



Board of County Commissioners

Office of Planning & Development

135 Gross Road • Kingsland, GA 31548

Phone: (912) 729.5603 • Fax: (912) 729.5543 • www.camdencountyga.gov

August 28, 2025

Dear Business Owner,

We are reaching out to remind you that your current Alcoholic Beverage License is set to expire on **December 31, 2025**. Enclosed with this letter, you will find the renewal application form for the **2026** licensing year.

To ensure a smooth renewal process, please submit your completed application, all required materials and a copy of your driver's license by **September 26, 2025**. This deadline allows us to meet the advertising and public hearing requirements for the Board of Commissioners meeting scheduled for **November 4, 2025**.

Applications and payments received after this date **will not** be processed until January 2026.

Renewal Checklist:

1. You **cannot** complete your background check/fingerprinting until after you submit your application through the State Alcohol Licensing Portal.
2. Complete, sign, and notarize your renewal application.
3. Submit the required documents via the Department of Revenue's Georgia Tax Center e-Services page: [State Alcohol Licensing Portal \(https://gtc.dor.ga.gov/\)](https://gtc.dor.ga.gov/).
4. Pay applicable fees through the Office of Planning & Development by calling for credit/debit card payment (3.5% fee charged by bank), by postal mail, or in person.

Please note that all owners and managers must undergo mandatory fingerprinting for a criminal history check, even if there have been no personnel changes. To schedule your fingerprinting appointment, contact Amanda Watson at the Camden County Sheriff's Office, (912) 510-5100.

Thank you for your prompt attention to this matter. We appreciate your cooperation and look forward to continuing our partnership.

If you have questions or require assistance, please contact Cindy Daniels at (912) 729-5603.

Warm regards,

Office of Planning & Development
Camden County Board of Commissioners

"Award-Winning Government"

ROBBIE CHEEK
Commissioner, District 1

MARTIN TURNER
Commissioner, District 2

CODY SMITH
Commissioner, District 3

JIM GOODMAN
Commissioner, District 4

BEN L. CASEY
Commissioner, District 5

SHAWN M. BOATRIGHT
County Administrator

JACQUELINE FORTIER
County Attorney



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Application for Alcoholic Beverage License

Application must be fully completed before processing. Please type or print clearly with a ballpoint pen. All alcohol licenses expire on December 31st of the year issued. Report any changes of location/mailling address promptly to the Occupational Tax Division.

1. Date of Application: _____

2. Calendar Year: _____

3. Type of License: ☐ New ☐ Renewal

Application Fee: New License: \$281

License Renewal: \$126

Each Add'l Manager: \$41

4. Applying Applicant's Information:

Name: _____

Your relationship with this business: ☐ Manager ☐ Officer ☐ Registered Agent ☐ Owner

Residence: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Social Security/Fed. Tax I.D.#: _____

Driver's License Number: _____ State: _____ Georgia Sales Tax I.D. # _____

Have you ever been arrested? ☐ YES ☐ NO If Yes, give date and offense: _____

U.S Citizen: ☐ YES ☐ NO Legal Alien: ☐ YES ☐ NO (Alien Registration (residency card) must be provided.)

Name: _____

Your relationship with this business: ☐ Manager ☐ Officer ☐ Registered Agent ☐ Owner

Residence: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Social Security/Fed. Tax I.D.#: _____

Driver's License Number: _____ State: _____ Georgia Sales Tax I.D. # _____

Have you ever been arrested? ☐ YES ☐ NO If Yes, give date and offense: _____

U.S Citizen: ☐ YES ☐ NO Legal Alien: ☐ YES ☐ NO (Alien Registration (residency card) must be provided.)

Name: _____

Your relationship with this business: ☐ Manager ☐ Officer ☐ Registered Agent ☐ Owner

Residence: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Social Security/Fed. Tax I.D.#: _____

Driver's License Number: _____ State: _____ Georgia Sales Tax I.D. # _____

Have you ever been arrested? ☐ YES ☐ NO If Yes, give date and offense: _____

U.S Citizen: ☐ YES ☐ NO Legal Alien: ☐ YES ☐ NO (Alien Registration (residency card) must be provided.)

