

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

CITY OF TOCCOA, GEORGIA

A. Every Applicant Shall Complete The Following:

1. **This application is for:** _____

Malt Beverage _____
Wine _____
Distilled Spirits _____

2. This application is for:

Package Sales _____
Consumption on Premises _____
Sunday Sales _____

Distributor's Name & Address

3. Name and address of the premises or place of business, which is to be operated under this license:

4. Name and address of owners (s):

Phone: _____

5. Name and address of applicant (Note: the application shall be in the name of the principal resident managing officer or managing agent):

Phone: _____

6. Age of applicant: _____
7. Has applicant, or any of those owning an interest in the business ever been convicted of a felony under any federal, state or local law within ten years immediately preceding the filing of this application? If so, state the name, the offense, date of conviction or plea of guilty and county or state. If none, so indicate:

8. Has applicant, or any of those owning an interest in the business, ever been convicted of any misdemeanor involving alcoholic beverages, gambling or tax laws? If so, state the name, the offense, date of conviction or plea of guilty and county or state. If none so indicate:

9. Has the applicant, or any person with an interest in the application, ever made application at any previous time for any alcoholic beverage license, to whom, and the disposition of such license? If so, to whom, and what was the disposition of such license:

10. State whether a previous license issued to the applicant, or any person with an interest in the application, has been revoked by any state or subdivision thereof or by the federal government and the reason therefor:

B. To Be Completed By Applicants Requesting A License To Sell Malt Beverages, And/or Wine By The Package At Retail.

1. Applicant does hereby affirm that the business for which this license application is made has had gross sales of merchandise other than malt beverages or wine of at least \$ 1,500.00 per month average for the last six consecutive calendar months prior to the filing of this application. Copies of sales tax records for the previous six months or a statement from a certified or registered public accountant as to gross sales are attached hereto.
2. Applicant agrees to furnish to the City, by affidavit, copies of the sales tax records evidencing gross sales each month.

C. To Be Completed By Applicants Requesting A License To Sell Distilled Spirits By The Package At Retail.

1. Applicant must submit herewith a certified performance bond in the amount of \$5,000.00 payable to the City of Toccoa, to insure compliance with all provisions of the City of Toccoa's Alcoholic Beverage Control Ordinance.
2. Applicant must submit herewith a site plan indicating the exact size and location of premises to be licensed. Such plan shall indicate adjacent buildings and their use, parking areas including entrances and exits, entrances and exits to the premises to be licensed, and all adjacent streets (public or private). Distances, lengths, and widths should be indicated in feet.
3. Applicant certifies that:
 - a. The business operated under this license will be engaged exclusively in the sale of distilled spirits and related items.
 - b. The building where business is conducted will be unattached, have no less than 1000 square feet, and not be located less than 500 feet from any other business with a distilled spirits license.

D. To Be Completed By Applicants Requesting A License To Sell Malt Beverages, Wine Or Distilled Spirits By The Drink For Consumption On Premises.

1. Applicants for a distilled spirits license for consumption on premises must submit herewith a certified performance bond in the amount of \$5,000.00 payable to the City of Toccoa, to insure compliance with all provisions of the City of Toccoa's Alcoholic Beverage Control Ordinance.
2. If license is for a private club, submit the following:
 - a. A copy of exemption letter from the United States Internal Revenue Service showing compliance with Section 501(A) of the U.S. Internal Revenue Code for tax-exempt status.
 - b. A copy of the most recent IRS forms 990 "Return of Organization Exempt from Income Tax".
 - c. An affidavit by a Certified Public Accountant or a Registered Professional Accountant attesting that not more than seventy percent (70%) of the gross income of the business for which this license is intended is derived from the sale of alcoholic beverages (to include distilled spirits, malt beverages and wine). If this is the initial application, such affidavit may be submitted within 120 days from license approval.

d. A certification that the building in which the club that is applying for this license is located has a kitchen, dining space, equipment, and sufficient number of employees to prepare and serve meals for its members and guests.

e. A membership roster of club members.

