

ALCOHOL LICENSE – INSTRUCTIONS/CHECKLIST

- _____ 1. **Application Form and Fee:** **\$200.00 (new license/non-refundable)**
\$150.00 (change in license /non-refundable)

- _____ 2. **SAVE Affidavit** – Georgia Law requires cities to comply with the federal Systematic Alien Verification for Entitlements (SAVE) Program. SAVE is a program used to verify that applicants for certain public benefits are legally present in the U.S. The affidavit must be returned with your application packet.

- _____ 3. **Survey** from a registered land surveyor showing scale drawing of the location of the proposed premises and the shortest straight-line distance from said premises to all buildings within a 200-yard radius. Alcohol license will not be granted for premises within 100 yards of a church building or alcoholic treatment center or within 200 yards of school grounds. Retail Package License for Distilled Spirits – 500 yards from other distilled spirits package store. **(Survey is not required for transfer of existing license for an existing location.)**

- _____ 4. **Deed or Lease** – A copy of a deed that shows the applicant to be the owner of the premises for which the license is sought or a copy of a lease showing any interest the owner of the premises has in the business for which the license is sought.

- _____ 5. **Notarized Affidavit and Criminal History Investigation Form:**
Applicants cannot have been convicted of, nor entered a plea of *nolo contendere* to, any felony or a misdemeanor relating to the sale or use of alcoholic beverages or illegal drugs within five (5) years prior to the date of this application. Applicants must read and understand the Peachtree City Ordinance regarding the rules and regulations of the sale of alcoholic beverages; The License Representative must be a resident of the State of Georgia and a manager of the business.

Note: If the Licensee and/or License Representative have not been a resident of the State of Georgia for at least five (5) years, then they must have a background investigation conducted by a law enforcement agency in their previous state or states of residence. The background investigation report must include all arrests and convictions for misdemeanors, felonies and local ordinances. This report must be sent directly from the investigating agency to:
Peachtree City Chief of Police, 350 South Highway 74, Peachtree City, GA 30269.

- _____ 7. **Fingerprints** for Licensee and License Representative.

- _____ 8. **License Fee** must be paid within 30 days and prior to the issuance of the license (refundable if unable to secure State license). Annual license fees are as follows:

\$5,000 – Liquor Package Store	\$5,000 – Pouring License
\$ 775 – Malt Beverage	\$ 575 – Wine
20% of Annual Fee – Each Additional Pouring License in Same Location	
Wholesale License – Based on number of employees (\$17.50 per employee + \$20 administrative fee, minimum fee of \$105)	

Additional \$650 for Package Stores to sell beer/wine on holidays prohibiting sale of distilled spirits.
Additional \$500 for Sunday Sales. Additional \$100 for Sunday Sales for each additional license in same location.

- _____ 9. **Provide a copy of State License** to the City Clerk within 90 days of receiving City License. The phone number to obtain a State License is (404) 417-4490.

- _____ 10. **Ensure all employees are permitted to handle/serve alcohol** – per Sec. 6-127 of the Peachtree City Code of Ordinances, anyone who handles alcohol must be permitted. For information, call the Peachtree City Police Department at 770-487-8866.



City Hall
151 Willowbend Road
Peachtree City, GA 30269
Phone: 770-487-7657
Fax: 770-631-2505
www.peachtree-city.org

AFFIDAVIT AND CRIMINAL HISTORY CONSENT FORM FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION WITH THE CITY OF PEACHTREE CITY

I, _____ (PRINT FULL NAME), swear that I am at least 21 years of age and am competent to provide this affidavit.

My address is: _____. I have resided at this address for: _____ years and _____ months. My previous addresses for the last 10 years are as follows:

Social Security #: _____ Driver's License #/State: _____

Date of Birth is: _____ Race: _____ Sex: _____

I **have** / **have not** (circle one), within 5 years prior to this application, been convicted of (nor entered a plea of nolo contendere to) any felony or misdemeanor relating to the sale/use of alcoholic beverages or illegal drugs.

I **have** / **have not ever** (circle one) been ever arrested for a crime. If so, details below and the disposition of the arrest are listed below. I understand that failure to disclose any arrest (including DUI's) may result in denial of the application.

(Attach a separate sheet if necessary.)

I **have** / **have not ever** had beneficial interest in any other alcoholic beverage business in this or any other state in which the alcohol license was denied, revoked or other disciplinary action taken. (**Beneficial interest here means when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives any economic benefit from, or has control over a business.**) If so, please describe in detail. Attach a separate sheet if necessary:

I **am** / **am not** the applicant for license representative. If so, I swear that I am a manager of the business and a resident of the State of Georgia.

I have read the Peachtree City Ordinance regarding the sale of alcoholic beverages and I understand and will comply with the rules and regulations. I hereby authorize the PEACHTREE CITY POLICE DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency. I solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for city license for sale of alcoholic beverages are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

SIGNATURE OF APPLICANT

I do hereby certify that the foregoing applicant 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 to me, has sworn that said statements and answers are true.

NOTARY PUBLIC: _____ This _____ day of _____, _____



CITY CLERK
151 WILLOWBEND ROAD
PEACHTREE CITY, GA 30269
PHONE: 770-487-7657
FAX: 770-631-2505
WWW.PEACHTREE-CITY.ORG

2014 Calendar Year
Affidavit Verifying Status for
City Public Benefit Application

By executing this affidavit under oath, as an applicant/representative, for a City of Peachtree City, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Peachtree City Occupational Tax Certificate, Alcohol License or other public benefit

Company Name: _____

Applicant Name: _____

CHOOSE ONLY ONE:

- 1) I am a United States citizen
2) I am a legal permanent resident* of the United States 18 years of age or older, please include Alien Registration Number here:
3) I am a qualified alien or non-immigrant* under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. Please record identifying number here:

* 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.

In making the above statement 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 OCGA Section 16-10-20, and face criminal penalties allowed by such statute.

NOTARIZATION REQUIRED:

Signature of Applicant/Representative
(MUST be signed in front of Notary)

Date of Birth

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

Printed Name

Date

Notary Public

Contact Phone:

My Commission Expires:

E-Verify

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a Peachtree City (check one):

_____ **Occupational Tax Certificate**

_____ **Alcoholic Beverage License**

Company Name: _____

Applicant Name: _____

verifies one of the following with respect to the application for the above mentioned document:

Fill out this section:

1. _____ On January 1st of the below signed year the individual, firm, or corporation employed **LESS** than ten (10) employees
2. _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. ***** please fill out this section**  ****we must have this number if you have 10 or more employees****

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:



_____ E-Verify Identification Number

_____ Date of Authorization

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 allowed by such statute.

Executed on the _____ date of _____, 20____ in Peachtree City, Georgia.

Signature of Applicant/Representative

Printed Name and Title of Authorized Agent

Contact Phone Number

SUBSCRIBED AND SWORN BEFORE ME ON THIS
_____ DAY OF _____, 20____.

Notary Public
My Commission Expires: _____