

INSTRUCTIONS AND CHECKLIST

PLEASE NOTE: THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE BEING ACCEPTED BY THE LICENSING OFFICE. EACH QUESTION MUST BE ANSWERED.

In order to be considered for an Alcoholic Beverage License, the following procedures must be followed:

ALCOHOL APPLICATIONS ARE TAKEN BY APPOINTMENT ONLY FOR AN APPOINTMENT CALL 770-533-5895

- _____ 1. The application and all attachments must be typed or legibly printed in black ink. The Licensing Office reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible.
- _____ 2. A personal statement must be submitted for the licensee, each owner, and each partner. (One personal statement packet for owner/partner is attached, make copies as needed.)
- _____ 3. A letter from Probate Court must be submitted verifying residence in a wet county for at least a year prior to filing an application for liquor package sales.
- _____ 4. Provide one (1) photograph with the personal statement of the licensee, each owner and each partner. [**Photographs must be 2X2 and less than a year old.**]
- _____ 5. A criminal history consent form must be completed and submitted with this application for each of the following: owner, sole proprietor, partner and managing agent (make additional copies as needed).
- _____ 6. Persons that are **not** U.S. Citizens must provide **original** Immigration Card I-551 to the Marshal's Office for verification and copying. Naturalized citizens must provide their **original** certificate of naturalization for verification by the Licensing Office. This applies to the licensee, each owner and each partner.
- _____ 7. Provide a copy of the Certificate of Incorporation if the business is a corporation or a Certificate of Organization when the business is an LLC.
- _____ 8. Provide an executed and dated Purchase Agreement – if you are buying an existing establishment.
- _____ 9. A completed and certified surveyor's affidavit is required at the time the application is submitted. (Not required for change of managing agent.)
- _____ 10. Detailed plans or drawing of the inside and outside of the proposed building and outside premises is required.
- _____ 11. Provide a complete menu with food prices, alcoholic beverage size and prices and a statement of hours of sale of food and alcohol, for consumption on premises.
- _____ 12. Provide a copy of a lease and/or sublease, contract, management agreement, lease agreement, and/or purchase agreement or deed for the property.

- _____ 13. Proof that Registered Agent is a resident of Hall County, ie; phone bill, power bill, or driver's license if their current address is the same address on their license.
- _____ 14. Documentation of the Managing Agent's home address, such as phone bill, power bill or driver's license if it reflects the same address on the application.
- _____ 15. Submit a completed Business Occupation Tax Application, **not** required for change of Managing Agent, [A fee is also required.]
- _____ 16. Submit payment of your Alcoholic Beverage License fee by one of the following methods: cash, certified check, or cashier's check, made payable to the City of Gainesville for the proper amount.

**** Please note that once the application is completed and accepted in the Licensing Office, the owner, each partner and the managing agent will be required to submit to electronic fingerprinting.**

PLEASE BE ADVISED THAT, IN ADDITION TO A CITY OF GAINESVILLE ALCOHOLIC BEVERAGE LICENSE, YOU MUST ALSO OBTAIN A LICENSE FROM THE STATE OF GEORGIA. CONTACT THEM AT:

**GEORGIA DEPARTMENT OF REVENUE
ALCOHOL AND TOBACCO TAX UNIT
LICENSING SECTION
TELEPHONE: 404-651-8651
<http://dor.georgia.gov/alcohol-licensing>**

Once the application is **complete**; you will need to make an appointment with the Licensing Office for review of the application. If it is found to be incomplete, it will be returned to you for completion. If it is found to be complete and in order, the Licensing Office will conduct a background investigation and will submit the application to the City Marshal for review and approval.

If your application is **approved**, your Alcoholic Beverage License will be forwarded to you if your application is **disapproved**, you will be notified in **writing**.

Please read the application carefully and answer all questions. Omissions and/or false statements associated with this application are grounds for revocation or denial of an alcoholic beverage license and criminal penalties for false swearing.

City of Gainesville
6-4-36 (a)(5) Beer (Malt Beverages), Wine, Liquor (Distilled Spirits)

Hours of Sale		
Consumption on Premises	<u>Beer, Wine & Liquor</u>	
	Monday	8:00 am - 1:30 am Tuesday
	Tuesday	8:00 am - 1:30 am Wednesday
	Wednesday	8:00 am - 1:30 am Thursday
	Thursday	8:00 am - 1:30 am Friday
	Friday	8:00 am - 1:30 am Saturday
	Saturday	8:00 am - 1:30 am Sunday
	Sunday	12:30 pm - 1:30 am Monday

Package	<u>Beer & Wine</u>	Monday-Saturday Sunday	7:00 am - 11:45 pm * 12:30 pm - 11:30 pm
	<u>Liquor</u>	Monday-Saturday Sunday	8:00 am - 11:45 pm 12:30 pm - 11:30 pm

* Unless contrary to state regulations for the sale of beer & wine in conjunction with the sale of distilled spirits.

