

**City of Elberton**

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

ALCOHOLIC BEVERAGE LICENSE MEMO

[New or Changes]

All licenses granted under Section 4 of the Code of Ordinances shall expire on December 31st of each year and shall be renewable at the option of the Mayor and Council of the City. Licensees who desire to renew their licenses shall file an application with the required fee with the City Clerk for such renewal upon forms provided by the City Clerk no earlier than October 15th or later than November 15th of each year.

Fingerprinting must be completed at the Elberton Police Department located at 209 Elbert Street. The fee for fingerprinting is \$62.50 and can be cash, check or money order.

All license holders are required to attend an informational presentation concerning the city, state and federal laws, rules and regulations within 90 days of license issuance. The requirement to participate in said presentation shall apply to initial applications filed on or after January 1, 2011, and to renewals of any licenses previously issued; provided however, that any holder of a license or any manager or employee of any such holder, who **has already attended the presentation shall not be required to repeat.**

If you have any questions concerning this matter, please contact me. Thank you!

Sincerely,

Cindy Churney, City Clerk
cchurney@cityofelberton.net

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE [NEW OR CHANGE]

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: (*For distilled spirits classifications, see bottom of page 2 of packet for additional information required).

Classification	Fee Amount (Jan-Dec)	Fee Amount (July-Dec)	Bond	Check all that apply
On premises consumption - Beer/Malt	\$500.00	\$250.00	\$250.00	
On premises consumption - Wine	\$500.00	\$250.00	\$250.00	
*On premises consumption - Distilled Spirits	\$1,000.00	\$500.00	\$250.00	
Retail - Beer/Malt	\$500.00	\$250.00	\$250.00	
Retail - Wine	\$500.00	\$250.00	\$250.00	
*Retail - Distilled Spirits (<i>requires surety bond</i>)	\$5,000.00	\$2,500.00	<i>*bond attached</i>	
NOTE: Bond is carried over each year.				
Total for each column:				
TOTAL DUE:				

PURPOSE OF APPLICATION *bond may be required

*Classification Change/Addition *New Owner Other (please specify)

BUSINESS INFORMATION:

Name of Business _____

Type of Business Individual Partnership or LLC Corporation

Location Address _____

Mailing Address (if different) _____

Contact Name _____

Business Number _____

Fax Number _____

E-mail Address _____

Are you a United States citizen? Yes No, See Alcohol Ordinance Section 4-52

*Federal Work Auth. User Identification No.: _____

Authorization Date: _____

COMPLETE ONE OF THE FOLLOWING (A, B OR C):

A. IF APPLICANT IS AN INDIVIDUAL:

Name

Date of Birth

Social Security Number

Motor Vehicle Operator's License No. (Attach copy)

Address of Residence

City, State, Zip

Contact Number

B. IF APPLICANT IS A PARTNERSHIP OR LLC: (Attach a listing of each partner, including name and home number of each).

Name of Partnership or LLC

Address

City, State, Zip

C. IF APPLICANT IS A CORPORATION: (Attach a listing of any person with more than a five percent (5%) interest in the business, either directly or indirectly).

Name of Corporation

Address

City, State, Zip

FOR DISTILLED SPIRITS LICENSE - ONLY

Name and address of property owner (land and building) where the business will be located:

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:

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:

SWORN OATH AND ACKNOWLEDGEMENT

***To be completed by all owners of business.**

I solemnly affirm, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a license to sell alcoholic beverage in the City of Elberton, Georgia is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said license. 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.

I further affirm that I am at least twenty-one (21) years of age and a legal resident of the United States. I have not been convicted of a felony or any violation of the law of this state or any other state, relating to the sale of alcoholic beverages, or possession, distribution, transportation, or manufacture, or sale of a controlled substance within the ten (10) year period immediately preceding the filing of this application. Furthermore, I have not employed anyone that has been convicted of a felony, or any violation of the law of this state or any other state, relating to the sale of alcoholic beverages, or possession, distribution, transportation, or manufacture, or sale of a controlled substance within the five (5) year period immediately preceding the filing of this application.

Print Full Name as Signed Below

Date

Signature of Applicant

Title

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, _____.

NOTARY PUBLIC

My Commission Expires: _____

RELEASE OF CRIMINAL HISTORY CONSENT FORM

***To be completed by all owners of business.**

A separate form must be completed for whomever the license is issued to and the designated manager for individual business or partnerships. Corporations should complete forms for officers and the designated manager.

