CITY OF ROYSTON
ALCOHOLIC BEVERAGE LICENSE APPLICATION

Return completed form with payment to City Clerk, 684 Franklin Springs Street, Royston Georgia, 30662.

Complete the entire application and provide referenced items. If a portion does not apply to you, mark it N/A. Do not leave any blanks.

All licenses granted shall expire on December 31st of each year and shall be renewable at the option of the Mayor and Council of the City. Licensees who desire to renew their licenses shall file an application with the required fee with the City Clerk for such renewal upon forms provided by the City Clerk no earlier than October 15th and due no later than November 8th.

LICENSE(S): Check all that apply.

( ) New License Application

( ) Change of Ownership

( ) Renewal of Existing License

TYPE OF LICENSE(S): Check all that apply.

CONSUMPTION ON THE PREMISES: ***Restaurant, Hotel/Motel, Dinner Theatre, Specialty Shop***

( ) Distilled Spirits **( )**Malt Beverages ( ) Wine

RETAIL PACKAGE: ***Convenience Store, Service/Gas Station, Grocery Store***

( ) Malt Beverage **( )**Wine **( )** Distilled Spirits

ALCOHOLIC BEVERAGE LICENSE CALCULATION

( ) On premises Consumption - Malt Beverage	$500.00
( ) On premises Consumption - Wine	$500.00
( ) On premises Consumption - Distilled Spirits	$1,000.00
( ) Retail – Malt Beverage	$500.00
( ) Retail - Wine	$500.00
( ) Retail – Distilled Spirits	$5,000.00
	TOTAL:_____

Please read the application carefully and answer all questions. Omissions and/or false statements associated with this application are grounds for revocation or denial of an alcoholic beverage license and criminal penalties for false swearing.

BUSINESS INFORMATION:

Entity Name: _____

Entity Address: _____

Business Name (D.B.A.)_____ Business Phone: _____

Mailing Address _____

Beginning Date of Business in City of Royston: _____

Federal Tax ID Number: _____ GA Sales Tax Number:_____

APPLICANT INFORMATION:

Full Name of Applicant/Licensee:_____

Current Street Address: _____

Phone Number: _____

Check all that apply to Applicant/Licensee:

( ) convicted under any federal, state, or local law of a felony within the last ten (10) years.
( ) convicted of any misdemeanor involving "moral turpitude" within the last five (5) years.
( ) been on felony probation or parole within the last five (5) years.
( ) been released from prison on felony charges within the last five (5) years prior to the filing of this application?

TYPE OF OWNERSHIP:

( ) Sole Proprietor ( ) Partnership ( ) Association ( ) Corporation ( ) LLC

Include Certificate of Good Standing with supporting documents showing 1) parties with authority to bind entity-Operating Agreement, 2) names of owners and 3) percentage of ownership interest.

What is the name of the person who, if the license is granted, will be the active Manager/Registered Agent of the business and on the job at the business? List the home address, area code and phone number of this person.

_____

_____

State whether the Applicant/Licensee, Partner, Corporation Officer, or Member holds any alcoholic beverage license in other jurisdiction or has ever applied for a license and been denied. (Submit full details).

_____

_____

OWNERSHIP OF PROPERTY:

Does the applicant own the land and the building on which this business is to be operated?

( ) Yes ( ) No

If not, please provide Property Owner information below and copy of lease or rental agreement:

Property Owner for Proposed Business Location: _____
Address: _____
City, State, Zip: _____ Phone: ( ) _____

For Alcohol **Consumption on Premises** License:

ALCOHOL EXCISE TAX ACKNOWLEDGEMENT

I understand, acknowledge, and agree to the rules and regulations for taxation in the ordinance and under the laws of the State of Georgia. I further understand pursuant to the City of Royston Alcoholic Beverage Ordinance, all licensed businesses in the City of Royston, that hold a valid City of Royston Alcohol License to serve liquor for consumption on the Premises must be responsible for submitting their monthly Alcohol Excise Tax returns.

_____Initials

NEW APPLICATIONS ONLY:

BE ADVISED THAT, IN ADDITION TO A CITY OF ROYSTON ALCOHOLIC BEVERAGE LICENSE, YOU MUST ALSO OBTAIN A LICENSE FROM THE STATE OF GEORGIA.

This application must be executed under oath and the applicant is subject to criminal penalties for false swearing. The application includes all attachments and forms that are required for the processing of this application. I _____, the Applicant/Licensee, do solemnly swear that the answers made on this application are true and correct and that no false or fraudulent statements have been made herein to obtain an alcoholic beverage license.

_____ _____
Signature of Applicant/Licensee Date

SUBSCRIBED AND SWORN BEFORE ME
ON THIS _____DAY
OF_____, 20___.

_____
Notary Public/Seal

_____
My Commission Expires:

EMERGENCY CONTACT FORM

Business must maintain an emergency contact list.

Entity/Business (D/B/A) Name: _____
Entity/Business (D/B/A) Address: _____
City, State, Zip: _____ Phone: ( ) _____

Full Name of Emergency Contact (1):
(Print)_____
Phone: ( ) _____

Full Name of Emergency Contact (1):
(Print)_____
Phone: ( ) _____

O. C. G. A. § 50-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an applicant for alcohol license from the City of Royston, Georgia, the undersigned applicant verifies one of the following with respect to the application for public benefit:

1) _____ I am a United States citizen.
(Must include copy of either current State Driver's License, Passport, or Military ID)

2) _____ I am a legal permanent resident of the United States.
(Must include a copy of current State Driver's License and either a copy of Permanent
Resident Card or Employment Authorization Card).

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.
(Must include a copy of current State Driver's License and either a copy of Permanent
Resident Card or Employment Authorization Card.)

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 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 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 Date

SUBSCRIBED AND SWORN
BEFORE ME ON THIS _____ DAY
OF _____20___.

_____
Notary Public/Seal

_____
My Commission Expires:

E-VERIFY 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 license, permit, or other document required to operate a business in O.C.G.A. 36-60-6(d):

Check one:

☐ a. On January 1, of the previous year, the individual, firm, or corporation employed more than then (10) employees.

☐ b. On January 1, of the previous year, the individual, firm, or corporation employed ten (10) or fewer employees.

The employer has registered with and utilizes the federal work authorization program in accordance with the application 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 is as follows:

_____
Name of Private Employer

_____ _____
Federal Work Authorization User Id No Date of Authorization

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

_____
Signature of Authorized Officer or Agent

_____
Print Name of and Title of Authorized Officer, or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS _____ DAY
OF _____20___.

_____
Notary Public/Seal

_____
My Commission Expires:

To register for the E-Verify Program, go to the U.S. Citizenship and Immigration Services website (www.uscis.gov).

EVERY APPLICANT SHALL READ AND INITIAL THE FOLLOWING:

_____ The applicant/licensee received, read and understood, and become familiar with the Alcoholic Beverage Ordinance of the City of Royston and the laws of the State of Georgia, regulating the sale of alcoholic beverages.

_____ The applicant understands that the making of any untrue or misleading statements in this application shall be sufficient cause for the denial, suspension, revocation, or cancellation of this license.

_____ 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 Royston by October 1st of the year prior to the year for which the license will be issued.

_____ The 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 renovation, 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 Clerk and return his license hereto.

_____ The applicant understands that the sale of alcoholic beverages in the City of Royston is a privilege and not a right, and that the issuance of a license hereunder shall not create any property rights for the license holder. Applicant also understands that any violation of any of the provisions of the City of Royston Alcoholic Beverage Control Ordinance will result in suspension or revocation of this license.

_____ Applicant understands that no license issued under this ordinance may be transferred from one person to another or from one location to another unless permitted by ordinance and with permission and approval of the City Council after written request.

_____ 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 Royston and laws of the State of Georgia.

_____ The applicant understands that any change in the relationship of a person, or in the status of the property or license, or any change in payment of rents, ownership of the lease, or building or land on which the outlet is located, any change in entity ownership or management, and any change in facts stated or claimed in any application or report requires a sworn statement of such change of material facts be filed with the City Clerk for review of City Council within fourteen (14) days of occurrence.

_____ _____

Applicant Title

SWORN AND SUBSCRIBED
BEFORE ME THIS _____DAY
OF _____, 20___.

_____

Notary Public/Seal

_____

My Commission Expires:

(FOR OFFICE USE ONLY)

ZONING USE DISTRICT:

___ R-I Single Family Residential

___ R-II Multi-Family Residential

___ PUD (Planned Unit Development)

___ CBD Central Business District

___ NS Neighborhood Shopping

___ HB Highway Business

___ M-I Restricted Industrial

___ M-II Heavy Industrial

___ (A) [(A-I)] Agricultural

DISTANCE:

1. For **Package Sales** of Malt Beverages or Wine, is business within 100 yards of any of the following:

   School Building, Educational Building, School Grounds, College Campus?

   ( ) Yes ( ) No ( ) Not applicable for Retail Consumption Dealer

2. For all Alcoholic Beverages to be **consumed on the premise**, is business within 100 yards of either of the following:

   Housing Authority Property?

   ( ) Yes ( ) No

   Alcohol Treatment Center owned and operated by state, county, or municipality?

   ( ) Yes ( ) No