, 5, or 8, please explain:**

*State law requires certain affidavits related to E-Verify and the SAVE program. An E-Verify affidavit is required stating the employer is authorized to use E-Verify or is not required to use it. This requirement is effective for employers with more than 10 employees on July 1 of each year.*

**Applicant Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE (O.C.G.A. § 36-60-6(D))**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs more than ten (10) employees and has registered with and uses the federal work authorization program (E-Verify), or any subsequent replacement program, in accordance with O.C.G.A. § 13-10-90.

**E-Verify User ID #:** \_\_\_\_\_ **Date of Authorization:** \_\_\_\_\_

**Name of Private Employer:** \_\_\_\_\_

**Signature of Authorized Officer/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subscribed & sworn before me:** \_\_\_\_\_ **Notary Public:** \_\_\_\_\_ **Commission Expires:** \_\_\_\_\_

**EXEMPTION FROM E-VERIFY — PRIVATE EMPLOYER EXEMPTION AFFIDAVIT (O.C.G.A. § 36-60-6(D))**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs fewer than ten (10) employees on January 1 of each year and therefore is not required to register with or use the federal work authorization program (E-Verify) under O.C.G.A. § 13-10-90.

**Printed Name of Exempt Private Employer:** \_\_\_\_\_ **No. of employees on Jan 1:** \_\_\_\_\_

I hereby declare under penalty of perjury that the foregoing is true and correct.

**Executed on (date):** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Signature of Authorized Officer/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subscribed & sworn before me:** \_\_\_\_\_ **Notary Public:** \_\_\_\_\_ **Commission Expires:** \_\_\_\_\_

*NOTE: Either the Compliance affidavit or the Exemption from E-Verify affidavit must be filed by January 15 each year, or the Alcoholic Beverage License will be revoked.*

**Applicant Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**SAVE AFFIDAVIT (O.C.G.A. § 50-36-1(E)(2))**

By executing this affidavit under oath, as an applicant for an Alcoholic Beverage License, a public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Waycross, Georgia, the undersigned applicant verifies one of the following with respect to this 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.

**Alien / admission number (if applicable):** \_\_\_\_\_

The undersigned applicant also 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. In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement in this affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties.

**Secure & verifiable document provided:** \_\_\_\_\_

I, \_\_\_\_\_

do solemnly swear that all facts and statements made by me in this application are true and that no false or fraudulent statement is made herein.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Personally appeared before me:** \_\_\_\_\_ **This \_\_\_\_ day of:** \_\_\_\_\_ **20:** \_\_\_\_\_

**Notary Public:** \_\_\_\_\_ **Commission Expires:** \_\_\_\_\_

## OFFICE USE

|            | Date  | Approved | Disapproved |
|------------|-------|----------|-------------|
| City Clerk | _____ |          |             |
| Code       | _____ |          |             |
| Fire       | _____ |          |             |
| Police     | _____ |          |             |
| Commission | _____ |          |             |

## EMERGENCY CONTACT INFORMATION

The information below is not part of the application but enables emergency personnel to contact the person listed if your business is damaged or entered. Please contact the Police Department at (912) 287-4335 to report any changes to this list. List as many contacts as you wish; at least two are required.

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Physical Address: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_ Phone: \_\_\_\_\_

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**TAX ACCOUNT VERIFICATION — TAX COMMISSIONER**

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Dear Business Owner: We are required by City Ordinance Section 18-17(c) to have proof that all current and prior-year taxes have been paid before issuing a new or renewing an Occupational Tax Certificate. Please contact the Tax Commissioner at 912-287-4305 (fax 912-287-4468). The Tax Commissioner or clerk must sign this form before your Occupational Tax Certificate can be issued.

**Name of Business:** \_\_\_\_\_

**Owner of Real Property:** \_\_\_\_\_

**Address of Real Property:** \_\_\_\_\_

**Real Property Account #:** \_\_\_\_\_ **Status (Paid/Unpaid/Appealed/Installment):** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

**Business Inventory Account #:** \_\_\_\_\_ **Status (Paid/Unpaid/Appealed/Installment):** \_\_\_\_\_

**Signature of Tax Commissioner or Clerk:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

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As an applicant who is the subject of a Georgia-only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights, which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is authorized.
- If your fingerprints/biometrics are used to conduct an FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license, or other benefit based on information in the record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision, including the contents of the record and the effect the record had on the decision. Failure to provide all such information is a misdemeanor [O.C.G.A. § 35-3-34(b) and § 35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation, executive order, or rule. If agency policy permits, the agency may provide you a copy of your Georgia or FBI criminal history record for review and possible challenge. Information on obtaining a copy of your record is available at the GBI website ([gbi.georgia.gov](http://gbi.georgia.gov)). To challenge the accuracy or completeness of your record, send your challenge to the agency that contributed the questioned information, or directly to GCIC if the disputed arrest occurred in Georgia.

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**PRIVACY ACT STATEMENT**

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Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include federal statutes, state statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems. The FBI may retain your fingerprints and associated information/biometrics in NGI after completion of this application.

Routine Uses: During processing of this application and for as long as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses published in the Federal Register, including disclosures to agencies responsible for employment, licensing, security clearances, and other suitability determinations; law enforcement and criminal justice agencies; and agencies responsible for national security or public safety.

