CITY OF MADISON

Alcohol Beverage License Renewal Packet

Office of the City Clerk
132 N Main Street
Madison, GA 30650

updated 04/19/2024

BASIC INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- This application must be completed in its entirety. Incomplete applications will not be reviewed, and we cannot complete any portion of the application for you. If the space provided is not enough to fully and correctly answer a question, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached.

- At the time of submission, the application must be dates, signed and verified, under oath, by the applicant.

- Completed applications must be delivered to the City Clerk at 132 North Main Street, Madison, GA 30650

LICENSE FEES

- License granted prior to January 1st shall pay the license fee for the entire year.

- Licenses granted after January 1st are issued for the remainder of the year. The license fee will be prorated quarterly, and the license will be due for renewal at the end for the year at the regular rate. (***Q1***: January to March / 100%, ***Q2***: April to June / 75%, ***Q3***: July to September / 50%, ***Q4***: October to December / 25%)

- License Fees are non-refundable.

KEY CONTACTS

MAILING ADDRESS
City Of Madison
Attn: City Clerk
PO Box 32
Madison, GA 30650

OCCUPATIONAL TAX LICENSE
City Of Madison
Attn: City Clerk
PO Box 32
Madison, GA 30650
Tel: 706-342-1251 x 205
dgilbert@madisonga.com

CHECK LIST FOR COMPLETING RENEWALS

This checklist is provided for your information and convenience. Only when you can checkoff ***every item*** on the list below will your application packet be complete and ready for submission.

- ☐ **Notarized Application Form**: Details the following information: contact, financing, type of ownership, and percentage of ownership.
- ☐ **License Application Form**: Application specific to type of license being applied for.
- ☐ **S.A.V.E. Affidavit**: must be presented in person with a secure & verifiable document
- ☐ [redacted]
- ☐ **Renewal Affidavit –** Oath confirming the compliance of the applicant with the City of Madison ordinance.
- ☐ **Fee** – Money orders, cashier's checks, or certified checks made payable to the City of Madison are acceptable forms of payments
- ☐ **Insurance:** Proof of liquor & general liability insurance coverage in the amount of no less than $1,000,000 per occurrence, $2,000,000 aggregate with a company listed on the U.S. Treasury's Circular 570
- ☐ **Occupational Tax Certificate**: A copy of the current City of Madison Occupational Tax Certificate must

Advertisement – Pouring Establishments only: 2 consecutive weeks of advertising in the legal section of the local newspaper.

In addition to the City of Madison license, a State license shall be required. Please contact the Georgia Department of Revenue for assistance.

All employees serving, pouring, taking orders for and selling alcoholic beverages must obtain a certificate from one of the following vendors.

ALCOHOL TRAINING REQUIRED FOR ALL EMPLOYEES

1) Techniques of Alcohol Management - contact Cindy at 800-292-2896
2) Evindi, Inc. – contact Michele Stumpe at 678-336-7160 or mlstumpe@evindi.com
3) Reserving.com Online Course
4) eTips.com – Online Course

CITY OF MADISON

Alcohol Beverage License
Fee Schedule

License Fee: Consumption on Premises

Restaurants

1. Beer, Wine and Liquor	$4,300.00
2. Beer and Wine	$800.00
3. Brewpub	$500.00
4. Catering	$250.00

Private Clubs (As defined in Madison Code – Chapter 6, Section 6-.341 (C)

1. Beer and Wine	$500.00

Limited Pouring (As defining Madison Code - Chapter 6, Section 6-.341 (E & F)

1. Arts and Entertainment – Beer and Wine	$500.00
2. Amenity Permit – Beer and Wine	$100.00

License Fees: Package Sales

1. Distilled Spirits, Retail License- Initial	$5,000.00
3. Distilled Spirits, Retail License - Renewal	$1,500.00
4. Malt Beverages & Wine, Retail License	$500.00
5. Specialty Shop	$250.00

License Fees: Wholesale Permits

1. Distilled Spirits, Wholesale Permit	$100.00
2. Malt Beverages & Wine, Wholesale Permit	$100.00
3. Malt Beverages Only, Wholesale Permit	$100.00
4. Malt Beverages Only, Wholesale Permit [1]	$2,500.00
5. Wine Only, Wholesale Permit	$100.00

License Fees: Specialty Gift Shop

1. Beer and Wine	$250.00

Bond Fees

1. Beer and Wine	$1000.00
2. Liquor	$2500.00

Per the City of Madison Code of Ordinances, Chapter 6, Sec. 6-35 & 6-315 (a) all payments must be cash or a bank check. *certified bank check for liquor package sales*

CITY OF MADISON
Alcohol Beverage License
Application Cover Page

Contact Information

Business Name: _____

Contact Name: _____ Contact Email: _____

Contact Telephone: _____ Contact Mobile: _____

License Information

Please select the most appropriate response. This application is being filed due to:

○ New Location ○ New License ○ New Ownership

○ Other. Please Specify: _____

Please select the category that best describes the business for which this application is being submitted.

○ Package Store ○ Grocery Store/Super Market ○ Convenience Store

○ Wholesale Dealer ○ Restaurant ○ Private Club/Non-Profit

○ Arts & Entertainment/Limited Pouring ○ Specialty Shop

○ Other. Please specify: _____

Please indicate the type of license for which you are applying (check all that apply):

○ Wholesale / Distilled Spirits/Liquor ○ Wholesale /Malt Bev. / Beer & Wine ○ Wholesale / Malt Bev. / Beer Only

○ Wholesale / Wine Only ○ Package License / Liquor (NEW) ○ Package License / Liquor (Renewal)

○ Package License / Malted Beverages / Beer & Wine ○ Pouring License / Beer/Wine/Distilled Spirits

○ Pouring License / Beer & Wine ○ Pouring License / Private Club ○ Pouring / Art & Entertainment

○ Pouring license / Brewpub ○ Limited License / Catering Limited License / Specialty Shop

This Section for City Staff Use Only

Date Received: _____
Type of License: _____
Fee Due: _____
Applicant: _____
Managers: _____
Insurance Exp. Date: _____
Bond Exp Date: _____
Date Approved: _____

Ad. Week 1: _____
Ad. Week 2: _____
M& C Approval Date: _____
Alcohol Training Due: _____

CITY OF MADISON
Alcohol Beverage License
Application Form

Owner

Legal Name: _____

Corporation or LLC Name (if applicable): _____

Location Street Address: _____

_____

_____

Email: _____ Phone: _____

Type of Ownership

☐ Sole Owner ☐ Partnership ☐ Private Held Corporation

☐ Public Held Corporation ☐ Public Held Corporation Subject to S.E.C LLC

☐ Other, explain:

For *PARTNERSHIPS* Only

a. Date Partnership was Formed: _____

b. Attach Partnership Agreement: _____

c. List All Partners (attach additional sheets as necessary): _____

Interest Investment Participation $: _____

For CORPORATIO and LLC Only:

b) Date of Formation: _____

c) Place of Formation: _____

d) Parent Corporation or LLC (if applicable): _____

e) Number of Shares of Capital Stock Authorized: _____

f) Number of Shares of Outstanding Stock: _____

g) List of All Officers, Directors, Members, and/or Principal Shareholders with 20% or more of the stock or membership interest (attach sheets): _____

_____

_____

h) Is the company owned by a parent company or held by a holding company? _____ If yes, attach explanation.

CITY OF MADISON
Alcohol Beverage License
Application Form cont'd

For *PRIVATE CLUBS* only:

a) Date of Organization under the laws of Georgia: _____

b) Total Number of Regular Dues Paying Members: _____

c) Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of distilled spirits beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club? ____ If yes, attach explanation.

FINANCING for all applicants:

a) Bank to be used by business. Include Branch and Address: _____

_____

_____

_____

b) State total amount of capital that is or will be investing in the business by any party or parties: _____

c) State total amount of funds invested by the owner: _____

d) State total amount of funds invested by the parties other than the owners: _____

e) If any capital is borrowed indicate the name of the lender, date, amount, and interest rates: _____

_____

f) Attach financial Statements

FINANCING for all applicants:

a) Has owner and/or individual partner, member, shareholder, director or officer:

1) Any financial interest in any manufacturer or wholesale of alcoholic beverage? _____

2) Received any financial aid or assistance from any manufacturer of alcoholic beverages? _____

*If yes to either of immediate foregoing, attach explanation.

b) List all other businesses engaged in the sale of alcoholic beverages that you the owner, or any individual, partner, member, shareholder, officer of director is interest in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past. List name of business, and interest %. _____

CERTIFICATION

I, _____, do solemnly swear subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing statement are true and correct.

_____ **(Applicant's signature)** _____ **(Print name)**

I hereby certify that signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made therein, and under oath actually administered by me, has sworn that said statements and answers in foregoing statement are true and correct. **This___ day of___, 20___.**

_____

(Notary Public) (seal)

CITY OF MADISON

Alcohol Beverage License Application

I, _____ , am a potentially eligible applicant under the City of Madison, Georgia _____ license regulations, a copy of which I have received and read and shall have cause to be complied with all times. I make application for a license as follows:

Name of Proposed License Holder: _____

Name of Business: _____

Business Street Address: _____

_____

I am a citizen of the United States or a resident alien legally entitled to work in the United States, at least 25 years of age and have been a resident of the State of Georgia for at least one (1) year prior to the filing of this application. I shall be actively involved in the management and operation of the business for which the license is requested. If I am making this application as an agent for a corporation or LLC or other entity, I state that the corporation or LLC or other entity is eligible for such a license, and I am authorized to act on its behalf and bind it through my actions herein. I agree on behalf thereof that any license to sell distilled spirits is a privilege, and not a right.

I understand that a violation of any of the laws, ordinances, regulations, or statutes of the State of Georgia and/or the City of Madison, Georgia, pertaining to the sale of _____ may result in the suspension or revocation of the license. I further understand that this license can be revoked because of the violation of such a law, statute, regulation, or ordinance by any agent or employee of the business, including, but nor limited to, the sale of alcoholic beverages to a person under 21 years of age. I understand such offenses could lead to incarceration for up to six months.

I further agree to accept all communications at the above address from the City of Madison, Georgia, regarding this application and any malt beverage and wine license granted there under, and waive any right to notification at a different address.

_____

Signature

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

Notary Seal

_____

Notary Public, Morgan County, Ga.

My commission expires_____

License approved: _____ not approved:_____.

CITY OF MADISON, GEORGIA

Date: _____

By: _____ (Mayor)

Attest: _____(City Clerk)

CITY OF MADISON
SAVE Affidavit

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

__☐__ I am a United States citizen.
__☐__ I am a legal permanent resident of the United States.
__☐__ 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.

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 THIS THE
____ day of _____, 20___.

Notary Seal

_____
Notary Public
My commission expires: _____

__US Passport
__U.S. Driver's License
__Alien Registration Card
__Merchant Mariner Card
__SENTRI Card
__Certificate of Naturalizati on

__U.S. Passport Card
__Tribal ID Card
__Foreign Gov. Passp rt
__Free & Secure Trad Card
__Canadian Driver's l cense
_Matricula Consular ID

U.S Military ID
U.S. Permanent Resident Card
_E ployment Authorization Card
_ Nexus Card
_ Certificate of Citizenship

Documentation Verified by:_____ Date:_____

RE: Madison Alcohol Permit Renewal Application

1. Personally appeared before the undersigned officer, duly authorized to administer oaths, _____ who states under oath as follows:
2. My name is _____. I am of the age of majority, competent to testify, and have personal knowledge of the facts stated herein.
3. I am the CEO, Manager, Owner (circle one) for _____, a licensee under the City of Madison, Georgia alcohol regulations. I have received those Regulations and read them and shall ensure compliance with those Regulations at all times. I have held that position of CEO, Manager, Owner (circle one) since _____.
4. I am giving this affidavit for use in connection with the licensee's reapplication for an annual license for sale of alcohol in the City of Madison.
5. I am familiar with and the custodian of and have carefully reviewed the prior year's application for an alcohol license and can certify based upon my personal knowledge as follows below.
6. It is my professional opinion and judgment as a CEO, Manager, Owner (circle one) that the licensee is a viable going concern, being operated in a fiscally responsible manner, and that none of the information from last year's application has changed (except as shown on attached Exhibit A hereto), and that the licensee therefore meets all the requirements of the City of Madison alcohol regulations.
7. The licensee, including shareholders/members of corporations/LLC's, has/have no convictions or pleas of nolo contendere within the previous 10 years to a felony, or to a misdemeanor involving moral turpitude (dishonesty) per law enforcement background check, to which licensee and its individual partners, and any individual shareholders holding 20 percent or more of the shares of stock of the entity, and any individual members holding 20 percent or more of the membership interests of a LLC, and operators and managers shall consent in writing.
8. The licensee's manager/operator, _____, has adequate participation in the business to direct and manage its affairs, and is not a mere surrogate for a person who would not otherwise qualify for a license for any reason whatsoever.
9. I agree that every person involved in the sale of alcohol must complete an Independently Certified Alcohol Training Class within 6 months of license approval and renew every 3 years. I represent that all such persons involved in the sale of alcohol are in full compliance with such.
10. I further agree that with this affidavit I must provide the following: Bond (or letter of credit from FDIC insured bank) requiring faithful observance of all rules and regulations, Copy of Application for State License, payment of annual fee (pro-rated quarterly) pertinent to the type of reapplication, proof of liquor and general liability insurance coverage in the amount of no less than $1,000,000 per occurrence, $2,000,000 aggregate, with a company listed on the U.S. Treasury's Circular 570, and the Ordinance Verification Form.
11. If there has been a change in ownership of 20% or more, or there is a new manager, I understand and agree to the following requirements: Evidence of Ownership of Building or Copy of Lease, Present S.A.V.E. Affidavit, show Picture Identification and One Other Form of Identification, have photo taken at City, sign Consent/Release Form for background check, and obtain background check including fingerprint cards at City Hall and leave a check payable to City of Madison for $40 (per set).
12. I am a citizen of the United States, at least 25 years of age and have been a resident of the State of Georgia for at least 2 years. I shall be actively involved in the management and operation of the business for which the license is requested. If I am making this application as an agent for a corporation or LLC or other entity, I state that the corporation or LLC or other entity is eligible for such a license, and I am authorized to act on its behalf and bind it through my actions herein. I agree on behalf thereof that any license to sell alcohol is a privilege, and not a right.

13. a. Restaurants

The licensee maintains quarterly food sales of 60 percent or more of its total gross sales during the preceding calendar quarter, and annual food sales in excess of $150,000.00. I have reviewed the gross dollar sales amount for: total sales for the quarter and year, sales of alcohol for the applicable calendar quarter and year, and sales of food items for the quarter and year. The purchase receipts and sales records of licensee show ongoing maintenance of a two week supply (consistent with past sales) of the types of alcohol typically sold. These records and receipts tend to illustrate that this restaurant is not undercapitalized, and further tend to illustrate the financial viability of the restaurant. This certification is based on my familiarity with and review of all the relevant documentation.

13.b. Package Sales, Including Distilled Spirits
The purchase receipts and sales records of licensee, and/or an inventory audit, show ongoing maintenance of a $50,000 supply of distilled spirits and other alcohol. These records and receipts, and/or inventory, tend to illustrate that this store is not undercapitalized, and further tend to illustrate the financial viability of the store. This certification is based on my familiarity with and review of all the relevant documentation.

13.c. Package Sales, Excluding Distilled Spirits
The purchase receipts and sales records of licensee, and/or an inventory audit, show ongoing maintenance of a $5,000 supply of beer and wine. These records and receipts, and/or inventory, tend to illustrate that this store is not undercapitalized, and further tend to illustrate the financial viability of the store. This certification is based on my familiarity with and review of all the relevant documentation.

14. I understand that a violation of any of the laws, ordinances, regulations or statutes of the State of Georgia and/or the City may result in the suspension or revocation of the license. I further understand that the license can be revoked because of the violation of such law, statute, regulation or ordinance by any agent or employee of the business, including, but nor limited to, the sale of alcohol to a person under 21 years of age. I understand such offenses could lead to incarceration for up to six months.
15. I certify that I have complied with all applicable regulations. I further agree to accept all communications at the above address from the City regarding this reapplication and any license granted thereunder and waive any right to notification at a different address.
16. I agree the City may subpoena all or any part of the records, books, documents, reports or invoices of the licensee for auditing the records of such licensee, securing compliance by such licensee with the provisions of the City regulations, proving or disproving violation of any part of said regulations by any licensee, or to show payment or nonpayment of any taxes, fees, charges or the like due hereunder.
17. I represent that all statements in this Affidavit are true and correct, and I solemnly swear and affirm and sign this Affidavit under penalty of perjury that there are no misstatements herein.
18. Affiant further sayeth naught. I swear and affirm, under oath, that this Affidavit is completely true and correct, so help me God.

    NOTE: Before signing this statement, check all statements above to see that you have testified under oath in this Affidavit truly and correctly. This sworn Affidavit was executed under oath and subject to penalties of false swearing, and it includes all attachments submitted herewith.

_____
Signature

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

_____

Notary Public, _____ County, Georgia
My commission expires. _____