5. Business Information:

Advertised Business Name: _____

Business Add: _____ City: _____ State: _____ Zip: _____

Business Ph: _____ Other Ph: _____ Email: _____

Corporation Name: _____

Mailing Add: _____ City: _____ State: _____ Zip: _____

(If corporation, list all members on a separate sheet. With all of the above information.)

6. Has alcohol been sold or served at this location previously? ☐ Yes ☐ No

Yes, Previous License No. _____

Business hours of operation: M-F: _____ Saturday: _____ Sunday: _____

7. Type of Business (check all that apply):

☐ Restaurant ☐ Convenience Store ☐ Super Market/Grocery ☐ Hotel/Motel ☐ Lounge
☐ Package Shop ☐ Other*

* Please explain: _____

See Next Page

8. Type of License applied for:

☐	Retail Dealers of Malt Beverages, Beer, Wine and/or Spirituous Liquors.....	\$1,250.00
☐	Retail Dealers of Malt Beverages, Beer and Wine sold in original packages only.....	\$ 500.00
☐	Retail Dealers of Malt Beverages or Beer.....	\$ 250.00
☐	Retail Dealers of Wine.....	\$ 250.00
☐	Retail Consumption Dealers of Spirituous Liquors, Malt Beverages, Beer and Wine.....	\$1,000.00
☐	Retail Consumption Dealers of Malt Beverages, Beer and Wine.....	\$ 500.00
☐	Retail Consumption Dealers of Malt Beverages or Beer.....	\$ 250.00
☐	Retail Consumption Dealers of Wine only.....	\$ 250.00
☐	Retail Sale and Consumption on Premises of Malt Beverages and Wine.....	\$ 500.00

Affidavit of Applicant

The undersigned hereby stipulates and states that all statements given in this application are true and correct and made for the purpose of inducing aforesaid County to issue or renew said alcoholic beverage license(s). Applicant further states this document is sworn to and subscribed hereto with the full knowledge that any statement herein, given falsely shall constitute perjury and may result in the revocation of the license granted or the refusal to grant such license. The applicant agrees to comply and abide by the County's Alcoholic Beverage Ordinance.

Applicant further acknowledges that application must be fully completed at the time of filing and that applications may not be supplemented, amended, or revised after filing with the Clerk, except to correct misspelling or names.

APPLICANT HEREBY AGREES AND CONSENTS PURSUANT TO PUBLIC LAW 93-579 OF THE PRIVACY ACT OF 1974, THE DISCLOSURE OF INFORMATION OBTAINED IN THIS APPLICATION MAY BE SUBMITTED TO ANY AGENCY OF THE CITY, COUNTY, STATE, AND FEDERAL GOVERNMENT FOR THE PURPOSES OF OBTAINING THE NECESSARY INFORMATION TO PROCESS THE APPLICATION.

Applicant

Sworn to and subscribed before me
this ____ day of _____
20 ____.

Notary Public

Owner/Manager

Sworn to and subscribed before me
this ____ day of _____
20 ____.

Notary Public

Sworn to and subscribed before me
this ____ day of _____
20 ____.

Notary Public

Owner/Manager

STATE OF GEORGIA

COUNTY OF CAMDEN

AFFIDAVIT

The undersigned applicant states that his/her date of birth is _____, his/her place of birth is _____, his/her social security number is _____, and his/her driver's license number is _____ from the State of _____.

That he/she, nor any of the other owners of the retail or wholesale establishment for which a license for the distribution and sale of alcoholic beverages and liquors, malt beverages and wine in the unincorporated areas of Camden County, Georgia, is being applied, nor any employee of such establishment has been convicted or has pleaded guilty or entered a plea of nolo contendere of narcotics or liquors within a period of ten (10) years immediately prior to the filing of such application.

Applicant further agrees that any license granted upon the faith of the statements herein made and made in the application form and related paperwork may be revoked by the Board of Commissioners of Camden County, Georgia at any time upon the violation by said applicant, his manager or any employee of any of the aforementioned acts.

Applicant further states that every statement made by him/her in his/her application and his/her affidavit is true and correct to the best of his/her knowledge and belief.

Applicant

License Business Location Name

Sworn to and subscribed before me
this _____ day of _____
20____.

Notary Public

A copy of this Affidavit shall be executed by each Owner(s) and Manager(s), and shall be forwarded to the Sheriff with the accompanying Criminal History Consent Form.

Criminal History - Owner/Manager

The applicant named below:

() meets requirement for license.

() does not meet requirement for license.

Checked By: _____

Date Checked: _____

Kevin Chaney, Sheriff

KEVIN CHANEY, SHERIFF
CAMDEN COUNTY
P.O. BOX 699
209 EAST 4TH STREET
WOODBINE, GEORGIA 31569-0699

Consent Form

I hereby authorize SHERIFF KEVIN CHANEY to obtain all criminal histories pertaining to us, as owner(s) and manager(s) of the following named business, which may be in the files of the Georgia Crime Information Center or local criminal justice agency in the State of Georgia.

Full Name (printed)

Street Address

City/State/Zip

Social Security Number

Sex

Race

Date of Birth

Applicant's Signature

Sworn to and subscribed before me
this _____ day of _____
20____.

Applicant(s) Alcohol Beverage
Business Name

Notary Public

A copy of this Consent Form shall be executed by each Owner(s) and Manager(s), and shall be forwarded to the Sheriff to review all criminal histories for all owners and managers of the above named business.



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O.C.G.A. §50-36-1(E)(2) Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Camden County, Georgia Business/Occupational Tax Certificate, Alcohol License and Special Event as referred in **O.C.G.A. §50-36-1** from the **Office of Planning & Development**, the undersigned applicant verifies **ONLY** one of the following with respect to my application for public benefit:

☐

I am a United States citizen: **or**;

☐

I am a legal permanent resident of the United States: **or**;

☐

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 _____.**
***(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)**

The undersigned applicant also hereby verifies that he or she is 18 years 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 _____**
_____ . (such as: state issued driver's license, state issued identification, passport, etc.)

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

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS _____

DAY OF _____, 20_____

NOTARY PUBLIC

SEAL

STATE OF GEORGIA

COUNTY OF CAMDEN

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- ☐ 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 _____.**
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Date

Printed Name of Applicant

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BEFORE ME ON THIS _____

DAY OF _____, 20____

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COUNTY OF CAMDEN

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Executed in _____ (City) _____ (State).

Signature of Applicant

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Printed Name of Applicant

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NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a 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 officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Signature

Date



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Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

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 (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. **Routine Uses:** During the processing of this application and for as long thereafter 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 as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Signature

Date

Board of County Commissioners

200 East 4th Street / P.O. Box 99 • Woodbine, GA 31569
Phone: (912) 576-5601 • Fax: (912) 576-1866 • www.co.camden.ga.us



Excise Tax Return For Liquor By The Drink

Every person holding a liquor license in the unincorporated limits of Camden County must collect a tax of (3%) on the **sale of liquor by the drink**. In addition, there are tax collections for malt beverages and wine. This tax is due and **payable to the County Finance Department monthly**, no later than the 20th day of the month following the month in which the beverage(s) are sold. All collections received after the due date will be charged an additional penalty as well as interest from the due date. The penalty is (10%) of the total tax due. Interest will be charged at a rate of (1%) per month.

Name of Licensed Establishment _____

License # _____

Tax Collections for Month of _____ Year _____

Monthly Tax Collection Information

Gross Sales of Liquor by the Drink \$ _____
Multiply gross sales times 3% \$ _____

Penalty (10%) for past due date returned \$ _____

Interest (1% for each month past due) \$ _____

Total Amount Due \$ _____

“Award Winning Government”

SHAWN M. BOATRIGHT
County Administrator

JACQUELINE FORTIER
County Attorney

ROBBIE CHEEK
Commissioner, District 1

MARTIN TURNER
Commissioner, District 2

CODY SMITH
Commissioner, District 3

JIM GOODMAN
Commissioner, District 4

BEN CASEY
Commissioner, District 5