*The fee for background checks shall be \$20.00.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notary Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Notary Seal:*



## **RESOLUTION NO. 025-22**

### **A RESOLUTION OF THE CITY OF WAYCROSS TO ESTABLISH FEES FOR ALCOHOL BEVERAGE LICENSE FOR EACH SEPARATE BUSINESS PREMISES LICENSED TO SELL, SERVE OR DISPENSE ALCHOLIC BEVERAGES IN THE CITY OF WAYCROSS, GEORGIA; AND FOR OTHER PURPOSES.**

**WHEREAS**, Section 6-72 of the City Code of Waycross provides that, "The annual fee for alcoholic beverage license shall be established by the City Commission from time to time, by Resolution adopted at any regular or special meeting of the Commission, which fees shall be paid prior to the issuance of any license, shall accompany the application and shall be either in cash or a bank certified check, said fees to be refunded in full should the commission deny the application."

**WHEREAS**, the City Commission by this Resolution desires to establish fees for alcoholic beverages license for each separate business premises licensed to sell, serve or dispense alcoholic beverages in the City of Waycross as set forth below; and

**WHEREAS**, the City Commission finds that it is in the best interest of the City of Waycross to have a published fee structure for alcoholic beverage license; and

**WHEREAS**, said matter having been considered.

**NOW THEREFORE, BE IT RESOLVED** by the Commission of the City of Waycross that the following fee schedule for alcoholic beverage license is hereby adopted:

#### **Section 1. Package Sales Only.**

- (a) Beer package sales only - \$805.00
- (b) Wine package sales only - \$525.00
- (c) Liquor package sales only - \$2500.00

#### **Section 2. On Premises Consumption.**

- (a) Wine Consumption on premises - \$550.00
- (b) Liquor Consumption on premises - \$3,500.00
- (c) Beer Consumption on premises - \$800.00

#### **Section 3. Background Checks.**

The Fee for background checks shall be \$20.00.

**Section 5.** Said fees shall be due and payable at the time of the application for the license requested.

**Section 5.** Said fees shall be due and payable at the time of the application for the license requested.

**BE IT FURTHER RESOLVED** that the City Clerk shall publish the amount of the fees for alcoholic beverage license adopted by this Resolution to the citizens of Waycross, Georgia, hereby ratifying and confirming the fees set forth herein, and all the acts and things done and to be done by the City Clerk in order to carry out the purposes and intent of this Resolution.

**SO RESOLVED**, this 4<sup>th</sup> day of March, 2025.

**CITY OF WAYCROSS, GEORGIA**

BY: *Michael Angelo James*  
**MICHAEL-ANGELO JAMES, MAYOR**

**ATTEST:**

*Jacqueline Powell*  
**JACQUALINE POWELL, CITY CLERK**



**RESOLUTION NO. 025-23**

**A RESOLUTION OF THE CITY OF WAYCROSS TO ESTABLISH FEES FOR BUSINESS AND OCCUPATION TAX ACCOUNTS LEVIED ON PERSONS, FIRMS CORPORATIONS OR OTHER ENTITIES FOR ENGAGING IN AN OCCUPATION, PROFESSION, OR BUSINESS IN THE CITY OF WAYCROSS, GORGIA; AND FOR OTHER PURPOSES.**

**WHEREAS**, Section 34-80 of the City Code of Waycross regarding Administrative and Regulatory Fee Structure and Occupation Tax Structure provides that “A non-prorated, nonrefundable administrative fee as established by the City Commission shall be required on all business and occupation accounts for the initial start-up, renewal, or reopening of those accounts; and

**WHEREAS**, the City Commission by this Resolution desires to set forth an administrative and regulatory fee structure as set forth below; and

**WHEREAS**, the City Commission finds that it is in the best interest of the City of Waycross to have a published administrative and regulatory fee structure; and

**WHEREAS**, said matter having been considered.

**NOW THEREFORE, BE IT RESOLVED** by the Commission of the City of Waycross that the following administrative and regulatory fee structure is hereby adopted:

**Section 1.** New Applications for Business and home Occupation License shall be set at \$100.00.

**Section 2.** A Relocation fee from one business location to another shall be set at \$100.00.

**Section 3.** A Name Change of a business shall be set at \$35.00.

**Section 4.** A New Agent/Manager Name Change during the awarded year on Alcohol License shall be set at \$400.00.

**Section 5.** Said fees shall be due and payable on or before April 1<sup>st</sup> of each year.

**BE IT FURTHER RESOLVED** that the City Clerk shall publish the amount of the administrative and regulatory fees adopted by this resolution to the citizens of Waycross, Georgia, hereby ratifying and confirming the fees set forth herein, and all the acts and things done and to be done by the City Clerk in order to carry out the purposes and intent of this Resolution.

SO RESOLVED, this 4<sup>th</sup> day of March 2025.

CITY OF WAYCROSS, GEORGIA

BY: *Michael Angelo James*  
MICHAEL-ANGELO JAMES, MAYOR

ATTEST:

*Jacqueline Powell*  
JACQUALINE POWELL, CITY CLERK