No sales of Alcoholic Beverages are allowed within 250 feet of any polling place on primary or election days.

**✓ COMPLETE AND RETURN WITH YOUR
ALCOHOLIC BEVERAGE LICENSE
APPLICATION**

EATING ESTABLISHMENTS:

1. **BUSINESS HOURS:** (ATTACH A LIST OF DAYS AND HOURS THE BUSINESS WILL BE OPERATING AND CLOSED, INCLUDING HOLIDAYS.)

2. **FOOD MENU:** (ATTACH A COPY OF YOUR FULL MENU.)

3. **FOOD SERVICE HOURS:** (LIST HOURS THE FOOD SERVICE WILL BE IN OPERATION.)

4. **ALCOHOLIC BEVERAGE WHOLESALE DISTRIBUTORS:**
(LIST ALL ALCOHOLIC BEVERAGE WHOLESALERS THAT WILL BE USED BY YOUR BUSINESS.)

RETAIL PACKAGE DEALERS

BUSINESS HOURS / DAYS _____

5. **WILL GROWLERS BE SOLD AND FILLED AT THIS LOCATION?** _____

6. **WHAT SIZE GROWLERS WILL BE OFFERED FOR SALE** _____

7. **WILL YOU FILL GROWLERS THAT WERE PURCHASED ELSEWHERE** _____

8. **WILL DISTILLED SPIRITS BE SOLD?** _____

CONSUMPTION ON PREMISES LICENSES 60/40 REQUIREMENT.

9. **WHAT MERCHANDISE OR PERSONAL SERVICES WILL BE OFFERED FOR SALE?** _____

10. **BUSINESS HOURS/DAYS** _____

11. **WILL THE BUSINESS BE OPENED ON SUNDAY?** _____

RATIO EXEMPT PREMISES:

12. BUSINESS HOURS / DAYS _____

13. WILL THERE BE LIVE ENTERTAINMENT _____

14. OCCUPANCY LOAD _____

15. SQUARE FOOTAGE _____

SHOULD ANY CHANGE OCCUR DURING THE YEAR FOR WHICH A LICENSE IS ISSUED, PURUSANT TO THIS APPLICATION WHICH WOULD REQUIRE A DIFFERENT ANSWER TO ANY OF THE ABOVE, SUCH CHANGE MUST BE REPORTED AS A WRITTEN AMENDMENT TO THIS APPLICATION WITHIN FIVE (5) DAYS OF THE CHANGE.

Signature of Managing Agent

Date

**CITY OF GAINESVILLE
RETAIL ALCOHOLIC BEVERAGE LICENSE
NEW APPLICATION**

FOR OFFICE USE ONLY:

LICENSE YEAR: _____ **LICENSE NUMBER:** _____

INSTRUCTIONS: Every question shall be fully answered (TYPEWRITTEN or printed in ink, LEGIBLY AND NEATLY). If the space provided is not sufficient, answer the question on a separate page and indicate in the space provided that such separate page is attached. When completed, this application must be **DATED, SIGNED, AND VERIFIED UNDER OATH BY THE APPLICANT AND FILED WITH THE CITY MARSHAL, together with ALL SUPPORTING PAPERS AND CERTIFIED CHECK, CASHIER'S CHECK, OR CASH FOR THE EXACT FEE.**

BUSINESS NAME: _____

MANAGING AGENT NAME: _____

REGISTERED AGENT NAME: _____

FEES FOR CURRENTLY LICENSED ESTABLISHMENTS ONLY:

- _____ **CHANGE OF MANAGING AGENT:** \$ 100
- _____ **CHANGE OF REGISTERED AGENT:** \$ 25

TYPE OF LICENSE & FEE:

(Applications filed after July 1st shall be prorated at ½ the amount listed)

- _____ **BEER MANUFACTURER: BREW PUB:** \$ 3,000
- _____ **LIQUOR: CONSUMPTION ON PREMISES:** \$ 3,000
- _____ **LIQUOR: PACKAGE:** \$ 5,000
- _____ **BEER: PACKAGE OR CONSUMPTION ON PREMISES:**..... \$ 700
- _____ **BEER: MANUFACTURER**..... \$ 700
- _____ **WINE: PACKAGE OR CONSUMPTION ON PREMISES:** \$ 700
- _____ **GEORGIA FARM WINERY TASTING ROOM**.....\$1,400

I. BUSINESS INFORMATION:

A. Legal Name of Business: _____

B. Type of ownership:

- _____ Individual Ownership (sole ownership)
- _____ Partnership
- _____ Owner with investors
- _____ Corporation with one location
- _____ Corporation with multiple locations in Georgia
- _____ Corporation with multiple locations in more than one state

C. Trade name of business: _____

D. Location of business: _____
Street address

City, State and Zip Code

E. Mailing Address: _____

Business Telephone Number: _____

Georgia Sales Tax Number: _____

Federal Employee Identification Number: _____

F. List any other individuals or entities having any interest directly or indirectly in this business and show the nature of such interest:

G. List the full name and address of the owner of the building, owner of the land, and all lessors and sublessors, and the amounts of payment to each. Attach a copy of the lease or deed.

Owner, Lessor, Sublessor: _____

Address: _____

Payments: _____

Owner, Lessor, Sublessor: _____

Address: _____

Payments: _____

H. Attach detailed plans of building and outside premises.

I. Detail below how much of the capital of this business is borrowed and from whom:

Name: _____

Address: _____

Amount and Terms: _____

Name: _____

Address: _____

Amount and Terms: _____

J. Distance Requirements:

Attach an affidavit or scale drawing, prepared by a registered surveyor, verifying that the proposed location is in compliance with city code § 6-4-28: [Not required for locations at which alcoholic beverages are presently being sold in compliance with other provisions of the alcoholic beverage code.]

(1) Malt Beverage and/or Wine:

- (a)** No malt beverage or wine shall be offered for sale, sold, or dispensed in the unbroken package within **100 yards** of any school building, college building, school grounds or college campus.

(2) Distilled Spirits:

- (a)** No distilled spirits shall be offered for sale, or sold in the unbroken package, within **100 yards** of any church building.
- (b)** No distilled spirits shall be offered for sale, sold, or dispensed in the unbroken package within **200 yards** of any school building, educational building, school grounds or college campus

- (c) No malt beverages and/or wine and/or distilled spirits for consumption on the premises may be offered for sale, sold or dispensed within one hundred **100 yards** of any property containing 300 housing units or fewer, which property is owned or operated by a housing authority created by Article 1 of Chapter 3 of Title 8 of The Housing Authorities Law.
 - (d) A new retail package liquor licensed place of business or the relocation of an existing retail package liquor licensed place of business engaged in the retail package sales of distilled spirits shall not be located within 500 yards of any other business licensed to sell package liquor at retail.
- (3) All measurements to determine distances required by this Article shall be measured by the most direct route of travel on the ground and shall be measured in the following manner:
- (a) In a straight line from the front door of the structure from which beverage alcohol is sold or offered for sale;
 - (b) To the front door of the building of a church, government-owned treatment center or a retail package store; or
 - (c) To the nearest property line of the real property being used for school or educational purposes;
 - (d) All renewal applications shall use the measurements required in the initial application and license.

II. REGISTERED AGENT:

All licensed establishments must have and continuously maintain in Hall County a "Registered Agent" upon whom any process, notice, or demand required or permitted by law or under the City of Gainesville Alcoholic Beverage Code to be served upon the licensee or owner may be served. This person must be a resident of Hall County.

NAME: _____
(state full name, do not use initials)

Sex: _____ Race: _____ Date of Birth _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ Phone #: _____

I hereby certify that I am a resident of Hall County, Georgia, and agree to serve as "registered agent" on behalf of _____, a business located at _____, Gainesville, Georgia. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Code of the City of Gainesville, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

SIGNATURE OF REGISTERED AGENT

DATE

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF

_____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

NOTE: Attach a copy of driver's license and proof of Hall County residency, ie; phone or utility bill, that reflects the address listed by the Registered Agent.

III
MANAGING AGENT
(A photo of applicant must be attached)

The managing agent must be an individual who is a resident of the state of Georgia and a full time employee of the business, who has regular managerial authority over the business conducted on the licensed premises, including the sale of alcoholic beverages.

SECTION I : Personal Data

Full name of applicant (do not use initials) _____
Include maiden name(s), alias(s), etc.

Social Security No. ____ - ____ - ____ Business Phone _____ Cell Phone _____

Home Address: _____ Home Phone _____

Email Address: _____

Length of residency at this location: _____

Business Address: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____ Hair: _____ Eyes: _____

Place of Birth _____ Date of Birth: _____

U.S. Citizen: _____ By Birth: _____ Naturalized: _____

Date, Place, and Court: _____ Certificate No: _____

Petition # _____ Alien Registration # _____ Native Country: _____

Date and port of entry: _____

Length of residency in Georgia _____ Number of years at current address: _____

(Please attach proof of Georgia Residency)

SECTION II: EMPLOYMENT HISTORY (START WITH PRESENT EMPLOYMENT):

(1) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(2) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(3) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(4) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

Previous Addresses (other than present)

(1) _____ County: _____

(2) _____ County: _____

(3) _____ County: _____

What is your position/title with the business submitting this application?: _____

Name of Spouse: _____

SECTION III : BACKGROUND INFORMATION

Do you currently have any interest financial or otherwise or worked in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and/or consumed on the premises? If yes, please give details: _____

Are you related by blood or marriage to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each. _____

Have you, your spouse, any person having any interest in this business, ever applied for an alcoholic beverage license, ever had any interest in any business licensed to sell alcoholic beverages, ever been an alcohol licensee, or ever been an officer in any business with an alcoholic beverage license that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application could result in denial of the application or revocation of the license.) Yes () No () *If yes, give full details of all the above.*

Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the amount of hours required for each and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required. _____

What types of materials (written materials, signs, badges, etc.) are provided with the training of employees? Please enclose these materials.

Have you ever been:

- | | | | |
|------------------------|----------------|-------------------------------|----------------|
| A. Arrested | Yes () No () | B. Convicted | Yes () No () |
| C. Detained | Yes () No () | D. Indicted | Yes () No () |
| E. Pled Guilty | Yes () No () | F. Pled Nolo Contendre | Yes () No () |
| G. On Probation | Yes () No () | H. Any Pending Charges | Yes () No () |

To include but not limited to, Federal, State and Local Ordinance Violations

If you answered "YES" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of the charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if the information was not given for any reason. _____

SECTION IV: FINANCIAL STATEMENT

Complete the following financial statement, [separate financial statements should be submitted for the business and the managing gent.]:

IV. MISCELLANEOUS

A. List any previous alcoholic beverage applications submitted either by this business or managing agent and show the disposition of the application(s).

B. List any previous suspensions or revocations of alcoholic beverage licenses held by this business or managing agent.

C. List all other businesses engaged in the sale of alcoholic beverages having any association whatsoever with any person, firms, or corporations holding an interest in this application:

D. KEY PROVISIONS OF ALCOHOLIC BEVERAGE ORDINANCE:

1. General License Standards	<u>Initial</u>
(A) Applicant Knowledgeable of:	
(1) State Law, City Ordinance, State & City Rules & Regulations	_____
(2) Regulated Hours of Sale:	_____
(3) Regulated Days of Sale:	_____
(4) Regulated Age of Customers:	_____
(5) Procedure for Change of License Holder:	_____
(6) Sunday Restrictions:	_____

[KEY PROVISIONS, CONTINUED:

INITIAL:

- (7) Requirements for Posting of License: _____
- (8) Requirements for Cooperation with Police: _____
- (9) Inspection Rights of City Officials: _____
- (10) Limitations of Alcoholic Beverages on
Premises only from Licensed Wholesalers: _____
- (11) Penalties for Violations: _____

(B) **APPLICANT INFORMS EMPLOYEES ABOUT
LAW, ORDINANCE, RULES & REGULATIONS:** _____

2. CONSUMPTION ON PREMISES STANDARDS:

(A) APPLICANT KNOWLEDGEABLE OF:

- (1) 50% Food Sales Requirement & Reporting Procedure: _____
- (2) Mixed Drink Tax due 20th Day of Each Month: _____
- (3) Happy Hour Regulations: _____
- (4) Removing partially consumed bottles of wine from
premises: _____

3. PACKAGE STANDARDS:

(A) APPLICANT KNOWLEDGEABLE OF:

- (1) Prohibition Against Consumption on Premises: _____
- (2) Regulations Concerning Opened Containers: _____
- (3) Regulations Regarding Transporting
Alcoholic Beverages: _____
- (4) Regulations concerning growler sales _____

and tastings

4. MANUFACTURER STANDARDS:

(A) Applicant Knowledgeable of:

(1) Regulations concerning conduct and serving size of tastings. _____

(2) Regulations regarding the retail package or consumption on premises sales of cider or beer manufactured. _____

(3) Regulations regarding the purchase of souvenir containers to participate in tastings. _____

5. GEORGIA FARM WINERY STANDARDS:

(A) Applicant Knowledgeable of:

(1) Sale of wine by the drink or the unopened package is limited to only Georgia Farm Winery products. _____

(2) Excise taxes are due the 10th day of the month. _____

(3)

OATH OF MANAGING AGENT

Georgia, City of Gainesville

OATH: I, _____ do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for an alcoholic beverage license are true and complete, and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

Should any change occur during the year for which a license is issued, pursuant to this application which would require a different answer to any question contained in this application, such change **must** be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be a cause for the suspension or revocation of any license issued.

I have received a copy of this alcoholic beverage ordinance and do understand that this copy is to be kept on the licensed premises at all times.

I have read and do understand state laws and city ordinances relating to alcoholic beverages, including the "key provisions" on pages 10 and 11 of this application.

Signature of Managing Agent

Doing Business As

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

Notary Public

My commission expires _____

THIS PAGE TO BE COMPLETED BY CITY MARSHAL'S OFFICE

CERTIFICATIONS:

1. OCCUPATION TAX:

THIS IS TO CERTIFY THAT _____
HAS MADE APPLICATION AND PAID THE APPROPRIATE OCCUPATION TAX
FOR THE OPERATION OF:

NAME OF BUSINESS

AT _____
LOCATION OF BUSINESS

FOR _____
TYPE OF BUSINESS

CITY LICENSING OFFICE

DATE

2. AD VALOREM TAX:

THIS IS TO CERTIFY THAT THERE ARE NO CITY OF GAINESVILLE AD
VALOREM TAXES OUTSTANDING IN THE NAME OF:

OWNER

OR _____
MANAGING AGENT

OR _____
BUSINESS PROPERTY OWNER, IF NOT APPLICANT

OR _____
BUSINESS NAME

OR _____
BUSINESS LOCATION

CITY TAX DEPARTMENT

DATE

Consent for Criminal History Records:

I hereby authorize personnel of the City of Gainesville Marshal's Office to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

FULL NAME PRINTED

ADDRESS

CITY/STATE/ZIP CODE

DATE OF BIRTH **SEX** **RACE** **SOCIAL SECURITY NUMBER**

SIGNATURE

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES

FOR OFFICE USE ONLY:

PRINT NAME OF PERSON RECEIVING RECORD

CITY OF GAINESVILLE MARSHAL'S OFFICE

SIGNATURE OF PERSON RECEIVING RECORD

PERSONAL STATEMENT

OWNER/PARTNER/INTEREST HOLDER

(A photo of applicant must be attached)

Personal Data:

Full name: (do not use initials) _____
Include maiden name(s), alias(s), etc.

Social Security No. ____ - ____ - ____ Business Phone _____ Cell Phone _____

Home Address: _____ Home Phone _____

Length of residency at this location: _____

Business Address: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Age: _____ Hair: _____ Eyes: _____

Place of Birth _____ Date of Birth: _____

U.S. Citizen: _____ By Birth: _____ Naturalized: _____

Date, Place, and Court: _____ Certificate No: _____

Petition # _____ Alien Registration # _____ Native Country: _____

Date and port of entry: _____

Length of residency in Georgia _____ Number of years at current address: _____

Percentage of interest held with the business submitted this application _____

SECTION II: EMPLOYMENT HISTORY (START WITH PRESENT EMPLOYMENT):

(1) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(2) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(3) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

(4) Employer: _____ Address: _____

Job Description _____

Dates: From: _____ To: _____

Previous Addresses (other than present)

(1) _____ County: _____

(2) _____ County: _____

(3) _____ County: _____

What is your position/title with the business submitting this application?: _____

Name of Spouse: _____

BACKGROUND INFORMATION

Do you currently have any interest financial or otherwise or worked in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and/or consumed on the premises? If yes, please give details: _____

Are you related by blood or marriage to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each. _____

Have you, your spouse, any person having any interest in this business, ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application could result in denial of the application or revocation of the license.) Yes () No () *If yes, give full details of all the above.*

Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the amount of hours required for each and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required. _____

What type of materials (written materials, signs, badges, etc.) are provided with the training of employees? Please enclose these materials.

Have you ever been:

- | | | | |
|------------------------|----------------|-------------------------------|----------------|
| A. Arrested | Yes () No () | B. Convicted | Yes () No () |
| C. Detained | Yes () No () | D. Indicted | Yes () No () |
| E. Pled Guilty | Yes () No () | F. Pled Nolo Contendre | Yes () No () |
| G. On Probation | Yes () No () | H. Any Pending Charges | Yes () No () |

If you answered "YES" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of the charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if the information was not given for any reason. _____

A. KEY PROVISIONS OF ALCOHOLIC BEVERAGE ORDINANCE:

1. General License Standards

Initial

(A) Owner/Partner Knowledgeable of:

- (1) State Law, City Ordinance, State & City Rules & Regulations _____
- (2) Regulated Hours of Sale: _____
- (3) Regulated Days of Sale: _____
- (4) Regulated Age of Customers: _____
- (5) Procedure for Change of License Holder: _____
- (6) Sunday Restrictions: _____

INITIAL:

- (7) Requirements for Posting of License: _____
- (8) Requirements for Cooperation with Police: _____
- (9) Inspection Rights of City Officials: _____
- (10) Limitations of Alcoholic Beverages on Premises only from Licensed Wholesalers: _____
- (11) Penalties for Violations: _____

(B) APPLICANT INFORMS EMPLOYEES ABOUT LAW, ORDINANCE, RULES & REGULATIONS: _____

2. CONSUMPTION ON PREMISES STANDARDS:

(A) OWNER/PARTNER KNOWLEDGEABLE OF:

- (1) 50% Food Sales Requirement & Reporting Procedure: _____
- (2) Mixed Drink Tax due **20th Day** of Each Month: _____
- (3) Happy Hour Prohibition: _____
- (4) Removing partially consumed bottles of wine from Premises: _____

KEY PROVISIONS CONTINUED:

3. PACKAGE STANDARDS:

(A) OWNER/PARTNER KNOWLEDGEABLE OF:

- (1) Prohibition Against Consumption on Premises: _____
- (2) Regulations Concerning Opened Containers: _____
- (3) Regulations Regarding Transporting Alcoholic Beverages: _____
- (4) Regulations concerning growler sales and tastings _____

Oath of: Owner, Partner, Interest Holder

Georgia, City of Gainesville

OATH: I, _____ do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for an alcoholic beverage license are true and complete, and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

Should any change occur during the year for which a license is issued, pursuant to this application which would require a different answer to any question contained in this application, such change **must** be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be a cause for the suspension or revocation of any license issued.

I have received a copy of this alcoholic beverage ordinance and do understand that this copy is to be kept on the licensed premises at all times.

I have read and do understand state laws and city ordinances relating to alcoholic beverages, including the "key provisions" on pages 10 and 11 of this application.

Signature of Owner/Partner/Interest Holder

Doing Business As

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

Notary Public

My commission expires _____

Consent for Criminal History Records:

I hereby authorize personnel of the City of Gainesville Marshal's Office to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

FULL NAME PRINTED

ADDRESS

CITY/STATE/ZIP CODE

DATE OF BIRTH

SEX

RACE

SOCIAL SECURITY NUMBER

SIGNATURE

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES

FOR OFFICE USE ONLY:

PRINT NAME OF PERSON RECEIVING RECORD

SIGNATURE OF PERSON RECEIVING RECORD

CITY OF GAINESVILLE MARSHAL'S OFFICE

Surveyor's Affidavit
City of Gainesville, Georgia
Alcoholic Beverage License

I, _____, a Georgia registered land surveyor, # _____,

do hereby certify that I am familiar with the premises:

(Business
Name and Location)

and that it is in compliance with City of Gainesville Code 6-4-28 as set out below.

Beer and Wine

Package sales of beer and/or wine for consumption off premises shall not be sold or offered for sale within **100 yards of any school building, school grounds.**

Distilled Spirits

- (a) Distilled spirits in the unopened package for consumption off premises shall not be offered for sale, within **100 yards of any church building.**
- (b) No distilled spirits in the unopened package for consumption off premises shall be offered for sale, sold, or dispensed within **200 yards of any school building, educational building, school grounds or college campus.**
- (c) No malt beverages and/or wine and/or distilled spirits for consumption on the premises may be offered for sale, sold or dispensed within one hundred (**100**) **yards of any property containing 300 housing units** or fewer, which property is owned or operated by a housing authority created by Article 1 of Chapter 3 of Title 8 of The Housing Authorities Law.
- (d) A new retail package liquor licensed place of business or the relocation of an existing retail package liquor licensed place of business engaged in the retail package sales of distilled spirits shall not be located within **500 yards of any other business licensed to sell package liquor at retail.**
- (e) A new malt beverage, wine or distilled spirits license to pour by the drink or sell in the unbroken package shall not be located within one hundred (**100**) **yards of any alcoholic treatment center** owned and operated by the state or any county or municipal government.

Please see attached for method to determine distance requirements.

Signature & Seal of Surveyor

Sworn to and subscribed before me this

_____ day of _____, 20____.

Notary Public

Commission Expires _____

For the sale of distilled spirits in the unbroken package the distance requirement of 200 yards (600 feet) from any school building, educational building, school grounds, or college campus or within 100 yards of any church building, shall be measured in the following manner:

- a. From the property line of the tract on which is located the regulated business;
- b. To the property line of the tract on which is located the school ground, or college campus; and
- c. Along a straight line which describes the shortest distance between the two property lines.

For the sale of beer and wine by the package, the distance requirement of 100 yards (300 feet), of a school shall be measured by the most direct route of travel on the ground in the following manner:

- a. In a straight line from the front door of the structure from which beer or wine is sold or offered for sale:
- b. To the nearest property line of the real property being used for school or educational purposes.

For the sale of beer, wine, or liquor for consumption on premises, the distance requirement of 100 yards (300 feet), of any housing authority property shall be measured by the most direct route of travel on the ground in the following manner:

- a. In a straight line from the front door of the structure from which beer, wine or liquor will be sold for consumption on premises.
- b. To the nearest property line of the housing authority property containing 300 or less housing units.

For the sale of beer, wine, or liquor by retail or consumption on premises, the distance requirement of 100 yards (300 feet), of any alcoholic treatment center owned and operated by the state of Georgia or any county or municipal government shall be measured by the most direct route of travel on the ground in the following manner.

- a. In a straight line from the front door of the structure from which beer, wine or liquor is sold or offered for sale:
- b. To the front door of the government-owned treatment facility.

For the sale of distilled spirits in the unbroken package, the distance requirement of 500 yards (1,500 feet) from any other business licensed to sell distilled spirits in the unbroken package, shall be measured by the most direct travel on the ground in the following manner:

- a. In a straight line from the front door of the structure from which distilled spirits in the unbroken package are sold or offered for sale;
- b. To the front door of an existing business that is properly licensed to sell distilled spirits in the unbroken package.

For the purposes of this section, the terms school building or educational building shall apply to state, county, city or church school buildings and to such buildings at such other schools in which are taught subjects commonly taught in the common schools and colleges of this state.

City of Gainesville

Private Employer E-Verify Affidavit

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit www.uscis.gov/everify. The CITY OF GAINESVILLE will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a(n)

_____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from the CITY OF GAINESVILLE, the undersigned applicant representing the private employer known as

_____ [printed name of private employer – individual, firm or corporation] verifies one of the following with respect to my application for the above mentioned business document:

(A) _____ **11 or more employees**

You must provide the Federal Work Authorization number. This document must be completed, notarized and returned with the business occupation tax renewal.

PLEASE PROVIDE THE BELOW INFORMATION:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

(B) _____ **10 or fewer employees – automatically exempt from participation in E-Verify program.**

This document must be notarized and returned with the business occupation tax renewal.

Furthermore, I, as the applicant, affirmatively state that 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. § 13-10-90.

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 _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____ 20__.

NOTARY PUBLIC

My Commission Expires: _____

City of Gainesville

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Gainesville, 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 Business Occupational Tax Certificate (Business License), Alcohol License, Taxi Permit or other public benefit for

- 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: _____.

*****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. (MUST BE PROVIDED BY EVERYONE—A list of acceptable documents are enclosed)**

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 PUBLIC

My Commission Expires: _____

CITY OF GAINESVILLE
OFFICE OF ADMINISTRATIVE SERVICES

300 HENRY WARD WAY / P.O. BOX 2496
GAINESVILLE, GA 30503
TELEPHONE: 770-533-5842
FACSIMILE: 770-535-5636

APPLICATION CHECKLIST

- Certificate of Occupancy OR Home Office Affidavit
- Completed Application
- City of Gainesville Status Verification Affidavit (SAVE Affidavit)
- Private Employer E-Verify Affidavit
- Photo ID (ex. Driver's license, passport, if you are a resident alien you must provide documentation from Homeland Security ex. Permanent Residence Card or Employment Authorization Card)
- Other documents (if applicable): State License, Food Service Permit Phone # 770-531-3973, Dept of Agriculture Certificate Phone # 770-535-5955, Health Dept Permit, State Sales Tax Number, Federal Id Number

**PROCEDURE FOR OBTAINING BUSINESS/OCCUPATION TAX
CERTIFICATE [BUSINESS LICENSE]**

1. Contact the Gainesville Planning & Zoning Department to secure the appropriate document for your particular business situation. This normally consists of:
 - A. Home Office Affidavit [Required For Operating an In-Home Office]
 - B. Certificate of Occupancy [Required For All Commercial Locations]

This document is required and must be obtained before the applicant can receive the Business/Occupation Tax Certificate to open for business.

GAINESVILLE PLANNING & ZONING DEPARTMENT
311 HENRY WARD WAY [ZIP CODE 30501] / P.O. BOX 1435 [ZIP CODE 30503]
GAINESVILLE, GA
TELEPHONE: 770-531-6570

3. When you are ready to apply for your **Business/Occupation Tax Certificate**, bring either the **Home Office Affidavit** or the **Certificate of Occupancy** to the **Office of City Finance/Business-Occupation Tax**. After you have completed the return (application), signed a status verification document and have paid the fee, your tax certificate should arrive at your mailing address in approximately seven (7) to ten (10) days.

4. Depending upon your type of business, you may be required to have certain other documentation prior to the issuance of a Business/Occupation Tax Certificate.

A. Federal Employer Identification Number (F.E.I. #)

The U.S. Internal Revenue Service issues an **Identification Number (E.I.N.)** to any business that: 1) has employees, **and/or** 2) plans to establish itself as a corporation, partnership, or sole proprietorship (some exceptions may apply). Provide this number on your City of Gainesville Business/Occupation Tax Return at the time of application.

The telephone number to call to obtain this number or for questions concerning it is **1-800-829-4933** or online at www.irs.gov.

B. Georgia Sales Tax Number

The State of Georgia levies a sales and use tax on the retail purchase, retail sale, rental, storage, use, or consumption of tangible personal property and on certain services described in the **Georgia Code**. It is the responsibility of any business owner making transactions subject to this tax to obtain a Georgia Sales and Use Tax Number.

Provide this number on your City of Gainesville Business/Occupation Tax Return at the time of application.

The telephone number to call to obtain this number or for questions concerning it is **(706) 389-6977**. The Internet Website is: www.etax.dor.ga.gov. Select Business Taxes, Sales tax and then select On-line Business Registration.

C. State Licenses/Certification

Certain professions are required to obtain licenses/certifications from the State of Georgia. A few examples of these professions are: Plumbers, Electricians, Heating/Air Conditioning Contractors, Attorneys, Physicians, Cosmetologists and Salons. Call **PHONE #478-207-2440** for further information.

Documentation of this certification must be presented, and the license or certificate number must be provided on the Business/Occupation Tax Return.

CITY OF GAINESVILLE

BUSINESS/OCCUPATION TAX (BUSINESS LICENSE) NEW BUSINESS

OFFICE USE ONLY:

Account No.:

SIC Code:

Business Trade Name: _____

Business Address

Location: _____

City: _____ State: _____ Zip: _____

Phone: _____ DBA: _____

Corp. Name & Address: _____

Contact: _____ Title: _____ Phone: _____

(THIS PERSON'S NAME WILL APPEAR ON THE LICENSE)

Email Address: _____

Emergency Contact: _____ After Hours Phone: _____

(For Police & Fire Use)

Mailing Address

Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State: _____ Zip: _____

Owner's Address

Name	Address	City	State	ZIP
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Are you a U.S. Citizen? Yes No

Dominant Line of Business: _____

(WHAT DO YOU DO OR WHAT SERVICE DO YOU PROVIDE?)

_____ Partnership _____ Sole Ownership

_____ Georgia Corporation _____ Other State Corporation

Date Opened: _____ Solid Waste Company: _____

Georgia Sales Tax No: _____ Home Business: Yes No

Certificate of Occupancy No.: _____ Fed. I.D. or S.S. No.: _____

(REQUIRED)

State Board Certificate No.: _____ Expiration Date: _____