I, _____

Last Name	First Name	Middle Name	Date of Birth	Race	Gender
Social Security Number	Height	Weight	Eye Color	Hair Color	
Street Address	City	State	Zip		

AUTHORIZATION: City of Elberton Police Department to receive my criminal history record from GCIC.

SIGNATURE OF APPLICANT

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, _____.

NOTARY PUBLIC

My Commission Expires: _____

(Note: Unless all blanks are completed on this form and the form is notarized, no information will be released.)
Rules of Georgia Crime Information Center Council Chapter (GCIC) Section 140-02 04, Criminal Justice Information Exchange and Discrimination. Amended.

Criminal justice agencies may disseminate criminal history records to private persons, businesses, public agencies, political subdivisions, authorities and instrumentalities, including state or federal licensing and regulatory agencies, or to their designated representatives. For dissemination purposes, criminal history record information: except information relating to any arrest or charges disposed of under the provisions of the Georgia First Offender Act shall not be provided after the person has been discharged from First Offender status and exonerated of the charge. At the time of each request requestors shall provide the fingerprints or the signed and notarized consent of a person whose record is requested. The signed and notarized consent must be in a format approved by GCIC and must include the person's full name, address, social security number, race, sex and date of birth. Criminal justice agencies which disseminate criminal history records to private individuals and to public and private agencies shall advise all requestors that if an employment or licensing decision adverse to the record subject is made, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. This disclosure must include information that a criminal history check was made, the specific contents of the record, and the effect the record had upon the decision.

I acknowledge that I have read and reviewed the Non-Criminal Justice Applicant's Privacy Rights and Privacy Act Statement as stated on pages 8 & 9. _____ Initials

E-VERIFY AFFIDAVIT
Pursuant to O.C.G.A. 36-60-6(d)

***To be completed by all owners of business.**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for license, permit, or other document required to operate a business in O.C.G.A. 36-60-6(d):

Check one:

- a. On January 1, of previous year, the individual, firm, or corporation employed more than ten (10) employees
- b. On January 1, of previous year, the individual, firm, or corporation employed ten (10) or fewer employees.

The employer has registered with and utilizes the federal work authorization program in accordance with the application provisions and deadlines established in O.C.G.A. 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization is as follows:

 Name of Private Employer

 Federal Work Authorization User Id No

 Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

 Signature of Authorized Officer or Agent

 Print Name of and Title of Authorized Officer, or Agent

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 _____ DAY OF _____, _____.

 NOTARY PUBLIC

My Commission Expires: _____

To register for the E-Verify Program, go to the U.S. Citizenship and Immigration Services website (www.uscis.gov).

SAVE AFFIDAVIT
Affidavit Verifying Status for Public Benefit
Pursuant to O.C.G.A. 50-36-1(E)(2)

*To be completed by all owners of business.

By executing this affidavit under oath, as an applicant for a license, permit or other public benefit as referenced in O.C.G.A. 50-36-1, from the City of Elberton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Select one:

[] I am a United States citizen. Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports

[] I am a legal permanent resident of the United States. Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports

[] 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.** Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports

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.

Signature of Applicant

Date

Print Name of Applicant

Name of Business

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____, _____.

NOTARY PUBLIC

My Commission Expires: _____

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

***Keep for your records.**

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

***Keep for your records.**

DISTILLED SPIRITS LICENSE HOLDERS ONLY:

If the applicant is requesting an alcoholic beverage license for a distilled spirits classification for the first time, the application must print in the legal organ of Elbert County the following advertisement once a week for **two consecutive weeks**:

NOTICE OF APPLICATION

I _____, the owner/applicant
(name of applicant/owner)

of _____
(name of business)

(address of business)

Do hereby state that I have made application for a distilled spirits license for

(on premises consumption or retail sales)

permit with the City of Elberton.

(signature of owner and date)

Contact information: (only one edition per week/Wednesday's)
The Elberton Star
Val Evans
706-283-8500
vevans@elberton.net

*To be submitted once business has opened and as employees change. A computer generated reporting is acceptable.

LIST OF EMPLOYEES

BUSINESS NAME _____

BUSINESS LOCATION _____

NAME	HOME ADDRESS	BIRTHDATE

Authorized Signature **Date**

Submit form by mail, in person, by fax or by email:

- City Clerk
- 203 Elbert Street
- PO Box 70
- Elberton, GA 30635
- Fax: 706-213-3125
- Email: cchurney@cityofelberton.net