

## Application Procedures for a Commercial Location with Alcohol

There are several different classes of Alcohol Beverage Licenses. Classes are based on how the alcohol beverages are sold. The City of Flemington Alcohol License is only valid with a state alcohol license. The City of Flemington can fine or close a business operating without the proper licenses.

- **Completely** fill out the application. All documents must be signed and notarized.
- Attach all required documentation. Requirements vary based on business type (see supporting documentation). All alcohol beverage license applications require a picture ID and proof of citizenship, for example a birth certificate, passport or certificate of naturalization. *If eligible*, a Sunday Sales affidavit will be required if you desire to sell or serve alcohol beverages on Sundays.
- If business is a corporation, please provide a list of corporate officers and incorporation documentation from the Georgia Secretary of State. If the applicant is a corporation, a picture ID of the local agent/manager is required.
- If your application is approved, the licensing office will provide you with a City Alcohol License to be used solely to apply for your State of Georgia Alcohol License. You will not be authorized to sell Beer and/or Wine until a copy of your permanent state license is received in the City of Flemington License Office.
- If you are obtaining a Liquor License, you are required to turn in a copy of the temporary State License provided to you by the State. When the City of Flemington receives the temporary State License you will be allowed to operate until your temporary State License Expires.
- Upon receipt of your permanent State Liquor License, turn in a copy to the City of Flemington License Office immediately.
- State and City License must have the same name.
- Failure to follow these steps shall constitute grounds for the suspension or revocation of your Alcoholic Beverage License.

I have read and understand the procedures involved with the Georgia State Alcoholic Beverage License to sell alcoholic beverages at my establishment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Name of Business:** \_\_\_\_\_

## Alcohol Worksheet

Name of Business: \_\_\_\_\_

### Check Type of License You Are Applying For

#### CONSUMPTION ON PREMISES

##### CLASS I (HOTELS, WITH A MINIMUM OF 60 ROOMS)

_____ BEER, CONSUMPTION ON PREMISES	\$ 850.00
_____ WINE, CONSUMPTION ON PREMISES	\$ 750.00
_____ LIQUOR, CONSUMPTION ON PREMISES	\$ 3,000.00

##### CLASS II (RESTAURANTS WITH FULL KITCHEN, 60% FOOD SALES)

_____ BEER, CONSUMPTION ON PREMISES	\$ 850.00
_____ WINE, CONSUMPTION ON PREMISES	\$ 550.00
_____ LIQUOR, CONSUMPTION ON PREMISES	\$ 2,600.00

##### CLASS III (RECREATIONAL FACILITIES/VENUES WITH FOOD, 65% FOOD & RECREATION)

_____ BEER, CONSUMPTION ON PREMISES	\$ 850.00
_____ WINE, CONSUMPTION ON PREMISES	\$ 550.00
_____ LIQUOR, CONSUMPTION ON PREMISES	\$ 2,600

##### CLASS IV (CLUBS, LOUNGES, BARS/SIMILAR)

_____ BEER, CONSUMPTION ON PREMISES	\$ 850.00
_____ WINE, CONSUMPTION ON PREMISES	\$ 750.00
_____ LIQUOR, CONSUMPTION ON PREMISES	\$ 3,000.00

#### CONSUMPTION OFF PREMISES

##### CLASS V (RETAIL & PACKAGE STORES)

_____ BEER, PACKAGE ONLY	\$ 850.00
_____ WINE, PACKAGE ONLY	\$ 550.00
_____ LIQUOR, PACKAGE ONLY	\$ 2,500.00

SPECIAL EVENT

CLASS VI (CATERED OR NON PROFIT FUNCTION \* UP TO TWO (2) DAYS)

_____ BEER, ON PREMISE CONSUMPTION FOR EVENT	\$ 50.00
_____ WINE, ON PREMISE COMSUMPTION FOR EVENT	\$ 50.00
_____ LIQUOR, ON PREMISE CONSUMPTION FOR EVENT	\$ 100.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

YEAR \_\_\_\_\_ DATE \_\_\_\_\_

Name of Applicant:

Social Security Number:

\_\_\_\_\_  
Last First Middle

Legal Address of Applicant/President: (Do not use P.O. Box): \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code County

Name of Corporation (if applicable) \_\_\_\_\_

Corporation President \_\_\_\_\_

Address of Corporation \_\_\_\_\_

How long a resident of Georgia? \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Were you born a U.S. Citizen: Yes \_\_\_\_\_ (provide Birth Certificate) No \_\_\_\_\_ (Attach a copy of Naturalization)