3. If the license is for a restaurant, submit the following:

a. An affidavit by a Certified Public Accountant attesting that not more than thirty percent (30%) of the gross income of the business for which this license is intended is derived from the sale of alcoholic beverages (to include distilled spirits, malt beverages and wine). If this is the initial application such affidavit may be submitted within 120 days form license approval.

b. State number of seats located at said restaurant for customers:

c. There are _____ meals per day served at the location of the restaurant and meals are served _____ days per week.

E. Every Applicant Shall Complete the Following:

1. Has applicant read, understood and become familiar with the ordinance of the City of Toccoa and the laws of the State of Georgia regulating the sale of alcoholic beverages? If yes, initial here: _____

2. Applicant understands that the making of any untrue or misleading statement in this application shall be sufficient cause for the refusal, suspension, revocation or cancellation of the Alcoholic Beverage License. If yes, initial here: _____

3. Applicant understands that all Alcoholic Beverage Licenses shall expire at midnight on December 31st of each year and that an application for a renewal of such license or licenses must be filed with the City of Toccoa by November 15th of the year prior to the year for which the license will be issued. If yes, initial here: _____

4. Applicant understands that sale of malt beverages and/or wine in the City of Toccoa is a privilege and not a right, and that the issuance of a license hereunder shall not create any property rights in the license holder. Applicant understands that any violation of any provisions of the City of Toccoa's Alcoholic Beverage Control Ordinance will result in suspension or revocation of this license. If yes, initial here: _____

5. Submit herewith a recent photograph, fingerprint record* and Georgia Crime Information Center / National Crime Information Center report* on the applicant and Owner.
6. Applicant understands that **presence is required** at the Alcohol Beverage Control Board and the Regular City Commission Meetings that this application is being considered. If yes, initial here: _____

F. Every Applicant Shall Submit Herewith The Following Annual License Fees:

<u>License</u>	<u>Amount</u>
<input type="checkbox"/> Liquor – Package	\$ 5,000.00
<input type="checkbox"/> Liquor – Pouring/Consumption on Premises	\$ 2,000.00
<input type="checkbox"/> Malt Beverage – Package	\$ 750.00
<input type="checkbox"/> Malt Beverage – Pouring/Consumption on Premises	\$ 1,000.00
<input type="checkbox"/> Wine – Package	\$ 300.00
<input type="checkbox"/> Wine – Pouring/Consumption on Premises	\$ 200.00
<input type="checkbox"/> Sunday Sales-Pouring/Consumption on Premises	\$ 500.00
<input type="checkbox"/> Complementary Drinks	\$ 250.00
<input type="checkbox"/> Brewery/Brewpub – Wholesale/Retail/ Consumption on Premises	\$ 1500.00
<input type="checkbox"/> Distillery – Wholesale/Retail/Consumption on Premises	\$ 1500.00
<input type="checkbox"/> Tasting Room	\$ 50.00
Application Fee	\$ 100.00

THE APPLICANT HEREBY MAKES APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE (S) as indicated, and understands that the above answers and supporting documents are made under oath and are subject to any and all criminal penalties in connection with the making of false statements under oath as well as any and all penalties as provided in the Code of Ordinances of the City of Toccoa.

APPLICANT

WITNESS

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20__

CITY CLERK

APPROVED THIS _____ DAY OF _____, 20__

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Toccoa, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Toccoa, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____ Date _____

Photo Identification is required**

Printed Name:

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE**

____ DAY OF _____, 20__

*

Alien Registration number for non-citizens

Notary Public

My Commission Expires:

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a: (circle all that apply)

Occupational Tax Certificate and/or Beer and Wine License

as referenced in O.C.G.A. § 36-60-6(d), from the City of Toccoa, the undersigned applicant representing the private employer known as _____ (name of business) verifies one of the following with respect to my application for the above mentioned document:

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

If the employer selected (a) please fill out Section 2 below.

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

Federal Work Authorization User Identification Number

Date of Authorization

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 allowed by such statute.

Executed on the ____ date of _____, 201__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent of Private Employer _____

Printed Name of Authorized Officer or Agent of Private Employer _____

Title of Authorized Officer or Agent of Private Employer _____

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: