

**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 \$62.5 and can be cash, check or money order.

The City Manager also requires staff to provide an informational presentation concerning the city, state and federal laws, rules and regulations application to the sale of alcoholic beverages. 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.**

There will be two opportunities for your business to attend the informational presentations. Attached is a registration form that may be faxed, emailed, mailed or hand-delivered is attached for your convenience.

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

Sincerely,

Cindy Churney, City Clerk
cchurney@cityofelberton.net

**ALCOHOLIC BEVERAGE LICENSE INFORMATIONAL PRESENTATION
REGISTRATION**

TO: City Clerk

FROM: _____
(name of business)

A representative from your business is required to attend a presentation on the Alcohol Ordinance within 90 days of license issue. Please let us know what day and time of day works best for your schedule.

Day of the week: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Time of day: ___ Morning ___ Lunch ___ Afternoon

You will be contact by the City Clerk’s office to schedule your presentation. Thank you!

Fax: 706-213-3125

Email: cchurney@cityofelberton.net

Mail: PO Box 70, Elberton, GA 30635

Hand-deliver: 203 Elbert Street, Elberton, GA 30635

Questions: Cindy Churney, 706-213-3105

Submitted by Date

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 wine pouring and distilled spirits classifications, see bottom of page 2 of packet for additional information required).

Classification	Fee Amount	<i>Check all that apply</i>
On premises consumption - Beer/Malt	\$500.00	
*On premises consumption - Wine	\$500.00	
*On premises consumption - Distilled Spirits	\$1,000.00	
Retail - Beer/Malt	\$500.00	
Retail - Wine	\$500.00	
*Retail - Distilled Spirits	\$5,000.00	
Bond (carried over each year) per classification	\$250.00	
TOTAL LICENSE FEE DUE:		

PURPOSE OF APPLICATION (*Depending on selection, Notice in Legal Organ may be required.)

*Classification Change/Addition (bond may be required)

*New Owner (fingerprinting required/new bond)

*Other Change (specify)

BUSINESS INFORMATION:

Name of Business _____

Type of Business Individual Corporation Partnership

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 WINE POURING AND 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

I solemnly swear, 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 swear, 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 _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

RELEASE OF CRIMINAL HISTORY CONSENT FORM

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

AUTHORIZE: City of Elberton Marshal to receive my criminal history record from the City of Elberton Police Department.

SIGNATURE OF SUBJECT

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 201__.

 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.

**PRIVATE EMPLOYER AFFIDAVIT PERSUANT TO O.C.G.A. 36-60-6(d)
E-VERIFY AFFIDAVIT**

By executing this affidavit for an occupational tax license to operate a business as referenced in O.C.G.A. 36-60-6(d), from the City of Elberton, Georgia, the undersigned applicant representing the private employer known as

(state business name) _____

Verifies one of the following with respect to my application for the above mentioned document (check a or b):

- a. On July 1, 2012, the individual firm, or corporation employs more than one hundred (100) employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established by O.C.G.A. 13-10-90. Furthermore the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

- b. On July 1, 2013, the individual, firm, or corporation employs less than ten (10) employees and at this time is **exempt** from the applicable provisions and deadlines in O.C.G.A. 13-10-90.

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

Executed on the ____ day of _____, 201__ in _____ (city), _____ (state)

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 _____, 201__.

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).

This affidavit must be submitted by the person completing this application for the company that is requesting license. Please make sure you submit a copy of the identification document as required on the last page.

**Affidavit Verifying Status for Public Benefit–Required by the Georgia Security and Immigration Compliance Act
SAVE AFFIDAVIT**

By executing this affidavit under oath, as an applicant for an occupational tax license or other public benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. 50-36-1), the undersigned applicant representing:

(name of business) _____, verifies one of the following with respect to my application for a public benefit:

I am a United States citizen.

I am a legal permanent resident of the United States.

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.

a. **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(c), 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.

Executed on the ____ day of _____, 201__ in _____ (city), _____ (state)

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 _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

**Secure and Verifiable Documents Under O.C.G.A. 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The following list of secure and verifiable documents, published under the authority of O.C.G.A. 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government authority
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.

