

**CITY OF FLEMINGTON,
GEORGIA**

**AFFIDAVIT AND APPLICATION FOR PERMIT
TO DISPENSE ALCOHOLIC BEVERAGES ON
SUNDAY**

RESTAURANT

THE FLEMINGTON CODE PERMITS A RESTAURANT HOLDING A CITY BUSINESS TAX CERTIFICATE TO DISPENSE ALCOHOLIC BEVERAGES FOR CONSUMPTION ON THE PREMISES BETWEEN THE HOURS OF 12:30 P.M. SUNDAY AND 12:00 A.M. (midnight) UNDER CERTAIN CONDITIONS.

TO BE AUTHORIZED TO DISPENSE ALCOHOLIC BEVERAGES FOR CONSUMPTION ON THE PREMISES DURING THE SPECIFIED HOURS ON SUNDAY, YOUR ESTABLISHMENT MUST:

- (A) BE LICENSED BY THE CITY TO SELL LIQUOR, MALT BEVERAGES, OR WINE BY THE DRINK FOR CONSUMPTION ON THE PREMISES;
- (B) BE A BONA FIDE PUBLIC EATING PLACE, A LICENSED RESTAURANT WHICH ACTUALLY AND REGULARLY PREPARES AND SERVES FOOD ON THE PREMISES;
- (C) DERIVE AT LEAST SEVENTY PERCENT OF ITS TOTAL ANNUAL GROSS FOOD AND BEVERAGE SALES FROM THE SALE OF PREPARED MEALS OR FOOD;
- (D) HAVE A FULL KITCHEN FACILITY OPEN AND OPERATING TO PREPARE FOOD ON THE PREMISES FOR CONSUMPTION IN THE ESTABLISHMENT, SUCH KITCHEN TO INCLUDE AT A MINIMUM ONE COOKING STOVE AND OR OVEN OR EQUIVALENT APPARATUS (THIS REQUIREMENT IS NOT MET BY A MICROWAVE OVEN AND OR FOOD ROTISSERIE), ONE STANDARD SIZE FOOD REFRIGERATOR AND FREEZER, KITCHEN SINK, AND ANY AND ALL FOOD SERVICE REQUIREMENTS OF THE LIBERTY COUNTY HEALTH DEPARTMENT;
- (E) HAVE A SPECIFIC AREA OF THE ESTABLISHMENT SET ASIDE, SET UP, AND OPERATING TO SERVE PREPARED FOOD ON THE PREMISES;
- (F) HAVE A PRINTED OR POSTED MENU FROM WHICH SELECTIONS FOR PREPARED FOOD CAN BE MADE;
- (G) PROVIDE FULL FOOD SERVICE TO THE PUBLIC ON ANY SUNDAY WHEN ALCOHOLIC BEVERAGES ARE DISPENSED;
- (H) COMPLETE THE FOLLOWING AFFIDAVIT AND SUBMIT IT TO THE FLEMINGTON CITY HALL ALONG WITH THE REQUIRED SUNDAY SALES PERMIT FEE; AND
- (I) DISPLAY ON YOUR PREMISES A CURRENT CITY ALCOHOLIC BEVERAGE LICENSE DOCUMENT WHICH INDICATES THAT SUNDAY SALES ARE PERMITTED.

IMPORTANT: NO PORTION OF A MIXED DRINK SHALL BE CONSIDERED TO BE FOOD. ALL REVENUES FROM THE SALE OF MIXED DRINKS CONTAINING ALCOHOL SHALL BE RECORDED AND REPORTED ON THIS AFFIDAVIT AS ALCOHOL SALES.

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- 1. License Year _____ 2. Date _____
 - 3. Name of Business _____
 - 4. Location of Business _____ 5. Phone _____
 - 6. Name of Applicant _____ **(must be same as person holding alcoholic beverage license)**
 - 7. Current Year's City License Numbers: Alcohol _____ Business _____
 - 8. (A) _____ **Renewal or Transfer** Check here if you are filing this affidavit for an existing business, and complete following section.

I certify that the establishment named above (a) holds a current City of Flemington restaurant business tax certificate; (b) is a bona fide public eating place, a restaurant which actually and regularly prepares and serves food on the premises; (c) derived at least 70% of its total annual gross food and beverage sales income from the sale of prepared meals or food during the preceding calendar year, or portion if business was in operation for less than the full calendar year; (d) has a full kitchen facility open and operating to prepare food on the premises for consumption in the establishment, and such kitchen includes at a minimum one cooking stove and or oven or equivalent apparatus, one standard size food refrigerator and freezer, kitchen sink, and meets all food service requirements of the Liberty County Health Department; (e) has a specific area of the establishment set aside, set up, and operating to serve prepared food on the premises; (f) has a printed or posted menu from which selections for prepared food can be made; (g) provides full food service to the public on any Sunday when alcoholic beverages are dispensed; (h) included no portion of the revenue derived from the sale of mixed drinks in the revenue derived from food sales; and (I) has provided true and correct revenue information below. If YES, _____ initial here.

Previous year's revenues from:

Prepared meals and food.	\$ _____	_____ %
Alcoholic beverages, including <i>all</i> components of mixed drinks.	\$ _____	_____ %
Total revenues from food and alcoholic beverage sales.	\$ _____	_____ %

A Public Accountant's statement of review of the previous year's revenue is required at the end of this affidavit. In lieu of signing the statement, the accountant may submit a separate letter on agency or firm letterhead detailing their review and findings. Detailed financial records may also be required of the business to support the revenue figures provided.

(B) _____ **NEW BUSINESS**. Check here if you are filing this affidavit for a new business, and complete the following.

I certify that the establishment named above (a) holds a current City of Flemington restaurant business tax certificate; (b) is a bona fide public eating place, a restaurant which will actually and regularly prepare and serve food on the premises; (c) fully intends and expects to derive at least 70% of its total annual gross food and beverage income from the sale of prepared meals or food during the remainder of the current calendar year; (d) will include no portion of the revenue derived from the sale of mixed drinks in the revenue derived from food sales (e) will provide full food service to the public on any Sunday when alcoholic beverages are dispensed. Further, I understand that I must submit a renewal affidavit if authority for Sunday alcoholic beverage sales is to be continued next year. If YES, initial here _____

9. ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

(A) Is a full kitchen facility open and operating to prepare food on the premises for consumption in the establishment? ___YES___NO Explain _____

(B) Does the kitchen include at a minimum one cooking stove and/or oven or equivalent apparatus, one standard size food refrigerator and freezer, and kitchen sink? ___YES___NO Explain _____

(C) Does the kitchen meet all food service requirements of the Liberty County Health Department? ___YES___NO Explain _____

(D) Is a specific area of the establishment set aside, set up, and operating to serve prepared food on the premises? ___YES___NO Explain _____

(E) Does the establishment have a printed or posted menu from which prepared food can be selected? ___YES___NO Explain _____

10. Do you understand, acknowledge, and agree that if the City should call upon you to provide documentary evidence of any claim made in this affidavit, you will provide such evidence promptly and completely, including financial records in sufficient detail to prove that the required sales income ratio is being met? If YES, initial here _____

11. Do you affirm that you are familiar with and understand City ordinance and Georgia law on Sunday sale of alcoholic beverages, and that you intend to comply fully with said ordinance and law? If YES. initial here _____

BEFORE THE CITY OF FLEMINGTON WILL ISSUE A SUNDAY ALCOHOL SALES PERMIT TO YOUR BUSINESS, A CITY REPRESENTATIVE MAY INSPECT YOUR FACILITY TO VERIFY THE OPERATION OF "A BONA FIDE FULL SERVICE RESTAURANT" AND THAT ALL REQUIREMENTS OF STATE LAW AND CITY ORDINANCES HAVE BEEN MET; A SUNDAY SALES PERMIT WILL NOT BE ISSUED UNLESS ALL REQUIREMENTS ARE MET.

TAKE NOTICE: ANY FALSE STATEMENT MADE ON THIS AFFIDAVIT SHALL BE GROUNDS FOR

- (a) Revocation of your permit to sell alcoholic beverages on Sunday;**
- (b) Revocation of your City license to sell alcoholic beverages at any time;**
- (c) Action to prosecute you under the law for swearing to false information.**

ALL ABOVE INFORMATION IS GIVEN UNDER OATH, WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND IS HEREBY SWORN TO BE TRUE, CORRECT, AND COMPLETE, UNDER PENALTY FOR FALSE SWEARING, AS PROVIDED BY LAW.

Sworn to and subscribed before me
This _____ day of _____, 200 _____

Applicant's Signature

Notary Public

Date signed by applicant

ACCOUNTANT'S CERTIFICATION OF REVENUES

I certify that I have reviewed financial records of the business described above and based on my review of the records provided and to the best of my knowledge the revenue information given in question 8(A) truly and correctly represents the allocation of revenues of the business.

Public Accounting Firm

Date

Public Accountant

License/Professional
Tax Number

Certifying Signature