City of Newnan

Alcohol License Application Checklist

1. Apply Through the Georgia Tax Center (GTC)

All Alcohol License applications must be submitted online through the Georgia Tax Center (GTC).
Visit: https://gtc.dor.ga.gov - The City of Newnan **no longer accepts in-person Alcohol License applications**.

New Business

Go to the GTC website.
Click **"Register a New Georgia Business."**
Follow the prompts to apply for a **Retail Alcohol License**.

Existing Business

Retail Alcohol Licenses (excluding Special Event Licenses) require a **Sales and Use Tax Account**.
If you do not have one for your business location, apply for it first.
Log in to your GTC account.
Select the **"More"** tab on the Home screen.
Under **Register**, click **"Register a New Tax Account."**

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2. Select Local Jurisdiction
When completing the application, be sure to select **City of Newnan** as the **local jurisdiction**.

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3. Upload the City of Newnan Alcohol Application
Complete the **City of Newnan Alcohol Application** and upload it to your **GTC Alcohol License Portal (ALP) account**.

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4. Upload Additional Documents (If Needed)

If additional documents are required after submission:
Log in to your **GTC account**
Click the **"More"** tab
Locate the **Request Box** at the bottom of the page
Select **"Upload Additional Local Required Documentation"**
Enter your **original submission confirmation number**

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5. Pay the Application Fee

A **$100.00 non-refundable application fee** must be paid through the City of Newnan payment portal:
https://newnanga.govtportal.com/ - Alcohol License, Taxes and Occupational Tax Tab

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6. Questions or Assistance
For questions regarding required documentation, please contact: Iris McClung at
imcclung@newnanga.gov or (678) 673-5478 (direct line)

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF NEWNAN, GEORGIA

INSTRUCTIONS: Please read through entire application before answering any questions. Every question must be answered fully and correctly. If the space provided is not sufficient, answer the questions on another sheet of paper and indicate that a separate sheet is attached. If a particular question does not apply, then answer "N/A" and if necessary explain why the question is not applicable to you. Do not leave any questions blank. When the form is completed, it must be dated, signed and verified under oath by the applicant applicant and submitted to the Georgia Tax Center (GTC) with all supporting documents, and submit the one-hundred dollars ($100.00), which is nonrefundable by check, cash or online with a credit card.

☐ New Application **Date**: _____

☐ Amended Application (**Transfer** - Change to Owner, Change to Business Name, Change to Licensee, Change to License Representative, Change to Type of License, or Change to Location). ***Please circle the change(s) being requested.***

Name of Business: _____

Business Address: _____

Current Alcohol License # (printed on certificate): ***B-***_____ *(required if filing Amended Application or Adding Brewpub or Growler's license).*

1. Type of establishment: (Check one)
   - ☐ Restaurant
   - ☐ Retail Package Sales
   - ☐ Microbrewery (Distillery; Beer; Wine)
   - ☐ Special Permit Location Only (No Sales)

2. Type of License or change applied for: (Check all that apply)

☐ Retail consumption dealer on distilled spirits, malt beverages & wine	$2,500
☐ Microbrewery (Beer)	$1,000
☐ Manufacture (Wine)	$1,000
☐ Distillery (Distilled Spirits)	$1,000
☐ Manufacture (Distilled Spirits, Beer and Wine)	$1,500
☐ Retail consumption dealer (malt beverages only)	$ 250
☐ Retail consumption dealer (wine only)	$ 250
☐ Retail consumption dealer (malt beverage & wine)	$ 500
☐ Add Brewpub License (On-Premise only)	$1,500
☐ Retail package dealer (malt beverage only)	$ 250
☐ Retail package dealer (wine only)	$ 250
☐ Retail package dealer (malt beverage & wine)	$ 500
☐ Specialty Beer and Wine Shop (retail package/limited on-site consumption)	$1,500
☐ Wholesale dealer (distilled spirits)	$ 100
☐ Wholesale dealer (malt beverages)	$ 100
☐ Wholesale dealer (wine)	$ 100
☐ Special Permit Location (No Sales of Alcohol)	$ 150
☐ Amended Application (transfers, changes)	$ 100

City of Newnan Alcohol License Application Checklist

Please check off and include the following items with your application. If an item does not apply, indicate "N/A."
Incomplete applications cannot be processed.

City Alcohol Ordinance – Chapter 3 Alcohol Beverages
https://library.municode.com/ga/newnan/codes/code_of_ordinances

Application Requirements:

☐ 1. State of Georgia Alcohol Unit Form ATT-17

- **Completed form required for new business applications or owner changes only.**

☐ 2. Surveyor Certificate with Location Drawing

- **A scale drawing prepared by a registered land surveyor licensed in Georgia.**
- **Must show the proposed location and the shortest straight-line distance from the licensed premises to the property line of any:**
  - **residence**
  - **church building**
  - **alcoholic treatment center**
  - **school building**
  - **educational building**
  - **college building or campus**
- **Distances must be shown within 100 ft, 200 ft, and 300 ft radiuses.**
- **Required for new businesses or location changes only.**

☐ 3. Affidavit for Each Applicant Listed
Each person named on the application must submit an affidavit stating they have not within the past 5 years:

- **Been convicted of a felony or misdemeanor related to:**
  - **alcohol sale, manufacture, distribution, possession, use, or taxability**
  - **illegal drugs**
  - **driving under the influence (DUI)**
- **Entered a plea of nolo contendere for such offenses**
- **Been convicted of a crime opposed to decency and morality**

Note: This does not apply to the registered agent of a corporation or LLC unless they are a stockholder, member, partner, limited partner, licensee, or license representative.

☐ 4. Proof of Property Ownership or Lease
Provide one of the following:

- **A copy of the deed showing the applicant owns the premises, or**
- **A copy of the lease showing any interest the property owner has in the business.**

- **Required for new businesses, owner changes, or location changes.**

☐ 5. Application Processing Fee

- **$100.00 non-refundable fee**
- **https://newnanga.govtportal.com/home-main/**
  - **Alcohol License, Taxes and Occupational Tax Tab for payment**

☐ 6. Consent Form for Background and Driver History

- **Completed consent form for each person listed on the application**
- **Allows release of driver history and criminal background history**
- **Include proof of U.S. citizenship or legal alien status – copy of driver's license and or permanent resident card**
- **Forms provided in application Pages 10–11 (make copies as needed).**

☐ 7. 7-Year Driver History

- **Obtain from the Georgia Department of Driver Services (DMV).**

☐ 8. Out-of-State History (if applicable)
If the applicant has lived outside Georgia within the last 5 years, provide:

- **Certified driver history from the state(s) of residence.**
- **Certified criminal background history from the state(s) of residence.**

☐ 9. Affidavit if Licensee = License Representative
If the same person serves as both, submit an affidavit certifying:

- **They are at least 21 years old**
- **They are a manager of the business**
- **Form provided in the application Page 12.**

☐ 10. Affidavit if License Representative is Different Person
If the license representative is different from the licensee, submit an affidavit from the representative certifying:

- **They are at least 21 years old**
- **They are a manager of the business**
- **Form provided in the application Page 12.**

☐ 11. Health Department / Food Service Permit (if applicable)
Provide a copy of:

- **Coweta County Health Department Food Service Permit, and/or**
- **Any required state or federal permits for a food service establishment.**

4. Type of ownership: (***Select only one and complete only thatsection indicated on the following two pages***).

☐ Individual ☐ Corporation
☐ Partnership ☐ Limited Liability (LLC)
☐ Close Corporation ☐ Limited Partnership

☐ Individual: Full name and legal residence of owner:

NAME _____ SOCIAL SECURITY # _____

STREET ADDRESS _____ MAILING ADDRESS (If different) _____

CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____

Is this individual a U.S. Citizen? _____

If not give permanent alien registration No._____and attach copy of green card.

☐ Partnership: Partnership name _____

Name, address & social security number of general partner(s):

_____ _____ _____
_____ _____ _____
_____ _____ _____

Name, social security number, percent interest and legal address of all partners:

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Are all of the partners U.S. Citizens? _____

If not, give permanent alien registration No._____and attach copy of green card.

Phone:_____ Fax: _____

For Close Corporation, Corporation, Limited Liability Company or Limited Partnership, please complete the following section. ***Please circle the applicable company type.***

Business Name/EIN #_____

STREET ADDRESS _____ MAILING ADDRESS (IF DIFFERENT) _____

CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

Name of registered agent of service of process for the business:

NAME _____ TELEPHONE NUMBER _____

STREET ADDRESS _____ MAILING ADDRESS (IF DIFFERENT) _____

CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____

Name, social security number, percent interest and legal address of all stockholders or members owning 5% or more of the company and EIN#_____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Name: _____ S. S.# _____

Address: _____ % Interest: _____

Are all of these stockholders U.S. Citizens? _____

If not, give permanent alienregistration No._____ and attach copy of green card.

5. **Licensee**:

NAME _____ TELEPHONE/EMAIL ADDRESS _____

STREET ADDRESS _____ MAILING ADDRESS (IF DIFFERENT) _____

CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____

Is the licensee a U.S. Citizen? _____

If not, give licensee permanent alien registration no._____and attach copy of green card.

6. **License Representative**: (If required)

NAME _____ TELEPHONE/EMAIL ADDRESS _____

STREET ADDRESS _____ MAILING ADDRESS (IF DIFFERENT) _____

CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____

Is the license representative a U.S. Citizen? _____

If not, give license representative permanent alien registration no._____and attach copy of green card.

7. a. Is the above address the licensee's legal and bona fide place of domicile?

☐ Yes ☐ No

b. Is the above address the license representative's legal and bona fide place of domicile? ☐ Yes ☐ No

8. Name and Location of business for which application is made:

NAME OF BUSINESS **(As it should appear on License)** _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE/EMAIL ADDRESS _____

9. Have you received, read, and understand the City of Newnan Beverage License Ordinance? ☐ Yes ☐ No Licensee's Initials _____
☐ Yes ☐ No Lic. Rep.'s Initials _____

****City of Newnan Beverage License Ordinance - Please go to www.newnanga.gov – under Services please select the Finance Department then select City Ordinances – Article I. In General and Article II – Licensing****

10. **Applicant must be present at the public hearing before the Council on the application and if not, at the discretion of the Council, the application shall be deemed withdrawn.**

Please acknowledge that you understand this requirement byinitializing here: _____

City of Newnan Official Use Only

New Alcohol License or Change in Ownership, Licensee, License Representative, Location, and/or Business Name

_____ _____
Approved By: City Manager **Date**

VERIFICATION OF LICENSEE

State of Georgia,_____County.

I,_____, Licensee, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

_____
APPLICANTS/LICENSEE SIGNATURE (FULL NAME IN INK)

I hereby certify that_____signed his/her name to the foregoing application after
(Full name of Applicant/Licensee)
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 are true.

This_____day of_____, 20_____.

_____
NOTARY PUBLIC

(AFFIX SEAL)

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VERIFICATION OF LICENSE REPRESENTATIVE (Only complete if Lic. Rep. is required)

State of Georgia,_____County.

I,_____, License Representative, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

_____
LICENSE REPRESENTATIVE (FULL NAME IN INK)

I hereby certify that_____signed his/her name to the foregoing application after
(Full name of License Representative)
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 are true.

This_____day of_____, 20_____.

_____
NOTARY PUBLIC **(AFFIX SEAL)**

AFFIDAVIT FOR AUTHORIZATION OF TRANSFER [1]

State of Georgia,_____County

I,_____, current Licensee, do hereby agree to surrender all rights to the Alcohol License for the location named on page seven (7) in this application and agree to a complete transfer of said license.

_____
Current Licensee

I hereby certify that_____(full name of Licensee) signed his/her name to this affidavit after stating to me that he/she knew and understood the statement made herein, and, under oath actually administered by me, has sworn that said statement is true and he/she is in full agreement.

This_____day of_____, 20_____.

_____
NOTARY PUBLIC

(AFFIX SEAL)

IMPORTANT

[1] *The original Alcohol License must be submitted with this application packet. This form is only completed if an Amended Application is being submitted for a transfer of Licensee for the business.*

NEWNAN POLICE DEPARTMENT

CRIMINAL HISTORY REQUEST FORM

___ (E) Alcohol Permit/License

I hereby authorize **Newnan Police Department** to conduct an inquiry for the purpose listed above.

Chief Brent Blankenship is authorized to receive any Georgia criminal history information as authorized by state or federal law.

This authorization is valid once within the 365 days from the date signed below for this purpose only.

ALL FIELDS MUST BE COMPLETED

Print Full Name:_____**DOB:** _____

Any Aliases, maiden, or other names you may haveused: _____

Address: _____

Sex: Male Female **Race:**_____**Social Security Number:** _____

_____ _____

Signature **Date**

AGENCY USE ONLY

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List wanting agency below)

Wanting Agency Name: _____

Wanting Agency Phone number: _____

_____ _____

Agency Designee Signature and Title Date/Time

Revised 9/2023

CITY OF NEWNAN, GEORGIA
AFFIDAVIT

5 YEAR BACKGROUND HISTORY

(Please make copies of blank form – one required for each person named in the application, including the Licensee and License Rep)

I,_____, do hereby swear that I have not, within 5 years prior to the date of this application, been convicted of nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs, including the offense of driving a motor vehicle under the influence of alcohol or drugs, have not entered a guilty plea, or been convicted of a felony or a misdemeanor of a crime opposed to decency and morality.

_____
Applicants Signature

VERIFICATION

State of Georgia,_____County

I,_____, do hereby swear, subject to criminal penalties for false swearing, that the statements made by me in this affidavit are true.

_____
Applicants Signature (Full Name in Ink)

I hereby certify that_____signed his/her name to the foregoing affidavit after stating to me that he/she knew and understood all statements made therein, and under oath actually administered by me, has sworn that said statements are true.

This_____day of_____, 20_____.

_____
(Notary Public)

(Affix Seal)

CITY OF NEWNAN
AFFIDAVIT OF LICENSEE/LICENSE REPRESENTATIVE
(Required for On-Premise Consumption Only)

COWETA COUNTY
STATE OF GEORGIA

The undersigned **Licensee** hereby certifies that he/she (is not) (is) serving as Licensee and License Representative of_____; that he/she is at least twenty-one (21) years of age, (is not) (is) a manager of the business. **(Select "is" or "is not" for each of the above concerning the Licensee)**

_____
Licensee

Sworn to and subscribed before me,
this_____day of_____, 20_____.

_____
NOTARY PUBLIC

My Commission expires on_____.
(Affix Seal)

(Only complete the section below only if the Licensee cannot answer "is" to all the questions above):

The undersigned **License Representative** hereby certifies that he/she is serving as the License Representative of_____; that he/she is a least twenty-one (21) years of age, is a managerof the business.

_____
License Representative

Sworn to and subscribed before me,
this_____day of_____, 20_____.

_____
NOTARY PUBLIC

My Commission expires on_____.
(Affix Seal)

City of Newnan
25 LaGrange Street
Newnan, Georgia 30263
Phone: 770-254-2351
Fax: 770-254-2353
www.ci.newnan.ga.us

AFFIDAVIT VERIFYING STATUS FOR CITY OF NEWNAN PUBLIC BENEFIT

(Please make copies of blank form – one required for each person named in the application, including the Licensee and License Rep)

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 Newnan, Georgia**, 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:_____.

   (Attach a copy for verification)

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 Code §16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in **Newnan, Georgia**.

_____ _____
Signature of Applicant Date

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE_____DAY OF _____ , 20_____.

Notary Public_____(Affix Seal)

My Commission Expires_____.