



City of Dawsonville
 P.O. Box 6, 415 Highway 53 East Suite 100
 Dawsonville, Georgia 30534
 Phone: (706) 265-3256
 Website: www.dawsonville-ga.gov

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Please type or print legibly. Each question must be answered fully. The statements and answers contained within this application are furnished to the City of Dawsonville under oath and subject to the penalties of false swearing.

1. TYPE OF LICENSE: (check one) **NEW** **RENEWAL **** **AMENDMENT (TRANSFER)**

** Applications for renewal must be filed **by November 30th** of each year. (Be sure to check for holiday closing dates)

** Renewal Applications received on or after January 1st 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 **Dept. of Agriculture Food Establishment License**. (Retail Packages Only)

2. LICENSE FEE:

Administrative:		Fee
Administrative and Investigative Fee: All New Applicants	(Non-Refundable)	\$100
Type of License:	(Check all that apply)	Fee
Retail Package – Malt Beverage/Beer		\$600
Retail Package – Wine		\$600
Retail Package – Distilled Spirits		\$4,500
Consumption On-Premises – Distilled Spirits		\$4,500
Consumption On-Premises – Beer		\$1,000
Consumption On-Premises – Wine		\$1,000
Consumption On-Premises – Additional Fixed Bars	# of bars: ____	(Each Bar) \$200
Consumption On-Premises – Movable Bars	# of bars: ____	(Each Bar) \$100
Wholesaler Domiciled – Distilled Spirits for resale		\$1,000
Wholesaler Domiciled – Malt Beverages and Wine for resale		\$500
Wholesaler Non-Domiciled – Distilled Spirits for resale		\$100
Wholesaler Non-Domiciled – Malt Beverages and Wine for resale		\$50
Hotel In-Room Service: Beer & Wine only	(Consumption on the premises license required)	\$250
Alcohol Manufacturer or Distiller		\$1,000
Catering: Malt Beverages	(no more than 100 event days/year)	\$250
Catering: Wine	(no more than 100 event days/year)	\$250
Catering: Distilled Spirits	(no more than 100 event days/year)	\$500
Total License Fee \$		

NOTE: License Fees are One Half After July 1st
 Transfer Fees are one half of the License Fees excluding Administrative & Investigative Fees
 A 20% Late Fee assessed when renewals are received after November 30th

Total Due: Certified Funds Payable to "City of Dawsonville" \$

For Official Use Only: License Fee Enclosed \$ _____ Approved at Council Meeting: _____ Name of Business: _____ State License #: _____ Occupational Tax License #: _____	Date Received: _____
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3. TYPE OF BUSINESS:

Bona Fide Eating Establishment Convenience Store Hotel/Motel Brew Pub
Manufacturer / Distillery Super Market Caterer Other: _____
Package Liquor Store Do you have ownership or interest in any other package store? ___ NO ___ YES If yes, list below

o List the name, address and license # of other package store(s): _____

4. Will live entertainment be offered? ___ NO ___ YES If Yes, Explain: _____

5. BUSINESS INFORMATION:

Trade Name of Business: _____

Business Location Address: _____

City: _____ State: _____ Zip: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Tax Map Parcel #: _____ Zoning: _____

GA Sales Tax # _____ Federal Tax ID # _____ Taxpayer ID #: _____

6. PREMISES AND STRUCTURE:

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.

- o Does the facility have a full service kitchen? ___NO ___YES o Does the facility have an enclosed patio? ___NO ___YES
- o Square Feet of Total Floor Area: _____ Square Ft. devoted to Dining Area: _____ Attach a copy of the Floor Plan Layout

7. APPLICANT:

Full Name (No Initials): _____

Address of Residence: _____ Length of Time at Residence: _____

City: _____ State: _____ Zip: _____ (Proof of Residence Required)

Phone #s: _____ / _____ GA Driver's License # _____ (Copy of License Required)

Date of Birth: _____ Place of Birth: _____ SSN # _____

Sex: M F Race: _____ Hair Color: _____ Color Eyes: _____

NOTE: If the Manager changes, the Applicant must furnish the City with the name and address and copy of driver's license within 10 days of such change.

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

Full Name (No Initials): _____

Address of Residence: _____ Length of Time at Residence: _____

City: _____ State: _____ Zip: _____ (Proof of Residence Required)

Phone #s: _____ / _____ GA Driver's License # _____ (Copy of License Required)

Date of Birth: _____ Place of Birth: _____ SSN # _____

Sex: M F Race: _____ Hair Color: _____ Color Eyes: _____

9. TYPE OF OWNERSHIP:

Sole Proprietorship Publicly Held Corporation LLC Legally Registered Partnership Private Club

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

Sole Proprietor..... #10 Corporation/LLC #11
Partnership #12 Private Club #13

10. FOR SOLE PROPRIETOR ONLY

The License shall be issued in the name of the individual's name.

OWNER INFORMATION:

Full Name (No Initials): _____
Address of Residence: _____ Length of Time at Residence: _____
City: _____ State: _____ Zip: _____ (Proof of Residence Required)
Phone #s: _____ / _____ GA Driver's License # _____ (Copy of License Required)
Date of Birth: _____ Place of Birth: _____ SSN # _____
Sex: M F Race: _____ Hair Color: _____ Color Eyes: _____
o Are you a resident of the City of Dawsonville or Dawson County? YES NO

MANAGER: Does the Manager have a Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Full Name (No Initials): _____
Address of Residence: _____ Length of Time at Residence: _____
City: _____ State: _____ Zip: _____ (Proof of Residence Required)
Phone #s: _____ / _____ GA Driver's License # _____ (Copy of License Required)
Date of Birth: _____ Place of Birth: _____ SSN # _____
Sex: M F Race: _____ Hair Color: _____ Color Eyes: _____

LIST OF EMPLOYEES:

Employee Name: _____ Sex: M F Race: _____
Residence Address: _____ Date of Birth: _____
Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____
Residence Address: _____ Date of Birth: _____
Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____
Residence Address: _____ Date of Birth: _____
Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____
Residence Address: _____ Date of Birth: _____
Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____
Residence Address: _____ Date of Birth: _____
Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____
Residence Address: _____ Date of Birth: _____
Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Attach a separate page if more space is required.

11. FOR CORPORATIONS / LLC

The License shall be issued in the name of the individual who is a resident Dawsonville or the Residential Agent.

- o Date of Incorporation: _____ Place of Incorporation: _____
- o State Parent Corporation, if applicable: _____
- o Number of Shares of Capital Stock Authorized (if applicable): _____ Number of Shares Outstanding: _____
- o Is the corporation owned by a parent corporation or held by a holding company? YES NO

If yes, explain: _____

- o For Corporations or LLC's, list Officers, Directors, Members, and/or Principal Shareholders with 20% or more of the stock:

NAME:	Social Security #	Position:	Interest %
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Attach a separate page if more space is required.

MANAGER: Does the Manager have a Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Full Name (No Initials): _____

Address of Residence: _____ Length of Time at Residence: _____

City: _____ State: _____ Zip: _____ (Proof of Residence Required)

Phone #s: _____ / _____ GA Driver's License # _____ (Copy of License Required)

Date of Birth: _____ Place of Birth: _____ SSN # _____

Sex: M F Race: _____ Hair Color: _____ Color Eyes: _____

LIST OF EMPLOYEES:

Employee Name: _____ Sex: M F Race: _____

Residence Address: _____ Date of Birth: _____

Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____

Residence Address: _____ Date of Birth: _____

Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____

Residence Address: _____ Date of Birth: _____

Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____

Residence Address: _____ Date of Birth: _____

Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____

Residence Address: _____ Date of Birth: _____

Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Attach a separate page if more space is required.

12. FOR PARTNERSHIP

The License shall be issued in the name of a partner who is a resident of Dawsonville or the Residential Agent.

- o Date the Partnership was formed: _____ Attach Partnership Agreement
- o List Partners:

Name & Resident Address:	Social Security #	G-General L-Limited S-Silent:	Interest: Investment \$	Participation %

Attach a separate page if more space is required.

MANAGER: Does the Manager have a Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Full Name (No Initials): _____
 Address of Residence: _____ Length of Time at Residence: _____
 City: _____ State: _____ Zip: _____ (Proof of Residence Required)
 Phone #s: _____ / _____ GA Driver's License # _____ (Copy of License Required)
 Date of Birth: _____ Place of Birth: _____ SSN # _____
 Sex: M F Race: _____ Hair Color: _____ Color Eyes: _____

LIST OF EMPLOYEES:

Employee Name: _____ Sex: M F Race: _____
 Residence Address: _____ Date of Birth: _____
 Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____
 Residence Address: _____ Date of Birth: _____
 Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____
 Residence Address: _____ Date of Birth: _____
 Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____
 Residence Address: _____ Date of Birth: _____
 Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____
 Residence Address: _____ Date of Birth: _____
 Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____
 Residence Address: _____ Date of Birth: _____
 Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Attach a separate page if more space is required.

13. FOR PRIVATE OR SPORTS CLUB

Private Clubs are defined in Section 3-61 and Sports Club 3-62 of the City of Dawsonville’s Alcohol Ordinance

- o Date of Organization under the laws of the State of Georgia: _____
- o State the total number of regular dues paying members: _____
- o Is any member, officer, agent or employee compensated directly or indirectly from the profits of the sale of alcoholic beverages beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club? Please list: _____

- o Attach minutes of the annual meeting setting salaried.
- o For private club list officers, directors, and/or principal shareholders with 20% or more of the stock:

NAME:	Security #	Position:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a separate page if more space is required.

MANAGER: Does the Manager have a Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Full Name (No Initials): _____

Address of Residence: _____ Length of Time at Residence: _____

City: _____ State: _____ Zip: _____ (Proof of Residence Required)

Phone #s: _____ / _____ GA Driver’s License # _____ (Copy of License Required)

Date of Birth: _____ Place of Birth: _____ SSN # _____

Sex: M F Race: _____ Hair Color: _____ Color Eyes: _____

LIST OF EMPLOYEES:

Employee Name: _____ Sex: M F Race: _____

Residence Address: _____ Date of Birth: _____

Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____

Residence Address: _____ Date of Birth: _____

Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____

Residence Address: _____ Date of Birth: _____

Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Employee Name: _____ Sex: M F Race: _____

Residence Address: _____ Date of Birth: _____

Job Position: Server Cashier Dawson County Alcohol Pouring Permit? YES NO (Attach Copy)

Attach a separate page if more space is required.

RESIDENTIAL AGENT CONSENT FORM

All licensed establishments must have and continuously maintain a "Residential Agent" upon whom any process, notice or demand required or permitted by law or under the City of Dawsonville's Alcoholic Beverage Ordinance to be served upon the licensee or owner may be served. This person must be a City of Dawsonville or Dawson County, GA resident and agree to act in this capacity for your business.

Full Name (No Initials): _____

Home Address: _____

City: _____ State: _____ Zip: _____ (Proof of Residence Required)

Length of Time at Residence: _____ Phone #s: _____ / _____

GA Driver's License # _____ (Copy of License Required) SSN # _____

Date of Birth: _____ Place of Birth: _____ Sex: M F

Race: _____ Hair Color: _____ Color Eyes: _____

I hereby certify that I am a resident of Dawsonville, GA or Dawson County, GA, and agree to serve as "Residential Agent" on behalf of _____ (business name), a business located at _____, Dawsonville, GA.

As Residential Agent, 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 Alcoholic Beverage 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 such service upon me will serve as legal notice upon the licensee or owner and that my responsibility to forward such service to the owner or licensee.

Signature of Residential Agent

Date

NOTE: Attach a copy of driver's license and proof of residency. (ex: phone or utility bill that reflects the current address listed by agent)

SWORN TO AND SUBSCRIBED BEFORE ME

This ____ day of _____, 20__.

Notary Public, State of

My Commission Expires: _____ (SEAL)

E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

O.C.G.A § 36-60-6(d)

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 the City of Dawsonville, 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 business document:

1. Choose ONE of the following:

(A) ___ On January 1st of the below signed year the individual, firm, or corporation employed more than ten employees. If the employer selected (A) please fill out section 2 below.

(B) ___ On January 1st of the below signed year the individual, firm, or corporation employed less than ten employees.

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

_____ Date of Authorization

=====MUST BE COMPLETED WITH A NOTARY=====

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of 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 Authorized Officer or Agent Printed Name/Title of Authorized Officer or Agent Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE _____ DAY OF _____, 20_____

Executed in _____ (City), _____ (State)

NOTARY PUBLIC Signature My Commission Expires (Seal)

APPLICATION AFFIDAVIT

NOTE: 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 APPLICATION AND ANY ATTACHMENTS SUBMITTED HEREIN, ARE TRUE AND CORRECT.

Applicant's Printed Name

Applicant's Signature

I SOLEMNLY SWEAR THAT I, PARTNERS IN THE FIRM, OFFICERS AND DIRECTORS OF THE CORPORATION 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 Printed Name

Applicant's Signature

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER 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____.

(Seal)

Notary Public Signature

MY COMMISSION EXPIRES: _____

FOR OFFICIAL USE ONLY:

DATE RECEIVED:

NEW RENEWAL

PLANNING & DEVELOPMENT REVIEW

Premise & Structure (Ordinance Article IV):

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 _____

Applicant has obtained all necessary permits and licenses: Building Permit _____ Business License _____

CITY CLERK REVIEW:

Background Check Completed: _____ Fingerprinting Completed: _____

Dates of Advertisement: _____ City Council Meeting: _____ Approved Denied