

ALCOHOL BEVERAGE LICENSE REGISTRATION CHECKLIST

- ✓ Complete Application. Application must be completed in its entirety. **Please be sure form is notarized.**
- ✓ Attach the *Private Employer Affidavit*. **Please be sure form is notarized.** A blank form is attached for your convenience.
- ✓ Attach the *Affidavit Verifying Status for City Public Benefit Application*. **Please be sure form is notarized.** A blank form is attached for your convenience. See link for complete list of acceptable forms of identification – <https://law.ga.gov/immigration-reports>.
- ✓ Attach a copy of at least one (1) secure and verifiable document (driver's license, passport or I-551 permanent resident card). See link for complete list of acceptable forms of identification – <https://law.ga.gov/immigration-reports>.
- ✓ If applying for Sunday Sales, attach a copy of the *Affidavit to Dispense Alcoholic Beverages on Sunday*. **Please be sure form is notarized.** A blank form is attached for your convenience.
- ✓ Applicant must submit fingerprints using the Georgia Applicant Processing Service (GAPS). Instructions for fingerprinting are attached. Please provide GAPS receipt # : _____ and date of fingerprinting:_____.
- ✓ Provide payment for license. In addition to the fee for the selected alcohol beverage license, there shall be an investigative fee in the amount set forth in the fee schedule.
- ✓ If application is for an alcoholic beverage license of liquor/distilled spirits for sale by the drink, applicant understands that they are to pay the alcohol beverage excise drink tax each month in accordance with Chapter 6-2 of the Code of Ordinance of the City of Guyton.

Once all the above items are complete, please return all documentation to City Hall. Note that the City uses a lottery system to determine which applications for licenses to sell distilled spirits by the package will be considered by Mayor and Council. If **all** documentation has been completed properly and payment has been received, then such applications will be considered under the City's lottery system so long as there is an open application period. If there is no open application period, applications for licenses to sell distilled spirits by the package will not be considered. Applications for licenses to sell distilled spirits by the package that have been selected for consideration by Mayor and Council and all other appropriately completed applications for the sale of alcoholic beverages will be scheduled to be considered by Mayor and Council at the next available City Council meeting. City Council meetings are held the 2nd Tuesday of each month.

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. TYPE OF ALCOHOL BEVERAGE LICENSE APPLIED FOR:

✓	License Class	License Description	Fee
	A1	Retail malt beverages, by package only	\$750
	A2	Retail wine, by package only	\$750
	A3	Retail malt beverages, and wine, by package only	\$1,000
	A4	Retail liquor, malt beverages, and wine, by package only	\$5,000
	B1	Consumption on-premises, liquor, malt beverages, and wine	\$1,250
	B2	Consumption on-premises, malt beverages and wine	\$1,000
	B3	Consumption on-premises, malt beverages only	\$750
	B4	Consumption on-premises, wine only	\$750
	C	Wholesale liquor	\$75 where principal place of business is outside the City; \$1,000 where principal place of business is inside the City
	D	Wholesale malt beverages	\$75 where principal place of business is outside the City; \$1,000 where principal place of business is inside the City
	E	Wholesale wine	\$75 where principal place of business is outside the City; \$1,000 where principal place of business is inside the City
	F	Special Event Venue	\$500
	G	Distiller, brewer, or manufacturer	\$1,000
	H	Transfer license	\$200
	I	Private Club	\$500
	J	Temporary Special Event Permit	\$200
		Add-Ons	Fee
		Sunday sales permit, requires qualifying license (A1, A2, A3, B1, B2, B3, or B4)	\$150
		Application Type	Fee
		New application (License Classes A1-B4, F, G, H, I)	\$125
		New application (License Classes C-E)	\$25
		Renewal Application	\$25
		Sunday sales permit application	\$25
		Investigative fee	\$25
Total of License/Application Fee:			

2. BUSINESS INFORMATION:

Legal Name of Business (include any DBA)

Physical Address of Business (or Proposed Physical Address of Business, If Applicable)

Business Telephone Number

Projected Opening Date

Operator's/General Manager's Name

Operator's/General Manager's Home Address

Telephone Number

3. APPLICANT'S INFORMATION:

Applicant's Name

Applicant's Home Address

Telephone Number

4. OWNER'S INFORMATION:

- i. Please list all owners who have an ownership interest of 10% or more in the business. If the business is a trust, please identify the trustees. Use additional paper if necessary.

