City of Covington

ALCOHOLIC BEVERAGES RENEWAL APPLICATION

DUE ON OR BEFORE NOVEMBER 1st

Date received: _____	Registration Approved: _____
Received by: _____	M/C meeting: _____
BL: _____	GA DOR ALP: _____
Renewal year: _____	State license received: _____

Page | 1

PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED. ORIGINAL APPLICATION MUST BE SUBMITTED TO THE OFFICE, NO DIGITAL COPIES PERMITTED.

REQUIREMENTS:

☐ non-refundable $250 application fee, $25 administrative fee, and the annual license fee due upon submittal
☐ non-criminal history background check & fingerprinting will need to be completed with **IDENTOGO** by visiting https://ga.state.identogo.com The ORI that you will enter is: **GA923224Z** service code **2TGR22**
☐ scan a copy of this completed application to GA State ALP. A copy of the State of GA alcohol license must be submitted to our office prior to issuing the local license.

Please call 770-385-2174 or email **jhise@cityofcovington.org** with the name of business in the subject header stating registration needs approval after you have completed this on IDENTOGO.

BUSINESS NAME:_____DBA:_____

BUSINESS ADDRESS (Location alcohol will be sold):

_____

MAILING ADDRESS (if different):

_____

PLEASE CHOOSE TYPE OF LICENSE APPLYING FOR:	LICENSE FEES:
Off Premises Consumption	
☐ Beer or ☐ Wine	$ 750 each
☐ Beer and Wine (both)	$ 1,000
☐ Beer ☐ Wine Only with Ancillary On-Premises Tasting of Same	$ 750.00 each + $125 ancillary tasting
☐ Beer and Wine (both) with Ancillary On-Premises Tasting of Same	$ 1,000 for both + $125 ancillary tasting
☐ Distilled Spirits Only	$ 5,000
☐ Beer, Wine, & Spirits	$ 6,000
☐ Annual Alcohol Caterer	$ 500
On Premises Consumption	
☐ Beer or ☐ Wine	$ 750 each
☐ Beer and Wine (both)	$ 1,000
☐ Beer, Wine, & Spirits	$ 4,000
☐ Distilled Spirits Only	$ 3,000
☐ Beer and/or Wine Personal Service Amenity	$ 25
☐ Beer and/or Wine Retail Amenity	$ 25
☐ Art Shop	$ 25

City of Covington

ALCOHOLIC BEVERAGES RENEWAL APPLICATION

Wholesale

☐	Beer & Wine Only	$ 100
☐	Distilled Spirits Only	$ 1,500
☐	Wholesaler – Beer & Wine only	$ 1,000
☐	Wholesaler – Distilled Spirts only	$ 1,000
☐	Manufacturer of any alcoholic beverage	$ 1,000

Brewery/Brewpub

☐	Micro-brewery production, wholesales, and tastings license	$ 1,250
☐	Brewpub production, wholesales with on-premises consumption	$ 5,000

License for beer, wine and/or distilled spirits

II. APPLICANT INFORMATION:

This is the primary person responsible for Alcohol License (not a business name). Applicants must be at least (21) years of age.

Applicant Name:_____ Email: _____

Owners Name: _____ Email:_____

The applicant shall not have been convicted, pled guilty or nolo contendere to any felony or to any other offense related to the sale, manufacture or use of alcoholic beverages or any Georgia controlled substance, as that term is defined in O.C.G.A. Section 16-13-21, sex crimes or crimes against children; provided, however, that if the applicant has had any such conviction and has successfully completed five years of any probation or parole imposed upon said conviction then this disqualification shall be removed.

Applicant's home address:_____

City:_____ State:_____Zip: _____

Cell phone:_____Business phone:_____

Email: _____Social Security #: _____Date of Birth: _____

Has applicant ever been convicted of a felony or crime involving children or a controlled substance ? ☐ Yes ☐ No

(This does not automatically disqualify applicants, please refer to City Ordinance 5.12.060)

Are you at least 21 years or older ? ☐ yes ☐ no

III. BUSINESS INFORMATION: What type of business does the applicant operate?

☐ Convenience Store ☐ Grocery Store ☐ Restaurant ☐ Package Store ☐ Wholesaler ☐ Distiller ☐ Other:_____

For licensing information, please contact Planning and Development on 770-385-2174. **Please return all required documents on or before November 1st, to allow adequate time to process before current license expires. All license fees must be paid in full at time of submittal.**

City of Covington

ALCOHOLIC BEVERAGES RENEWAL APPLICATION

Page | 3

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

I, _____ am applying to the City of Covington, Georgia for a
(Name)

___X__1) Alcohol (I am authorizing the City of Covington to receive any criminal history record or information pertaining to me which may be in the files of any local and/or state criminal justice agency.)

_____2) Other public benefit as referenced in O.C.G.A. 50-36-1.
(Please describe:)_____

I hereby state, under oath, with respect to my application for
_____
(Name of business, corporation, partnership, or other private entity)

that:

☐ 1) I am a United States citizen or a legal permanent resident

OR

☐ 2) I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, lawfully present in the United States. *

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 Code Section 16-10-20 of the Official Code of Georgia.

_____ _____
Signature of Applicant Date

_____
Printed Name

_____
Alien Registration Number for Non-Citizens*

NOTARY SEAL:

Sworn to and subscribed before me on this _____day of _____,20_____

_____ _____
Notary Public My Commission Expires

*Note: O.C.G.A. 50-36-1 (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 numbers. Qualified aliens that do not have an alien registration number may supply another identifying number below:

City of Covington

ALCOHOLIC BEVERAGES RENEWAL APPLICATION

Page | 4

Provide names and information for each individual applicant or, for any entity applicant, all partners, managers, directors and officers, as applicable:

Name: _____ Email: _____

Home address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Cell phone: _____ Business phone: _____

Name: _____ Email: _____

Home address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Cell phone: _____ Business phone: _____

Name: _____ Email: _____

Home address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Cell phone: _____ Business phone: _____

Attach additional sheets as needed for each additional applicant, partner, manager, director or officer.

For office use only:

Name	TCN #	Registration Approved	Appointment Scheduled	Background Approval	Staff & Date