



CITY OF DAHLONEGA
 465 Riley Road
 Dahlonega, Georgia 30533
 Phone: 706-482-2706 • Fax: 706-864-48

ALCOHOLIC BEVERAGE LICENSE APPLICATION

Please fill out this application completely with the answers typed or printed. If the space provided on the form is insufficient, answer on a separate sheet of paper and indicate in the space provided that additional sheet(s) is/are attached to the application. The completed 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 personal checks. No license will be issued to establishments that are owned or managed by person(s) under 21 years of age. NOTICE: Any false answers 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.

APPLICATION INFORMATION: Type of Application – Check one:

New _____
 Renewal _____ Year of Renewal _____

ESTABLISHMENT INFORMATION: Type of Business - Check one:

Bona Fide Eating Establishment _____
 Package Sales of Beer and Wine _____
 Growler _____
 Wholesaler _____
 Manufacturer or Brewer _____
 Farm Winery Tasting Room * Pg. 2 _____
 Other - _____

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 _____
 Explain – Other _____

Business Owner's Name: _____
 Corporation Name: _____
 Doing Business: _____
 Physical Location: Street Number / Name _____
 City, State and Zip Code _____
 Telephone Number at Location: _____
 Mailing Address: Street Number / Name _____
 City, State and Zip Code _____
 Telephone Number of Owner: _____
 Telephone Number of Manager: _____

CLASS OF LICENSE AND FEES:

RETAIL PACKAGE SALES - CHECK THE ONES THAT APPLY:

	Class B, Retail Beer Package License for 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 Ancillary Growler Permit	\$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 Permit	\$150.00
	Administrative/Background Fee New License (or New Owner)	\$250.00
	Administrative/Background Fee Renewal License	\$50.00

CONSUMPTION ON PREMISES - CHECK THE ONES THAT APPLY:

	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

MANUFACTURERS & WHOLESALE - CHECK THE ONES THAT APPLY:

	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

LICENSE FEES (excluding Admin and Background fees):

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 License require that you have only a Wine Package License and you must sell \$1500.00 of food products per month.

FOR PARTNERSHIP ONLY (Attach Partnership Agreement)

Date partnership formed: _____

LIST OF PARTNERS:

Name and Resident address of Partners:	Social Security Number:	G-General	Interest
		L-Limited	\$ Investment
		S-Silent	% Participation:
_____	_____		
_____	_____		
_____	_____		
_____	_____		

FOR CLOSELY HELD CORPORATIONS ONLY (Attach Articles of Incorporation and Certificate of Incorporation):

Date of Incorporation: _____

Place of Incorporation: _____

State Parent Corporation: _____

Number of Shares of Capital Stock Authorized _____

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

Name	Social Security Number	Position	Interest %
_____	_____	_____	_____
_____	_____	_____	_____

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 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? If yes, provide details.

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 Number	Position	Interest %
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL INFORMATION:

Does owner and/or individual partner, shareholder, director or officer have any interest in any manufacture or wholesale of alcoholic beverage? If yes, provide details.

Has owner and/or individual partner, shareholder, director or officer received any financial aid or assistance from any manufacturer of alcoholic beverages? If yes, provide details.

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:

Name	Social Security Number	Position	Interest %
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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, or been employed by or associated with in the past.

Name	Name of Business	Interest %
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Has any previously granted alcohol beverage license ever been revoked or suspended? If so, state the government authority involved, the date, and the reason for the revocation or suspension.

List 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, please explain.

PROPERTY LOCATION INFORMATION:

Owner of the Building: _____
Owner of Realty (land), if different from owner of building: _____
Tax Map & Parcel Number of Realty: _____
Present Zoning Certification: _____
Number of Off-Street Parking Spaces at Location: _____

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 _____ Date _____

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 ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE CORRECT.

THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC SIGNATURE/SEAL _____

MY COMMISSION EXPIRES _____

FOR OFFICIAL USE ONLY:

Date Received: _____ Total Fee Paid _____

Approval Date: _____ Denial Date: _____

State License Number: _____

Local License Number: _____