



CITY OF DAHLONEGA APPLICATION FOR ALCOHOL BEVERAGE LICENSE

Please fill out this application completely with the answers typed or printed. If the space provided on the form is not sufficient, answer on a separate sheet of paper and indicate in the space provided, that additional sheet/s is/are attached to the application. When completed that application must be signed and verified, under oath, by the applicant, and submitted to the Dahlonega City Council Members, together with the license fee(s), administrative/background fees and photographs of all four sides of the building where the establishment will be located. All fees are payable to the City of Dahlonega in the form of certified funds (bank certified check, money order, cash or credit card) No license will be issued to establishments that are owned or managed by person/s under 21 years of age.

NOTICE: Any false answer to any question on this application could result in the denial of a license, or in the event a license is issued, revocation or suspension of the license.

ESTABLISHMENT INFORMATION:

Type of Business: Bona Fide Eating Establishment Package Sales of Beer and or Wine
 Wholesale Growler Store
 Manufacturer or Brewer Farm Winery Tasting Room*
 Other _____
Describe _____

OWNERSHIP INFORMATION:

Type of Ownership: (check one) Sole Proprietor _____
Partnership _____
Privately Held Corporation _____
501(c) Corporation _____
Publicly Held Corporation subject to S.E.C. Regulations _____
Other: _____ explain: _____

Business or Owner's Name: _____

Corporation Name: _____

Doing Business as: _____

Physical Location: _____
Street Number Street Name

City State Zip Code

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Telephone Number at Location: _____

Mailing Address: _____
Street/P.O. Box Number Street Name

City State Zip Code

Telephone Number of Owner: _____

Telephone Number of Manager: _____

**CLASS OF LICENSES AND FEES- RETAIL
PACKAGE SALES:**

- ____ Class B, Retail Beer Package License stores up to 10,000 square feet \$1,200.00
- ____ Class B, Retail Beer Package License for stores over 10,000 square feet \$1,800.00
- ____ Class B, Retail Beer Growler License \$ 250.00
- ____ Class C, Retail Wine Package License for stores up to 10,000 square feet \$1,200.00
- ____ Class C, Retail Wine Package License for stores over 10,000 square feet \$1,800.00
- ____ Farm Winery Tasting Room \$ 150.00*
- ____ Class C, Ancillary Wine Tasting License \$ 150.00**
- ____ Administrative/Background Fee New License (or New Owner) \$ 150.00
- ____ Administrative/Background Fee Renewal License \$ 50.00

CONSUMPTION ON PREMISES:

- ____ Class D, Retail Liquor by the drink \$2,400.00
- ____ Class E, Retail Beer by the drink \$1,200.00
- ____ Class F, Retail Wine by the drink \$1,200.00
- ____ Administrative/Background Fee New License (or New Owner) \$ 250.00
- ____ Administrative/Background Fee Renewal License \$ 150.00

CLASS OF LICENSES AND FEES – MANUFACTURERS, WHOLESALERS:

- ____ Class H, Wholesale Beer \$1,000.00
- ____ Class I, Wholesale Wine \$1,000.00
- ____ Class K Brewer, Manufacturer of Malt Beverages or Wine \$1,000.00
- ____ Administrative/Background Fee New License (or New Owner) \$ 250.00
- ____ Administrative/Background Fee Renewal License \$ 150.00

____ **SUNDAY SALES** **No additional charge**

LICENSE FEES (Total of fees checked above): _____

ADMIN/BACKGROUND FEE: _____

TOTAL DUE: _____

***Farm Winery Tasting Room Applications MUST be submitted by a Farm Winery and the Farm Winery MUST operate the Tasting Room.**

****Ancillary Wine Tasting Licenses require that you have only a Wine Package License and you must sell \$1,500.00 of food products per month.**

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FOR PARTNERSHIPS ONLY:

Date partnership formed: _____ **(Attach Partnership Agreement)**

List Partners:

Names and Resident Addresses of Partners	SS#	G-General L- Limited S – Silent	Interest \$ Investment % Participation
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FOR CLOSELY HELD CORPORATIONS ONLY: (Attach Articles of Incorporation & Certificate of Incorporation)

