



City of Elberton

P. O. Box 70 ~ 203 Elbert Street
Elberton, Georgia 30635
(706) 213-3100 ~ Fax: (706) 213-3125
www.cityofelberton.net

Alcoholic Beverage License MEMORANDUM

Enclosed are the forms to apply for a City of Elberton Alcoholic Beverage License. In order to begin engaging in the sale of alcoholic beverages certain requirements must be met.

1. Applicants must submit an application for a City of Elberton alcoholic beverage license. Applications must contain the following attachments:
 - a. **Cash or Check** in the amount of \$20.00 made payable to the Elberton Police Department to cover the cost of fingerprint processing.
 - b. **Money Order** in the amount of \$19.25 made payable to the GBI to cover the cost of fingerprinting.
 - c. **For Wine Pouring and Distilled Spirits License.** Completed including attachments of page 4 of the application.
 - d. Applicant must submit a signed copy of the Sworn Statement and Acknowledgement Form as provided on page 5 of the application.
 - e. For applicants requesting an alcohol license of any classification for the first time. Applicant must print in the legal organ of the county an advertisement statement once a week for two consecutive weeks and submit a copy of such with application, see page 7 of the application.
 - f. Application must include fees applicable for issuance of alcohol license. See table on application form.

If you need assistance completing the forms or have questions regarding the licensing process, you may contact the City Clerk's Office at 706-213-3100 or cchurney@cityofelberton.net

CITY OF ELBERTON
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

This license is a privilege conditional on the holder meeting all standards for such licenses and operating regulations applicable thereto set out in city ordinances and Georgia Law. Failure to meet such standards or to comply with such operating regulations shall subject the holder to the license being revoked following notice and hearing.

CALCULATION OF BASIC LICENSE FEE Classification (CIRCLE ALL THAT APPLY):

On Premises Consumption	Fee Amount (12 months) <i>Jan-June 30</i>	Fee Amount (6 months) <i>July -Dec 31</i>
Beer/malt Beverages	\$500	\$250
Wine	\$500	\$250
Distilled Spirits	\$1000	\$500
Retail		
Beer/malt Beverages	\$500	\$250
Wine	\$500	\$250
Distilled Spirits	\$5000	\$2500
Bond	\$250 per classification	\$250 per classification
TOTAL LICENSE FEE DUE		

PURPOSE OF APPLICATION

New Renewal License Classification Change/Addition
 New Owner Other Change

BUSINESS INFORMATION

Business Name _____

Type of Business Individual Corporation Partnership

Business Location Address _____

Business Mailing Address _____

GA Sales Tax Number _____

F.E.I. Number _____

Contact Number: Day _____

Night _____

Fax Number _____

E-mail Address _____

Length of Time Business Has Been In Operation: _____

OWNER/APPLICANT INFORMATION

Any person with more than a five percent (5%) interest in a business, either directly or indirectly shall provide the following information:

Name _____

Date of Birth _____ Social Security Number _____

Motor Vehicle Operator's License No. _____

(Attach photocopy of license)

Address of Residence _____

Contact Number _____ Length of Residence at address _____

If residence at above address less than five years, list your previous addresses below:

Address _____

How Long There _____

Do you or any other owner, or immediate family have any interest in any other business licensed to sell alcoholic beverages () No () Yes, If so, provide business name and address:

OWNER/APPLICANT'S RECORD OF EMPLOYMENT FOR PAST FIVE YEARS

Employer _____ Position _____

Address _____

From _____ To _____

Employer _____ Position _____

Address _____

From _____ To _____

PERSONAL FINANCIAL STATEMENT OF OWNER/APPLICANT

Does the City Manager request a personal financial statement () No () Yes

(THIS PAGE MAY BE DUPLICATED IN ORDER TO PROVIDE REQUIRED INFORMATION ON ALL OWNERS)

MANAGER INFORMATION

Name _____

Birth Date _____ Social Security Number _____

Motor Vehicle Operator's License Number _____

(Attach a photocopy of license)

Address of Residence _____

Telephone Number _____ Length of Residence at Address _____

If residence at above address less than five years, list your previous addresses below:

Address _____

How Long There _____

MANAGER'S RECORD OF EMPLOYMENT FOR PAST FIVE YEARS

Employer _____ Position _____

Address _____

From _____ To _____

Employer _____ Position _____

Address _____

From _____ To _____

Has the applicant/owner or business manager or anyone connected therewith been cited, charged, or convicted at any time with any violation of City, County, State, or Federal ordinance, rule, regulation or Law? () No () Yes. If yes, provide details on a separate sheet of paper.

Has the applicant/owner provided a list of employees and understands that any change in employees will be reported to the office of the City Clerk immediately? () No () Yes.

FOR WINE POURING AND DISTILLED SPIRITS LICENSE

List the full name and address and other pertinent information of the owner(s) of the building and the land and the name and address of all lessors and sublessors. Attach one copy of each lease or deed concerning the building and land.

Owner, lessor, sublesser _____

Address _____

Payments and Interest _____

List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms, or corporations herein listed are interested in, by, or associated with in any way whatsoever.

Name _____

Business _____

Address _____

Interest _____

Attach a surveyor's statement or plat satisfactory to the City Manager describing the normal way of travel by street, road, or highway from the proposed premises to the nearest school and church buildings in order to determine whether or not there is compliance with the restrictions..

List the names and addresses of all persons having any beneficial ownership interest in and to the land and building on and in which the business is located and the type and percentage of the interest.

Name _____

Address _____

Interest _____

How much of the capital of this business is borrowed and from whom? Attach the required financial statement of that person or entity if other than a bank. Also attach a copy of any note or other instrument evidencing a said loan.

Name _____

Address _____

Amount & Terms _____

SWORN OATH AND ACKNOWLEDGEMENT

I do solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing questions in this application for an Alcoholic Beverage License(s) are true and complete and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for suspension or revocation of any license issued pursuant to this application. Should any changes occur during the year for which a license is issued pursuant to this application, which require a different answer to any question contained in this application, such change will 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 revocation of any license issued, and I so understand.

I do further swear that I am at least twenty-one (21) years of age, of good moral character and a citizen of the United States. **I have not been convicted** of a felony, a lesser crime involving moral turpitude, or any violation of the law of this state or any other state, relating to the sale of alcoholic beverages, or the possession, distribution, transportation, or manufacture, or sale of a controlled or dangerous substance **within the ten (10) year period** immediately preceding the filing of an application for licenses. Furthermore, **I have not employed anyone that has been convicted** of a felony, a lesser crime involving moral turpitude, or any violation of the law of this state or any other state, relating to the sale of alcoholic beverages, or the possession, distribution, transportation, or manufacture, or sale of a controlled or dangerous substance **within the five (5) year period** immediately preceding the filing of an application for licenses. A plea of nolo contendere or the forfeiture of a bond shall be considered a conviction for the purposes of this license. I shall be active in, and solely responsible for the management and operation of the business for which the licenses is granted. I understand that I must meet all qualifications when renewal license. I understand that loss of qualifications during the term of a license shall be grounds for revocation or for denial or renewal.

I have received a copies of Chapter 4, Alcoholic Beverages, of the Code of Ordinances, monthly alcoholic beverage report form, Resolution of administrative penalties, and list of employees form .

Signature(s)_____

Sworn to and subscribed before me this_____day _____2_____

Notary Public_____

(THIS PAGE MAY BE DUPLICATED IN ORDER TO PROVIDE REQUIRED INFORMATION ON ALL PERSONS WITH A FIVE- PERCENT (5%) OR MORE INTEREST IN THE BUSINESS)

NEW LICENSEE/LICENSE CLASSIFICATION CHANGE ONLY

If the applicant is requesting an alcoholic beverage license of any classification for the first time, the applicant must print in the legal organ of the county the following advertisement once (1) a week for two (2) consecutive weeks:

Notice of Application

I (name/names), the owner and operator of (business name/address) do hereby state that I have made application for a (type of classification) license with the City of Elberton.

(Signature/date of owner)
