South Fulton Police Department
5539 Old National Highway
College Park, Georgia 30349
(470) 809-7372

Ancillary Beer and Wine Tasting License Application

City of South Fulton Alcoholic Beverage Licensee Information			
Business Name	COSF Alcohol Beverage License #		
Business Address with Suite/Unit	City	State	Zip Code
Licensee/Registered Agent Name	Licensee/Registered Agent Phone Number		
Licensee/Registered Agent Email			
Owner Name	Owner Phone Number		
Owner Email			
Type of Alcoholic Beverage License Held: *(check all that apply).* ☐ Malt Beverages ☐ Wine	Ancillary License Fee $50		

City of South Fulton alcoholic beverage holder(s) with a package distilled spirits license cannot obtain an ancillary tasting license.

Rules and Regulations

Eligibility to obtain an ancillary beer and wine tasting license:

- √ Wine, beer and malt beverage sampling shall be on limited occasions when a customer requests a sample of a wine, beer or malt beverage offered for sale within the premises, or in conjunction with education classes and sampling designed to promote wine, beer and malt beverage appreciation and education.
- √ Wine, beer or malt beverage tasting for customers shall be conducted only at a counter area constituting no more than ten percent (10%) of the entire floor area of the premises.
- √ Such sampling for customers shall be limited to no more than one (1) time per day, on the days of the week authorized by the State law to sell beer and wine by the package for a period not to exceed two (2) consecutive hours. Samples shall not exceed two (2) ounces, and no customer shall consume more than eight (8) ounces in any two-hour period.
- √ Wine, beer and malt beverage bottles shall be opened, and samples shall only be poured by an employee who possesses a valid alcohol work permit.
- √ No open containers of wine, beer or malt beverage shall be removed from the licensed premises.
- √ The holder of an ancillary wine, beer and malt beverage tasting license may conduct educational classes and sampling for classes not more than two (2) times per week for a period of not to exceed two (2) consecutive hours. All conditions of sampling set forth in this section shall apply to such classes, except for the limitation on floor areas where the classes can be conducted.
- √ Holders of an ancillary wine, beer and malt beverage tasting permit shall not charge for samples or tastings, but may accept donations for a charitable organization of their choice.
- √ Such sampling and tasting are only permitted within the enclosed portion of the premises only.
- √ The fee for an ancillary wine, beer and malt beverage tasting license shall be according to the fee schedule adopted by City Council.

The Following Must be Attached for Complete Submittal: (Check-Off)

- ☐ Completed Application
- ☐ Nonrefundable Application $150 and $50 Ancillary License fee.
- ☐ Alcohol Off Premises Event Permit Application (There is no additional application fee for this application)
- ☐ Citizenship Affidavit for Public Benefits and E-Verify Affidavit
- ☐ Copy of any advertisements for tasting
- ☐ Copy of State Issued Photo Identification

AFFIDAVIT

Georgia, Fulton County

I, (print name)_____under oath, do hereby solemnly swear that (a) I have read and understand the requirements set forth above and otherwise provided pursuant to Title 16 of the Code of the City of South Fulton, Georgia, in order to procure this license, and (b) the licensee and/or licensed premises presently meet all of the requirements to be eligible to obtain this license. I further swear that the information I have provided herein or otherwise to the City is true, and that I have made no knowingly false or fraudulent statement to the City in order to procure the granting of this license. In making the foregoing representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in this 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.

_____
Signature of Applicant

Subscribed and sworn to before me

This the _____ day of _____, 20_____.

_____
(Signature of Clerk/Notary Public)

_____
Printed Notary Name

My commission expires: _____

For Office Use Only

Application Received by Investigator _____ Date Received _____
Print Name Time Date Stamp

☐ Application Meets all Requirements for License ☐ Application does ***NOT*** meet Requirements

---

Application ☐ **APPROVED** ☐ **DENIED**

_____ _____
Chief of Police Signature **Date**

Edmunds Receipt Invoice #_____ Ancillary 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*** [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from ***City of South Fulton*** [*name of government entity*], 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 ME
ON THE
_____ DAY OF _____, 20___

_____
NOTARY PUBLIC
My Commission Expires:

E-Verify Affidavit
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.

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

*** If the employer selected Section1(A), please fill out Section 2 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 this day _____ of _____, 20__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_____, 20_____.

_____
NOTARY PUBLIC

My Commission Expires: _____

)