Date of Incorporation: _____

Place of Incorporation: _____

State Parent Corporation: _____

Number of Shares of Capital Stock Authorized: _____

Number of Shares of Outstanding Stock: _____

For Corporations, list officers, directors, and/or principal shareholders with 20% or more of the stock:

Name	Social Security #	Position	Interest %
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Is the corporation owned by a parent corporation or held by a holding company? _____

If yes, explain: _____

FOR PRIVATE CLUBS ONLY: (Must qualify as an eating establishment)

Date of organization under the laws of the State of Georgia: _____

State total number of regular dues paying members: _____

Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of distilled spirits, beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club?

Attach minutes of the annual meeting setting salaries. For private club, list officers, directors and/or principal shareholders with 20% or more of the stock.

Name	Social Security #	Position	Interest %
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GENERAL INFORMATION:

Has owner and/or individual partner, shareholder, director or officer have any interest in any manufacturer or wholesaler of alcoholic beverage? _____

Has owner and/or individual partner, shareholder, director or officer received any financial aid or assistance from any manufacturer of alcoholic beverages? _____

If answer is "Yes to either of immediate foregoing, explain: _____

Show hereunder any and all persons, corporations, partnerships, or associations (other than persons stated herein as owner(s), directors, or officers) who have received or will receive, as a result of your operation under the required license, any financial gain or payment delivered from any interest or income from the operation. Financial gain or payment shall include payment of gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under the license. In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders. _____

List all other businesses engaged in the sale of alcohol beverages that you the owner, or any individual, partner, shareholder, officer, or director has interest in, employed by or associated with in the past.

Name	Name of Business	Interest %
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have any previously granted alcohol beverage license ever been revoked or suspended? _____
If so, state the governmental authority involved, year and reason for the revocation or suspension

Other licenses held by applicant with City of Dahlonega: _____

Is owner past due on any obligations with the City of Dahlonega? _____

Has the applicant read the alcohol regulations of the City of Dahlonega? _____

Will live entertainment be offered? _____ If yes, explain type of entertainment: _____

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PROPERTY LOCATION INFORMATION:

Owner of the Building: _____
Attach evidence of ownership or a current lease between the applicant and owner of the building.

Owner or Realty (land), if different from owner of building: _____

Tax Map and Parcel Number of Realty: _____

Present Zoning Certification: _____

Number of Off-Street Parking Spaces at Proposed Location: _____

Has the applicant read the alcohol regulations of the City of Dahlonega? _____

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, CITY OF DAHLONEGA

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONAL STATEMENT, ARE TRUE AND CORRECT.

APPLICANT SIGNATURE

I, HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION 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 CORRECT.

THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC

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FOR OFFICIAL USE ONLY:

Date Received: _____

Total Fee(s) Paid: _____

Approval Date: _____

Denial Date: _____

State License Number: _____

Local License Number: _____

**Georgia Bureau of Investigation
Georgia Crime Information Center**

I hereby authorize the **City of Dahlonega** to receive a copy of my Georgia Criminal History record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address

M F

Sex

Social Security Number

Date of Birth

____ This authorization is valid for 90/180 ____ (circle one) from date of signature.

____ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of licensure.

Signature

Date

Notary Public

My Commission Expires _____



CITY OF DAHLONEGA
465 RILEY ROAD
DAHLONEGA, GA 30533

By executing this affidavit under oath, as an applicant for a City of Dahlonega, Georgia Business License or Occupation Tax Certificate, Alcohol License, or other public benefit as referenced on O.C.G.A. Section 50-36-1, from City of Dahlonega, 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:

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. Section 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 O.C.G.A Section 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Dahlonega, Georgia on this _____ day of _____, 20 _____.

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

Signature of Applicant:

Printed Name:

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 an alien registration number may supply another identifying number below:

O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for:

(Check all that apply.)

- State Alcohol License State Alcohol Permit Alcohol Special Event License
- State Tobacco License State Tobacco Permit COAM Master License
- COAM Location License COAM Temporary Location Permit Motor Fuel Distributor License

as referenced in O.C.G.A § 50-36-1, from the Georgia Department of Revenue, 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:

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 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: