



City of Peachtree City
 151 Willowbend Road
 Peachtree City, GA 30269
 Phone: 770-487-7657
 Fax: 770-631-2505
PeachtreeCityGA.gov

Office of the City Clerk

Application for Alcoholic Beverage License

Business Name:	Business Location:	
Nature of Business:	Mailing Address:	Business Phone Number:
Name of Licensee:	Home Address:	Home/Cell Phone Number:
Name of License Representative:	Home Address:	Home/Cell Phone Number:

Type of License:

Retail Consumption Dealer		Retail Package Dealer		Wholesale Dealer		Manufacturer	
Malt Beverage		Malt Beverage		Malt Beverage		Malt Beverage	
Wine		Wine		Wine		Wine	
Distilled Spirits		Distilled Spirits		Distilled Spirits		Distilled Spirits	

Please complete information below (use separate sheet if necessary):

Name:	Address:	Phone Numbers:
Individual Owner's Name, Partners' Names, Corporation Name, and name of Contact Person regarding License Changes, Taxes, etc.	Please provide Home Addresses for the individuals listed	Please provide Home and Business Phone Numbers for individuals listed

Contact Person:

E-mail Addresses for License Applicant(s):

Is any person who owns an interest in the Alcohol License an employee of the City of Peachtree City? YES/NO
 If YES, please provide name of employee: _____



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AFFIDAVIT AND CRIMINAL HISTORY CONSENT FORM FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION

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: _____ 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 (circle one) 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 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 (circle one) 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 applicant 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 _____, _____

S.A.V.E.
(NON-US CITIZENS ONLY)
Systematic Alien Verification for Entitlements (SAVE)

**Affidavit Verifying Status for
City of Peachtree 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: _____

(Photo ID and Verifiable Alien Status Documentation Required for applicant / signatory)

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

Printed Name

Date

Contact Phone: _____

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

Notary Public

My Commission Expires: _____

E-VERIFY

(All Businesses must complete this form)

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 all that apply):

_____ **Occupational Tax Certificate**


_____ **Alcoholic Beverage License**

Company Name: _____

Applicant Name: _____

Applicant 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 input your e-verify # here**  **** we MUST have this number if you have 10 or more employees****



_____ E-Verify Company ID Number (all numbers, no alpha)

_____ Date of Authorization

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 above.

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.

Signature of Applicant/Representative
(this must be signed in front of notary)

Date

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: _____