City of Tybee Island
Alcohol License Application
403 Butler Avenue, P.O. Box 2749, Tybee Island, Georgia 31328
(912)472-5094 | summer.woodend@cityoftybee.gov

☐ **New License** ☐ **Renewal** ☐ **Transfer of Ownership**

Business Name:_____

DBA Name(if applicable):_____

Business Address:_____

Mailing Address(if different):_____

Business Phone:_____

Owners Information:

Name:_____ **Phone:**_____ **Email:**_____

Name:_____ **Phone:**_____ **Email:**_____

Name:_____ **Phone:**_____ **Email:**_____

Owners Authorized Agent or Manager(if applicable):

Name:_____ **Phone:**_____ **Email:**_____

Proposed Business Type

☐ Restaurant
☐ Convenience Store
☐ Bed & Breakfast Inn
☐ Grocery Store
☐ Other:_____
☐ Bar/Lounge
☐ Hotel Bar
☐ Package Store
☐ Event Venue

LICENSE CLASSIFICATION	FEE	CHECK ALL THAT APPLY
Retail Beer/Wine - Package Sales Only, Consumption on Premises Prohibited	$ 2,250.00	
Retail Beer/Wine - Sale by the Drink for Consumption on Premises Only	$ 1,500.00	
Retail Liquor - Package Sales Only, Consumption on Premises Prohibited	$ 2,250.00	
Retail Liquor - Sale by the Drink for Consumption on Premises Only	$ 3,000.00	
Retail Liquor - Sale by Package & Drink both in One Building under One Ownership	$ 2,000.00	
Sunday Sales - Sale by Drink for Consumption of Premises Only	$ 150.00	
Sunday Sales - Package Sales Only	$ 50.00	
Wholesale Beer	$ 765.00	
Wholesale Liquor	$ 1,500.00	
Wholesale Wine	$ 150.00	
Distiller, Brewer, or Manufacture of Alcoholic Beverages	$ 300.00	
Transfer of Ownership	$ 500.00	
AMOUNT DUE		

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Security Plan (Attach additional sheets if needed)

What measures do you take to mitigate/control underage drinking?_____
_____

Do you have security/off duty police officers?(Circle One) YES or NO
If YES, Explain:
_____

Safety Plan (Attach additional sheets if needed)

Square Footage of Establishment:_____**Square Footage of Seating Area:**_____

Number of Exits:_____**Number of Seats (If Applicable):**_____

Number of Maximum Employees Per Shift:_____

Distance in feet from Church Buildings, Educational Buildings/Grounds(if less than 200ft):_____

What other business is conducted at this location:_____
_____

Has applicant, any person connected with, or any person having an interest in this business:

1. Been convicted of a felony who served any part of a criminal sentence, including probation, within the ten (10) years immediately preceding the date of receipt of submission of the application? YES or NO (Circle One)
If YES, Explain:
_____
_____

2. Been convicted of a misdemeanor who served any part of a criminal sentence, including probation, within the five(5) years immediately preceding the date of receipt of submission of the application? YES or NO (Circle One)
If YES, Explain:
_____
_____

*** Proof of liquor liability insurance: Please attach the current certificate of insurance showing the required liquor liability insurance coverage.**

All the foregoing information is hereby given and all of the foregoing statements are hereby made on oath willfully, knowingly, and absolutely, and the same is and are hereby known to me to be true under penalty of law.

Applicant Signature:_____ **Date:**_____