- Type of Business:
- |  |  |
|--|--|
| <input type="checkbox"/> Package Store             | <input type="checkbox"/> Club, Lounge, Bar         |
| <input type="checkbox"/> Grocery/Convenience Store | <input type="checkbox"/> Recreation Facility/Venue |
| <input type="checkbox"/> Hotel                     | <input type="checkbox"/> Restaurant                |
| <input type="checkbox"/> Other _____               |  |

Explain, use additional sheets if necessary

Describe nature of business – use additional sheet of paper if necessary: \_\_\_\_\_

Trade Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_  
(SITE ADDRESS OF BUSINESS)

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code County

Business Phone \_\_\_\_\_ FEI No. \_\_\_\_\_ Sales Tax No. \_\_\_\_\_

Type of Ownership:

- Individually Owned  
 Partnership (fill out additional information for partner(s) on attached sheets)  
 Corporation (fill out additional information for other corporation officers on attached sheets)

Will someone other than you be responsible for the operation of the establishment during duty hours?  
Yes ( ) No ( ) \* If yes, complete information for this person on attached sheets

## City of Flemington Lawful Presence Affidavit

**Pursuant to O.C.G.A. 50-36-1, all persons who – either on behalf of themselves or on behalf of an individual, business, corporation, partnership, or other private entity – apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A. 50-36-1(a)(3)(A), include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State or local government.**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

\_\_\_\_\_ I am a United States citizen, or

\_\_\_\_\_ I am a legal Permanent Resident of the United States, or

\_\_\_\_\_ I am a qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Georgia under O.C.G.A. 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
\*Alien Registration # for Non-citizens

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
TIN or SSN

Notarized this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_, in the State of Georgia.

County of \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
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 have an alien registration number may supply another identifying number below:

\_\_\_\_\_ (Another identifying number)

## City of Flemington-Private Employer Affidavit

**Pursuant to O.C.G.A. 36.60-6(d), by executing this affidavit under oath, as an applicant for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. 36-60-6(d), from the City of Flemington, the undersigned applicant representing the private employer, verifies one of the following with respect to the application for the above mentioned documents:**

**1. Fill out this section after July 1, 2013.**

- a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected 2 (a) please fill out section 3 below.*

**2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, in accordance with the applicable provisions and deadlines established in O.C.G.A. 35-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

In making the above representation under oath, I understand that any person, who knowingly and willfully makes a false statement, 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 by such statute.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

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

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

**CORPORATE OFFICERS INFORMATION**

Name \_\_\_\_\_  
Last First Middle Title

Address \_\_\_\_\_  
\_\_\_\_\_ % of interest \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

.....  
Name \_\_\_\_\_  
Last First Middle Title

Address \_\_\_\_\_  
\_\_\_\_\_ % of interest \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

.....  
Name \_\_\_\_\_  
Last First Middle Title

Address \_\_\_\_\_  
\_\_\_\_\_ % of interest \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

.....  
Name \_\_\_\_\_  
Last First Middle Title

Address \_\_\_\_\_  
\_\_\_\_\_ % of interest \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

**PARTNERSHIP OR LOCAL MANAGER'S INFORMATION**

Use one sheet for each partner or manager

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street

City State Zip County

Age Sex DOB / /

Place of Birth \_\_\_\_\_  
City and State

Social Security No. - - Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mailing Address of Partner or Manager if Different From Above:

Address \_\_\_\_\_  
Street

City State Zip County

**\*\* ATTACH A COPY OF PICTURE ID AND PROOF OF CITIZENSHIP**

(Check which apply)

- ( ) Passport
- ( ) Driver's License
- ( ) Certificate of Naturalization
- ( ) Birth Certificate
- ( ) Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**APPLICANT'S OATH**

Have you, the applicant, or any other person having an interest in business for which this application has been made, ever been detained, arrested, indicted, or convicted for any offense by any State, County, City, Federal, or Foreign officer of any other government?

( ) YES ( ) NO If YES explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditional 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 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, or any personal statement which is made a part of this application, such change must be reported as an amendment to this application as specified by Revenue Department Regulations. The failure to make such amendment shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood.

I, \_\_\_\_\_, applicant, do solemnly swear or affirm, subject to criminal penalties for false swearing, that the statement and answers made by me to the foregoing questions in this application for a City license as a dealer in alcoholic beverages and liquors are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

\_\_\_\_\_  
APPLICANT'S SIGNATURE (FULL NAME IN INK)

I hereby certify that \_\_\_\_\_ is personally known to me, that he/she signed his/her name to the foregoing application after 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 the statements and answers are true.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_ CITY OF: \_\_\_\_\_

\_\_\_\_\_  
NOTARY STAMP OR SEAL

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES