ALCOHOL LICENSE – INSTRUCTIONS/CHECKLIST

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

2. 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 for distilled spirits 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.)

3. Deed or Lease – A copy of a deed showing 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.

4. 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 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. Licensees who live outside the state of Georgia must provide a state criminal background check from the a municipal or state law enforcement agency. The License Representative must be a resident of the State of Georgia and a manager of the business.

5. Fingerprints for Licensee and License Representative. If the applicants for Licensee and License are not the same person, an additional $50 may be required for fingerprinting. Call the Peachtree City Police Department at (770) 487-8866 to ask for an appointment.

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

   $5,000 – Liquor Package Store
   $775 – Malt Beverage
   $575 – Wine
   20% of Annual Fee – Each Additional Pouring License in Same Location

   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

7. Provide a Copy of State License – to the City Clerk within 90 days of receiving City License. The Department of Revenue website information for State licensing is https://dor.georgia.gov/retailers-state-only.
Application for Alcoholic Beverage License

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>Business Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of Business:</td>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Name of Licensee:</td>
<td>Home Address:</td>
</tr>
<tr>
<td>Name of License Representative:</td>
<td>Home Address:</td>
</tr>
</tbody>
</table>

**Type of License:**

<table>
<thead>
<tr>
<th>Retail Consumption Dealer</th>
<th>Retail Package Dealer</th>
<th>Wholesale Dealer</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malt Beverage</td>
<td>Malt Beverage</td>
<td>Malt Beverage</td>
<td>Malt Beverage</td>
</tr>
<tr>
<td>Wine</td>
<td>Wine</td>
<td>Wine</td>
<td>Wine</td>
</tr>
<tr>
<td>Distilled Spirits</td>
<td>Distilled Spirits</td>
<td>Distilled Spirits</td>
<td>Distilled Spirits</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Phone Numbers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Owner’s Name, Partners’ Names, Corporation Name, and name of Contact Person regarding License Changes, Taxes, etc.</td>
<td>Please provide Home Addresses for the individuals listed</td>
<td>Please provide Home and Business Phone Numbers for individuals listed</td>
</tr>
</tbody>
</table>

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: ________________________________
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.

______________________________________________________________

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 __________________, ______
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.

_____________________________ __________________________
Signature of Applicant/Representative Date of Birth
(MUST be signed in front of Notary)

_____________________________ __________________________
Printed Name Date

Contact Phone: __________________________________________

_____________________________ __________________________
SUBSCRIBED AND SWORN BEFORE ME,  
ON THIS THE _______ DAY OF  
____________________, 20___.

_____________________________
Notary Public
My Commission Expires: ________

Revised 10-2015
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 2** **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 Date ____________________________
(This must be signed in front of notary)

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: ____________________________

REVISED 10-2015