Business Owner Name:	Business Owner's Address:	Business Owner's Telephone Number:

ii. Is the business a partnership? Yes__ No__

iii. Is the business a corporation or limited liability company? Yes__ No__

iv. Is the business a trust? Yes__ No__

5. BUSINESS DISCLOSURE

- a. Has applicant, owner, corporation, or any person connected with or having an interest in said business ever previously or currently held/hold a license to sell wine, beer and/or distilled spirits/liquor? Yes__ No__

i. If the answer to item "a" is yes, were there any violations of any law, regulation or ordinance relating to such business? Yes__ No__

ii. If the answer to item "a" is yes, were any complaints filed by citizens objecting to the manner in which the business was conducted at the location for which the license was held? Yes__ No__

1. If yes, please provide copies of said complaints.

b. Has applicant, owner, corporation, or any person connected with or having an interest in said business:

- i. Ever been convicted of any criminal violation or city ordinance violation (*other than a traffic citation*)? Yes__ No__
- ii. Ever served time in prison or other correctional institution? Yes__ No__
- iii. Ever had an alcoholic beverage license suspended or revoked by any licensing authority within the last five (5) years? Yes__ No__
- iv. Has applicant, owner, or any person having an interest in said business been convicted of driving under the influence of intoxicants or drugs or pled nolo contendere or forfeited bond in connection with any such charge within the preceding two (2) years? Yes__ No__
- v. Has applicant, owner, or any person connected with or having an interest in said business been convicted of a felony or pled nolo contendere or forfeited bond in connection with any such charge within the preceding five (5) years? Yes__ No__
- vi. Has applicant, owner, or any person connected with or having an interest in said business been convicted of a felony or pled nolo contendere or forfeited bond in connection with any such charge within the preceding five (5) years? Yes__ No__
- vii. Has applicant, owner, or any person connected with or having an interest in said business been convicted of a violation of law pertaining to the sale of alcoholic beverages or the sale or possession of a controlled substance or pled nolo contendere or forfeited bond in connection with any such charge within the preceding five (5) years? Yes__ No__
- viii. Has the applicant previously had an application denied on the basis of the qualifications or suitability of the proposed location (the location proposed for the present license)? Yes__ No__

NOTE: If the answer to any question in this section (5) is “yes” for the applicant or any person connected with or having an interest in said business, describe circumstances in detail for each person. Please provide and attach a detailed written explanation.

6. ADDITIONAL DISCLOSURES RELATING TO LICENSES FOR THE PACKAGE SALE OF DISTILLED SPIRITS

- i. If the applicant will only sell distilled spirits by the package (i.e., not sell wine and malt beverages by the package), will the proposed location have a showroom of at least 1,500 square feet? Yes__ No__
- ii. If the applicant will only sell distilled spirits by the package (i.e., not sell wine and malt beverages by the package), will the proposed location have a storage area of at least 250 square feet? Yes__ No__

- iii. If the applicant intends to sell distilled spirits by the package and/or wine and malt beverages, will the proposed location have a showroom of at least 1,750 square feet? Yes__ No __
- iv. If the applicant intends to sell distilled spirits by the package and/or wine and malt beverages, will the proposed location have a showroom of at least 1,750 square feet? Yes__ No __
- v. Will public ingress and egress to the proposed location be provided directly to and only to the exterior of the building in which the proposed location is located and not to any other enclosed part of the building in which it is located? For example, if the proposed liquor store would located in a shopping center, would there be no ingress and egress to the liquor store from another store in the shopping center? Yes__ No __

NOTE: With regard to section (6), cooler space shall be considered storage area and spaces such as offices, mechanical rooms, janitorial rooms, breakrooms and bathrooms shall not count towards the minimum square footage requirements.

7. OWNER'S INFORMATION:

Before the undersigned attesting officer duly authorized to administer oaths, personally comes the applicant for a license to conduct the sale of alcoholic beverages in the City of Guyton, says that the information given and the statements made in this application are true, correct and complete under penalty of law.

Executed this _____ day of _____, 20_____.

Applicant's Signature

Applicant's Printed Name

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

Notary Public/Seal

My Commission Expires: _____

NOTICE: The applicant for an alcoholic beverage license shall be the owner of the business. If this is a corporation, partnership or other legal entity, the applicant must be a substantial and major stockholder or the applicant may be the General Manager charged with the regular operation of said business on the premises for which the license is issued. Applicant for an alcoholic beverage license, as well as every owner having 10% or more ownership, must submit to fingerprinting by using the GAPS system prior to submitting the application. Instructions for fingerprinting are attached.



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

8. STAFF RECOMMENDATIONS – CITY OF GUYTON USE ONLY

<u>ZONING REVIEW</u>		
City Staff has reviewed and examined the application. Based on the findings and therequirements of the Zoning Ordinance of the City of Guyton, the application is therefore recommended for:		
PIN#:	Zoning District:	Approval: <input type="checkbox"/> Denial: <input type="checkbox"/>
Reviewed By:		Date:
Comments: _____		

<u>POLICE DEPARTMENT</u>		
The Police Department have reviewed the application and the disclosures and criminal histories of the applicant(s). Based on their findings and the requirements of the Code of Ordinances of the City of Guyton, the application is therefore recommended for:		
Reviewed by:	Date:	Approval: <input type="checkbox"/> Denial: <input type="checkbox"/>
Comments: _____		

<u>CITY MANAGER REVIEW</u>		
The City Manager has reviewed and examined the application. Based on the findings and the requirements of Chapter 6, Article I of the Code of the City of Guyton (the City’s Alcohol Ordinance), the application is therefore recommended for:		
Reviewed by:	Date:	Approval: <input type="checkbox"/> Denial: <input type="checkbox"/>
Comments: _____		

9. **COUNCIL APPROVAL:**

Scheduled for City Council Meeting Date: _____

COUNCIL APPROVAL			
Mayor's Signature:	Date:	Approval: <input type="checkbox"/>	Denial: <input type="checkbox"/>
Comments: _____			

**PRIVATE EMPLOYER
AFFIDAVIT
PURSUANT TO
O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for an **Alcohol License** required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Name of Private Employer

Please check only one:

On January 1st of the below-signed year, the individual, firm or corporation employed more than ten (10) employees.

The employer has registered with and utilizes the federal work authorization program (E-Verify) in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization (E-Verify) user identification number and date of authorization are as follows:

Federal Work Authorization (E-Verify) User Identification Number

Date of Authorization

On January 1st of the below-signed year, the individual, firm or corporation employed less than ten (10) employees.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed this _____ day of _____, 20_____.

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

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

NOTARY PUBLIC/SEAL

My Commission Expires: _____

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

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

1.) I am a United States citizen.

OR

2.) I am a legal permanent resident.

OR

3.) I am 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.

If you chose #2 or #3, 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.

The secure and verifiable document provided with this affidavit can be best 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 O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute.

Signature of Applicant

Date

Printed Name of Applicant

Name of Business

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

Notary Public/Seal

My Commission Expires: _____

AFFIDAVIT TO DISPENSE ALCOHOLIC BEVERAGES ON SUNDAY

The City of Guyton permits eating establishments (restaurants) and inns holding a license to dispense alcoholic beverages for consumption on the premises under certain conditions.

To be authorized to dispense alcoholic beverages for consumption on Sunday, **an eating establishment** must:

- (1) Be licensed by the City of Guyton to sell alcoholic beverages by the drink for consumption on the premises;
- (2) Be an eating establishment whose primary business is the sale of prepared meals;
- (3) Derive at least 50 percent of its total annual gross food and beverage sales from the sale of prepared meals or food;
- (4) Have its primary floor area specifically designed, set aside, set up and operating to serve meals and food on the premises and shall have a fully-equipped commercial kitchen to include an appropriate stove, refrigerator, food preparation area, sink and other items required by the county health department and city inspections department for the preparation of food; and
- (5) Have a printed or posted menu from which selections of prepared meals can be made; and
- (6) Complete the below affidavit and submit along with the required Sunday Sales permit fee as provided in the fee schedule.

To be authorized to dispense alcoholic beverages for consumption on Sunday, **an inn** must:

- (1) Derive at least 50 percent of its total annual gross income from the rental of rooms for overnight lodging; and
- (2) Complete the below affidavit and submit along with the required Sunday Sales permit fee as provided in the fee schedule.

NOTE: An application for a transfer or renewal license shall include a certified affidavit from a certified public accountant (CPA) or registered public accountant (RPA) attesting to the accuracy of the financial information supplied to him and that such location derived at least 50 percent (50%) of its gross revenues for the last 12 months of business under present or previous ownership from the sale of prepared meals or room rental in the case of an inn. In the absence of such data, the business owner will not be considered for Sunday liquor sales until a certified affidavit from a CPA or RPA is submitted certifying as to the revenues for the immediate 12 months of business preceding the time of application for a Sunday sales license. Failure to attach such affidavit to an application or failure to comply with the terms of the affidavit will result in disapproval of the application and revocation of the license.

Name of Business

Type of Business (eating establishment or inn)

Location or Proposed Location

Telephone Number

If this application is for an eating establishment, I swear and affirm that the establishment named above: (1) is a bona fide public eating establishment which will actually and regularly prepare and serve food on the premises; (2) fully intends to derive at least 50% of its total annual gross food and beverage sales from the sale of prepared meals or food (if a new business) or, if an existing establishment, derive at least 50% of its annual gross food and beverage sales from the sale of prepared meals or food; and (3) will provide full food service along with a printed or posted menu. Further, I understand that I must submit a certified affidavit from my certified public accountant (CPA) or registered public accountant (RPA) upon my request for renewal each year if Sunday Sales of alcoholic beverages is to be continued.

If this application is for an inn, I swear and affirm that the establishment named above (1) is a bona fide inn which fully intends to derive at least 50% of its total annual gross revenue from the rental of rooms for overnight lodging (if a new business) or, if an existing establishment, derive at least 50% of its annual revenue from the rental of rooms for overnight lodging. Further, I understand that I must submit a certified affidavit from my certified public accountant (CPA) or registered public accountant (RPA) upon my request for renewal each year if Sunday Sales of alcoholic beverages is to be continued.

Executed this _____ day of _____, 20_____.

Signature

Printed Name

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

Notary Public/Seal

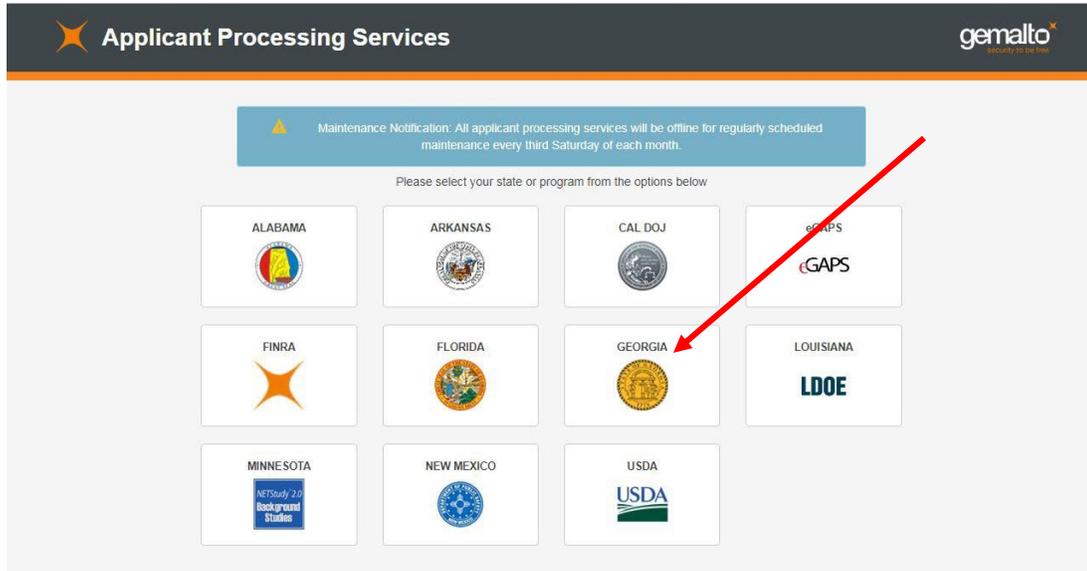
My Commission Expires: _____

INSTRUCTIONS FOR REGISTERING FOR FINGERPRINTING:

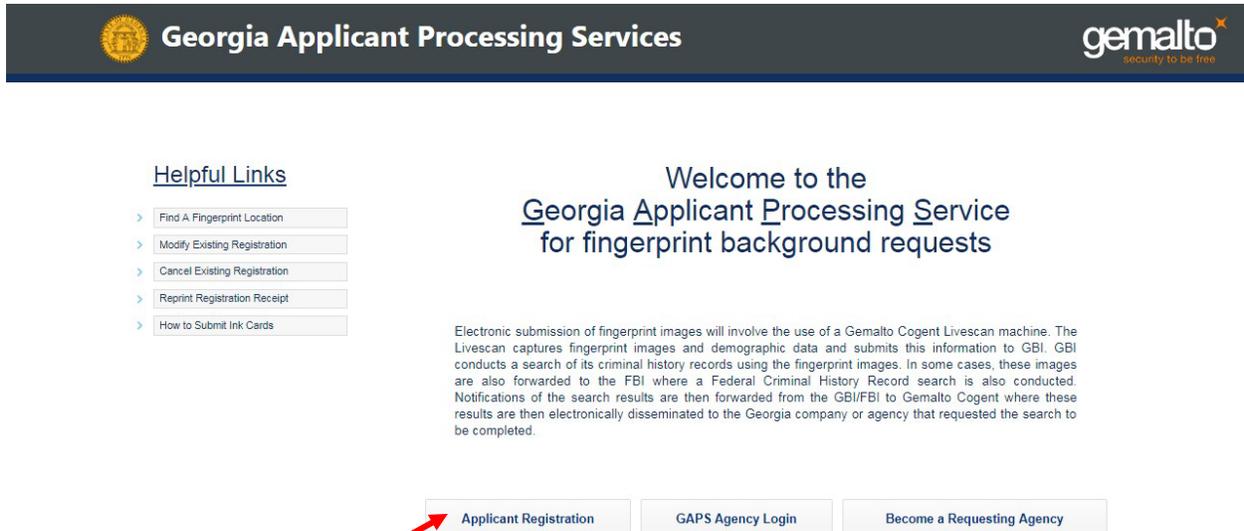
1. Go to the the following webpage:

<http://cogentid.com>

2. Select 'Georgia'.



3. Select 'Applicant Registration'.



4. Select 'City/County Government and Law Enforcement Agencies (CCGC)'.



To register for a background check, please select one of the options below:

