



**City of Dawsonville**  
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 Dawsonville, Georgia 30534  
 Phone: (706)265-3256  
 Email: [planning@dawsonville-ga.gov](mailto:planning@dawsonville-ga.gov)  
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**Alcoholic Beverage License  
 Application  
 2019**

NOTICE: Any false answer to any question could result in the denial of a license, or in the event a license is issued, in the revocation or suspension of the license.

**TYPE OF LICENSE:**       **RENEWAL \*\***       **NEW**

\*\* Applications for renewal must be filed **by November 20<sup>th</sup>** of each year or late fees of 20% will be assessed.

\*\* Renewal Applications received on or after January 1<sup>st</sup> shall be treated as if it is an initial application.

The City **MUST** receive a copy of the **State of Georgia Alcoholic Beverage License**.

The City **MUST** receive a copy of the **Food Establishment License**. (Retail Packages Only)

Name of Business:

Business Locaton:

<b>Administrative:</b>	<b>Fee</b>	
Administrative/Investigative Fees: <b>Does not apply to Renewals</b>	\$100	
<b>Type of License:</b>	<b>(List all that apply)</b>	<b>Fee</b>
Retail Package – Malt Beverage/Beer	\$500	
Retail Package – Wine	\$500	
Retail Package – Distilled Spirits	\$4000	
Retail Package – Beer/Wine/Distilled Spirits	\$4500	
Consumption On-Premises – Beer	\$500	
Consumption On-Premises – Wine	\$500	
Consumption On-Premises – Distilled Spirits	\$4000	
Consumption On-Premises – Beer/Wine/Distilled Spirits	\$4500	
Distillery / Distillery with Tap Room <b>(Tap Rooms must also have COP license)</b>	\$1000	
Brew Pub / Brew Pub with Tap Room <b>(Tap Rooms must also have COP license)</b>	\$1000	
<b>Total License Fee</b>		<b>\$</b>

**BUSINESS INFORMATION:**

Business Name: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name/Title \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Length of Time Business has been in Operation: \_\_\_\_\_

Georgia Sales Tax # \_\_\_\_\_ F.E.I.N. (Federal Tax ID Number) # \_\_\_\_\_

**TYPE OF BUSINESS:**

- Bona Fide Eating Establishment     Hotel/Motel     Distillery     Brew Pub
- Sports Club     Grocery/Convenience Store     Performance Facility     Other \_\_\_\_\_
- Package Liquor Store    Do you have ownership or interest in any other package store? \_\_\_\_\_ If yes, how many stores? \_\_\_\_\_

List the name, address and license number of each package store:

\_\_\_\_\_

Will live entertainment be offered? \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

**TYPE OF OWNERSHIP:**     Individual / Sole Proprietor     Corporation /LLC     Partnership     Private Club     Non Profit Org.

**QUALIFICATIONS OF LICENSEE:**

Are you a legal resident of the United States? \_\_\_\_\_ Are you 21 years of age or older? \_\_\_\_\_

In the last two years have you even been convicted, plead guilty or nolo contendere to a crime involving moral turpitude, illegal gambling or illegal possession or sale of a controlled substances or the illegal possession or sale of alcoholic beverages, including the sale or transfer of alcoholic beverages to minors in a manner contrary to law, keeping a place of prostitution, pandering, pimping, public indecency, prostitution, solicitation of sodomy, or any sexual related crime? \_\_\_\_\_ If yes, please explain in detail. \_\_\_\_\_

\_\_\_\_\_

**DISTANCE REQUIREMENT:**    (Not required for Renewals)

The alcohol ordinance requires that all licenses be issued for areas with the Commercial zoning classification. It also provides for a distance requirement of 100 yards from any church or alcohol treatment facility, or 200 yards from any school building or daycare facility for consumption on the premises and retail package locations. Also, 200 feet from any private single-family home for a retail package location. Be sure you meet this criterion before you proceed.

**PLEASE SKIP TO THE APPROPRIATE SECTION THAT REFLECTS YOUR BUSINESS TYPE:**

- ★ Individual/Sole Proprietor ... go to page 3 of the application.
- ★ Corporations/LLC's ... go to page 4 of the application.
- ★ Partnerships ... go to page 5 of the application.
- ★ Private Clubs ... go to page 6 of the application.

**FOR INDIVIDUAL/SOLE PROPRIETOR ONLY**

If license is granted, license will be issued in the individual's name.

**OWNER / APPLICANT INFORMATION:**

Full Name of Licensee (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ GA Drivers License # \_\_\_\_\_ (Copy of Drivers License Required)

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Are you a resident of the City of Dawsonville or Dawson County? **YES NO** If not, the City of Dawsonville requires you provide a Residential Agent designated for matters relating to the license. Attach a copy of Residential Agent's driver's license.

**RESIDENTIAL AGENT:** (Must be a resident of the City of Dawsonville or Dawson County) - Attach Residential Agent Consent Form

Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ GA Drivers License # \_\_\_\_\_ (Copy of Drivers License Required)

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

**MANAGER:**

Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ GA Drivers License # \_\_\_\_\_ (Copy of Drivers License Required)

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Did you attach a copy of Owner/Applicant's, Residential Agent's (if applicable) and Manager's driver's license?

Did you attach Residential Agent Consent Form?

**GO TO PAGE 7 TO COMPLETE THE APPLICATION.**

## FOR CORPORATIONS/LLC'S ONLY

Date of Incorporation: \_\_\_\_\_ Place of Incorporation: \_\_\_\_\_

State Parent Corporation, if applicable: \_\_\_\_\_

Is the corporation owned by a parent corporation or held by a holding company?    YES    NO

If yes, explain: \_\_\_\_\_

If license is granted, then the license will be issued in the name of the individual who is a resident of the City of Dawsonville or Dawson County or in the name of the appointed Residential Agent, pursuant to the Alcohol Ordinance.

Provide the information listed below for each corporate officer, the corporation's registered agent, any shareholder who holds 20% or more of any class of corporate stock, and any entity having a financial interest in the business this application is being submitted for.

**Attach a separate page if more space is required.**

Name:	Telephone:
Address:	Percentage of Financial Interest:
City: _____ State: _____	Zip Code:
Corporate Office Held:	SSN:

Name:	Telephone:
Address:	Percentage of Financial Interest:
City: _____ State: _____	Zip Code:
Corporate Office Held:	SSN:

Name:	Telephone:
Address:	Percentage of Financial Interest:
City: _____ State: _____	Zip Code:
Corporate Office Held:	SSN:

Provide the information listed below for the shareholder who resides in the City of Dawsonville or Dawson County. If no shareholder resides in the City of Dawsonville or Dawson County, then provide the information for a Residential Agent designated for matters relating to the license. Attach a copy of shareholder or resident's driver's license.

Name:	Telephone:
Address:	Percentage of Financial Interest:
City: _____ State: _____	Zip Code:
Corporate Office Held:	SSN:

- Did you attach a copy of Residential Shareholder / Agent's driver's license?
- Did you attach Residential Agent Consent Form if required?

**GO TO PAGE 7 TO COMPLETE THE APPLICATION.**

## FOR PARTNERSHIPS ONLY

Date the Partnership was formed: \_\_\_\_\_

If license is granted, then the license will be issued in the name of the individual who is a resident of the City of Dawsonville or Dawson County or in the name of the appointed Residential Agent, pursuant to the Alcohol Ordinance.

Provide the name, address, telephone number and percentage of financial interest in this business for each partner. **Attach a separate page if more space is required.**

Name:	Home Telephone:
Address:	Cell/Work Telephone:
City: <span style="float: right;">State:</span>	Zip Code:
% of Financial Assistance:	SSN:

Name:	Home Telephone:
Address:	Cell/Work Telephone:
City: <span style="float: right;">State:</span>	Zip Code:
% of Financial Assistance:	SSN:

Name:	Home Telephone:
Address:	Cell/Work Telephone:
City: <span style="float: right;">State:</span>	Zip Code:
% of Financial Assistance:	SSN:

Provide the information listed below for the partner who resides in the City of Dawsonville or Dawson County. If no partner resides in the City of Dawsonville or Dawson County provide the information for a Residential Agent designated for matters relating to the license. Attach a copy of resident's driver's license.

Name:	Home Telephone:
Address:	Work/Cell Telephone:
City: <span style="float: right;">State:</span>	Zip Code:
Georgia Driver's License #	SSN:
Length of time at Residence:	Place of Birth:

- Did you attach a copy of Residential / Agent's driver's license?
- Did you attach Residential Agent Consent Form if required?

**GO TO PAGE 7 TO COMPLETE THE APPLICATION.**

## FOR PRIVATE OR SPORTS CLUBS ONLY

**Private Clubs are defined in the City of Dawsonville's Alcohol Ordinance.**

Date of Organization under the laws of the State of Georgia: \_\_\_\_\_

State the total number of regular dues paying members: \_\_\_\_\_

Will any member, officer, agent or employee directly or indirectly receive compensation from the sale of alcoholic beverages beyond a fixed salary? \_\_\_\_\_

List officers / directors:

Name:	Telephone:
Address:	Office Held:
City: _____ State: _____	Zip Code: _____

Name:	Telephone:
Address:	Office Held:
City: _____ State: _____	Zip Code: _____

Name:	Telephone:
Address:	Office Held:
City: _____ State: _____	Zip Code: _____

Provide the information listed below for the officer/director who resides in the City of Dawsonville or Dawson County who will be acting as the Residential Agent designated for matters relating to the license. Attach a copy of resident's driver's license.

Name:	Home Telephone:
Address:	Work/Cell Telephone:
City: _____ State: _____	Zip Code: _____
Georgia Driver's License #	SSN:
Length of time at Residence:	Place of Birth:

Provide information below for person responsible for managing the Private or Sports Club's establishment.

**MANAGER:**

Full Name (No Initials): \_\_\_\_\_

Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ GA Drivers License # \_\_\_\_\_ (Copy of Drivers License Required)

Age: \_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Did you attach a copy of Residential Officer/Director's and Manager's driver's license?

**GO TO PAGE 7 TO COMPLETE THE APPLICATION.**

**Alcoholic Beverage License Application Oath**

Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

**OATH**

STATE OF GEORGIA, DAWSON COUNTY

I, \_\_\_\_\_, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONAL STATEMENT ARE TRUE AND CORRECT. I SOLEMNLY SWEAR THAT I HAVE NOT BEEN CONVICTED, PLEAD GUILTY OR NOLO CONTENDERE TO A CRIME INVOLVING MORAL TURPITUDE, ILLEGAL GAMBLING OR ILLEGAL POSSESSION OR SALE OF A CONTROLLED SUBSTANCES OR THE ILLEGAL POSSESSION OR SALE OF ALCOHOLIC BEVERAGES, INCLUDING THE SALE OR TRANSFER OF ALCOHOLIC BEVERAGES TO MINORS IN A MANNER CONTRARY TO LAW, KEEPING A PLACE OF PROSTITUTION, PANDERING, PIMPING, PUBLIC INDECENCY, PROSTITUTION, SOLICITATION OF SODOMY, OR ANY SEXUAL RELATED CRIME IN THE PAST TWO YEARS. I SOLEMNLY SWEAR THAT I AM A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

FOR OFFICIAL USE ONLY:

RENEWAL

**PLANNING & DEVELOPMENT REVIEW**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_ Business License Applied For \_\_\_\_\_

Distance to each facility measuring in a straight line, corner to corner:

Church \_\_\_\_\_ School Building \_\_\_\_\_ Daycare Facility \_\_\_\_\_

Alcohol Treatment Facility \_\_\_\_\_ Single Family Residential Units (Retail Package Only) \_\_\_\_\_

Applicant has completed all necessary inspections: Fire Department \_\_\_\_\_ Health Department \_\_\_\_\_

Department of Agriculture - Retail Package only \_\_\_\_\_

Background Check and Fingerprinting Results Received and verified by: \_\_\_\_\_

Dates of Advertisement: \_\_\_\_\_

City Council Approval-Meeting Date Presented: \_\_\_\_\_  Approved  Denied

Administrative Approval (Beer & Wine Licenses): \_\_\_\_\_ Title \_\_\_\_\_  Approved  Denied



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**Residential Agent  
 Consent Form**

\_\_\_\_\_  
**Business Name**

\_\_\_\_\_  
**Location Address**

I, \_\_\_\_\_, do hereby consent to serve as the Residential Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcohol Ordinance of the City of Dawsonville. I understand the basic purpose is to have and continuously maintain in the City of Dawsonville or Dawson County a Residential Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served. **I understand that the Residential Agent must be a resident of the City of Dawsonville or Dawson County.**

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Representative/Resident Agent

\_\_\_\_\_  
 Print Name of Representative

\_\_\_\_\_  
 Print Representative's Street Address

\_\_\_\_\_  
 Print Representative's City - County - State - Zip Code

\_\_\_\_\_  
 Representative's Home Telephone Number

\_\_\_\_\_  
 Representative's Work/Cell Telephone Number

Sworn to and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public, State of Georgia

(SEAL)

My Commission Expires: \_\_\_\_\_



**O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit**

**\*\*This form is required for ALL LICENSES/PERMITS by State Law\*\***

By executing this affidavit under oath, as an applicant for an ALCOHOLIC BEVERAGE LICENSE, as referenced in O.C.G.A. § 50-36-1, from the City of Dawsonville, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) \_\_\_\_\_ I am a United States citizen

(Must include copy of either current State Driver’s License, Passport, or Military ID)

2) \_\_\_\_\_ I am a legal permanent resident of the United States\*\*

(Must include a copy of your current State Driver’s License and either a copy of your Permanent Resident Card or Employment Authorization Card)

3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.\*\*

(Must include a copy of your current State Driver’s License and either a copy of your Permanent Resident Card or Employment Authorization Card)

\*\*My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

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 as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC/SEAL

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

**\*\*This form is required by Georgia State Law\*\***

By executing this affidavit under oath, as an applicant for an ALCOHOLIC BEVERAGE LICENSE as referenced in O.C.G.A. § 36-60-6(d), from City of Dawsonville, Georgia, the undersigned applicant representing the private employer known as \_\_\_\_\_ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (10) or more employees.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (10) or more employees.

If the employer selected 1(a) please fill out Section 2 below.

**2. 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:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number (*not your FEIN#*)

\_\_\_\_\_  
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 \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Signature of Authorized Officer or Agent      Date

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

\_\_\_\_\_  
My Commission Expires