



City of Waynesboro Application for Alcoholic Beverages License

In accordance with the **Alcoholic Beverages Ordinance 2004-04-01**, any person desiring to carry on the business of selling alcoholic beverages in the City shall file this application with the City Administrator/ Clerk.

Application Fee **\$200.00 Distilled spirits, malt beverages and wine**
 \$100.00 Malt beverage and wine only

Name of Applicant: _____ Date: _____

Date of Birth: _____ Age: _____ Social Security No.: _____

Are you a U.S. Citizen... Yes or No Telephone No.: _____

Residential Street Address of Applicant: _____

Residential Mailing Address of Applicant: _____

Previous Mailing Address of Applicant in last ten (10) years: _____

Business Name: _____

Business Mailing Address: _____

Physical Address of Establishment: _____

Form of Business:
 Sole Proprietorship **Partnership** **Corporation** **Other:** _____

Building Construction Material: _____ Building Size: _____ sf

List the names, residential addresses and titles of all owners, partners, officers, directors, managers, stockholders owning more than 10% of any type stock, persons holding any note, mortgage or bill of sale to secure debt against the business, parties having an interest or other persons in control.
(See Section 10-22 of the Alcoholic Beverages Ordinance Number 2004-04-01 for application disclosure requirements. Attached additional pages if required)

Have you or any of the above described individuals been convicted in the last ten (10) years of any felony, misdemeanor or violation of municipal ordinances other than **non-DUI related traffic offenses** of any federal, state, county or municipal court?.. Yes or No If yes, explain: _____

Have you or any of the above listed individuals ever owned or hold an interest in a business that held an alcoholic beverages license in any state?.... Yes or No If yes, explain: _____

List the names and addresses of three (3) individual character references you have known for more than five (5) years:

Type of Alcoholic Beverages Licenses being requested:	<u>Annual License Fee</u>
<input type="checkbox"/> Malt beverages and wine, wholesale	\$ 600.00
<input type="checkbox"/> Malt beverages and wine, retail sales, for consumption on premises to include package sales	\$ 500.00
<input type="checkbox"/> Malt beverages and wine, retail sales, package sales	\$ 400.00
<input type="checkbox"/> Distilled spirits, malt beverages and wine, restaurants only, (retail sales, for consumption on premises only; no package sales)	\$1,500.00

List other types of business activities or products to be sold at the location: _____

The following is a checklist of other information and items required to be submitted with this application:

- _____ 1. The application shall be accompanied by a plat or drawing prepared by a licensed surveyor or engineer showing the proximity of the proposed place of business to surrounding locations or other means approved by Council. The plat or drawing should identify any churches, schools, alcoholic treatment centers, housing authority property or government buildings within 100 yards of the proposed location.
- _____ 2. The application shall be accompanied by detailed plans of the building and outside premises drawn to scale. The plans should include detailed floor plans to scale.
- _____ 3. If the proposed business is a restaurant and is applying for a license to sell distilled spirits, the application must include a copy of a current Food Services Permit from the county health department.
- _____ 4. Each applicant must attach evidence of ownership of the building or proposed building or a copy of the lease if the applicant is leasing the building.
- _____ 5. The application must be accompanied by two (2) certified checks:
 - (1) For the Annual License Fee as listed above.
 - (2) For the Application Fee as follows:

a. Distilled spirits, malt beverages and wine	\$200.00
b. Malt beverage and wine only	\$100.00
- _____ 6. Applicants applying for a license to sell distilled spirits must allow a complete set of fingerprints to be taken and forwarded to the GBI for background check into criminal activity.

I swear that the above information and all other submitted is true and correct to the best of my knowledge and belief. I hereby authorize the City of Waynesboro to receive any criminal history records information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I authorize the City of Waynesboro to make other types of inquiries and conduct investigations pertaining to the requirements and qualifications to hold an Alcoholic Beverage License. If I am applying for a license that includes the sale of distilled spirits, I further authorize the City of Waynesboro to collect a full set of fingerprints that will be forwarded to the Georgia Bureau of Investigations for criminal history background check.

Race: _____ (Required for proper collection of criminal history information.)

Signature of Applicant

Notary

To Be Completed by Waynesboro Police Department:

Fingerprints have been collected and submitted to the GBI for criminal history background check:

Officer's Signature: _____ Date of Collection and Submission: _____

Results of GBI fingerprint criminal history background check: _____

Approval Checklist: (Initial of Appropriate City Official)

- ___ 1. Business inspected to confirm compliance with Ordinance.
- ___ 2. Qualifications to apply have been met.
- ___ 3. All information and items required and requested for application have been supplied including the Application Fee and Annual License Fee.
- ___ 4. Building conforms to current Building Codes and City regulations.
- ___ 5. Distance requirements have been met.
- ___ 6. Business meets the requirements and definition of a restaurant in the Ordinance.

To Be Completed by the City Administrator/Clerk on Behalf of the City Council:

Date Completed Application Received Pending Council Approval: _____

Date of Council Meeting: _____ **Approved** **Disapproved**

Conditions and Requirements of Approval:

CITY OF WAYNESBORO

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for a City of Waynesboro Alcohol License as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a City of Waynesboro Alcohol License for _____.

(Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity)

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident eighteen (18) years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act eighteen (18) years of age or older and lawfully present in the United States.*

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.

Signature of Applicant

Printed Name of Applicant

Date

*Alien registration number for non-citizens

Sworn to and subscribed
Before me this _____
Day of _____, 2010.

Notary Public
My Commission Expires:
(NOTARY SEAL)

*Note: 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 below:
