



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

QUALIFYING LOCATION APPLICATION 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. **(Survey is not required for transfer of existing license for an existing location.)**
- _____ 4. **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 qualifying location status 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 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 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.
- _____ 6. **Fingerprints** for Licensee and License Representative.
- _____ 7. **License Fee** – must be paid within 30 days and prior to the issuance of the license. The annual fee is \$150.



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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
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***Affidavit Verifying Status for
 City Public Benefit Application***

By executing this affidavit under oath, as an applicant 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 (***circle one***) Occupational Tax Certificate or Alcohol License, or other public benefit I am stating the following for _____.

(The name of person applying on behalf of business, corporation, partnership, or other private entity)

as a representative of _____.

(The name of the business, corporation, partnership, or other private entity)

- 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 below signature *
- 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 *

* OCGA § 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 below:

_____ Number and Document Source

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.

 Signature of Applicant Date

 Printed Name

NOTARIZATION REQUIRED:

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

*Alien Registration number for non-citizens

 Notary Public
 My Commission Expires: _____