



Rock Solid

CITY OF ELBERTON
ALCOHOLIC BEVERAGE LICENSE
Application for New, Renewal or Change

Return completed form with payment by mail to City Clerk, PO Box 70, Elberton, Georgia or in person at City Hall located at 203 Elbert Street, Elberton, Georgia 30635.

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.

Business Name:

Business Location Physical Address:

Mailing Address (if different):

Name of applicant:

Home Address:

Date of Birth: Phone number: SSN:

Email Address:

Number of persons employed by business:

IMPORTANT: Federal Work Authorization User Identification Number (E-Verify Number): If your business employs more than 10 employees you are required to register and utilize the federal work authorization program as provided in O.C.G.A. 13-10-90.

\*Federal Work Auth. User Identification No.: Authorization Date:

RETAIL/PACKAGE SALES OF DISTILLED SPIRITS LICENSE ONLY List all persons having any beneficial ownership interest in the business:

Three horizontal lines for listing beneficial ownership interest.

List all other business engaged in the sale of alcoholic beverages that any of the persons, firms, or corporations are associated with in any way whatsoever.

Two horizontal lines for listing other business and owner/lessor information.

**ALCOHOLIC BEVERAGE LICENSE CALCULATION**

Classification	Fee Amount (Jan-Dec)	Fee Amount (July-Dec)	Bond	Amount Due
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.				
<b>TOTAL DUE:</b>				

\*NOTE: Section 4-53. Fees and Bonds.

(b) Every retail dealer in distilled spirits package shall post with the city manager or his designee a cash bond in the sum of \$2,500.00 conditioned to abide by the ordinances of the city and the laws of the state, the bond to be retained without interest, by the city, and to be returned to the dealer at the expiration of his license, provided he has not breached the bond, the bond to be forfeited to the city in case of a breach thereof.

\*Bond (carried over each year) per classification (*other than retail dealer distilled spirits package*). No bond renewal is required for businesses that are simply renewing their existing license, with no classification change. For businesses that are adding a new classification, they will be required to submit a bond for that classification.

**OATH AND ACKNOWLEDGEMENT**

I do hereby solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing question in this application for a license to sell alcoholic beverage in the City of Elberton, Georgia 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 conditional upon the truth of the answers and statements made herein and that any false or fraudulent statement or answers herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any additional 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 on file with the City Clerk within five days of the change. Failure to make such amendment shall be a cause for the suspension or revocation of any license issued.

I further do hereby solemnly swear that am at I am/are at least twenty-one (21) years of age and a legal resident of the United States; 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; 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.

---

Signature	Title	Date
-----------	-------	------

**NOTARY and SEAL:**

---

Notary Signature	Date Signed
------------------	-------------

**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

To register for the E-Verify Program, go to the U.S. Citizenship and Immigration Services website ([www.uscis.gov](http://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

Date:

\_\_\_\_\_