GEORGIA COURT SERVICES (CS)	DEPARTMENT OF EARLY CARE & LEARNING (DECAL)	EDUCATION AGENCIES (EA)
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD)	SECRETARY OF STATE (SOS)	GEORGIA STATE-ONLY BACKGROUND CHECKS (GABC)
DEPARTMENT OF COMMUNITY HEALTH (DCH)	DEPARTMENT OF DRIVER SERVICES (DDS)	CITY/COUNTY GOVERNMENT AND LAW ENFORCEMENT AGENCIES (CCGC)
DEPARTMENT OF PUBLIC HEALTH (DPH)	REAL ESTATE COMMISSION APPRAISERS BOARD (RECAB)	DEPARTMENT OF BANKING AND FINANCE (DBF)
OFFICE OF INSURANCE SAFETY FIRE COMMISSIONER (OIC)	DEPARTMENT OF HUMAN SERVICES (DHS)	GEORGIA BUREAU OF INVESTIGATION (GBI)
DEPARTMENT OF JUVENILE JUSTICE (DJJ)	GEORGIA VOCATIONAL REHABILITATION AGENCY	DEPARTMENT OF DEFENSE
DEPARTMENT OF COMMUNITY SUPERVISION (DCS)	GEORGIA DEPARTMENT OF REVENUE	

Close

5. Select 'Alcohol and Liquor License'.



City/County Government and Law Enforcement Agencies

To register for a background check, please select one of the options below:

	ALCOHOL AND LIQUOR LICENSE	COURTS
	FIREFIGHTER	LAW ENFORCEMENT AGENCIES
	LOCAL COUNTY HEALTH DISTRICTS	ORDINANCES
	OTHER	

Back

6. Read the 'Non-Criminal Justice Applicant's Privacy Rights' and 'Privacy Act Statement'. Once read, check the box beside 'I have read and accepted these items'. Then select 'Continue'.

Select Language ▼

Non-Criminal Justice Applicant's Privacy Rights

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI 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 agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. §35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the FBI website (<http://lib.fbi.gov/obtaining-criminal-history-record-information>).

Privacy Act Statement

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.

[Print](#) | [Download](#)

I have read and accepted these terms.

7. Fill in the information. Please use **GA923329Z** in the 'Reviewing Agency ID' field.



Select Language ▼

Applicant Registration Step 1 - Please Enter Your Information

Transaction Information

Reviewing Agency ID: Reason:

Requesting Agency ID: (If different from Reviewing Agency ID) Position Applied for:

Payment: No unemployment cards, child support cards or gift cards are accepted. Fingerprint Card User: By Checking this box, you are agreeing to submit ink cards to Gemalto Cogent. See [here](#) for details.

Personal Information

Last Name: First Name:

Middle Name: Suffix:

Social Security #: No dashes Re-enter SSN: No dashes

Date of Birth: Weight:

Sex: Race:

Eye Color: Hair Color:

Height: Place of Birth:

Country of Citizenship: State Driver's License:

Driver's License #: Don't include 'GA'

Address Information

Address: Address 2:

City: APT:

State: Zip:

Phone #: Email:



Note: * Fields in yellow are required.
Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.

8. For the 'Reason', select 'Alcohol/Liquor Licensee'.



Select Language ▼

Applicant Registration
Step 1 - Please Enter Your Information

Transaction Information

Reviewing Agency ID: Reason:

Requesting Agency ID: (if different from Reviewing Agency ID)

Payment: No unemployment cards, child support or gift cards are accepted.

Personal Information

Last Name:

Middle Name:

Social Security #: No dashes

Date of Birth: MMDDYYYY

Sex:

Eye Color:

Height:

Country of Citizenship:

Driver's License #: Don't include 'GA'

Address Information

Address: Address 2:

City: APT:

State: Zip:

Phone #: Email:

*Note: * Fields in yellow are required.
Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.*

9. Once information is entered, select 'Continue'.
10. Verify information and select 'Submit'.
11. Enter payment information.
12. Print receipt and take with you to have fingerprinting done.
13. To find a fingerprinting location, visit <http://cogentid.com>, then select Georgia. On the left hand side of the screen, the first selection is 'Find a Fingerprint Location'. When this is selected, you can find a location nearest you for fingerprinting.