



**City of Dawsonville**  
P.O. Box 6, 415 Highway 53 East Suite 100  
Dawsonville, Georgia 30534  
Phone: (706)265-3256  
Email: [clerk@dawsonville-ga.gov](mailto:clerk@dawsonville-ga.gov)  
Website: [www.dawsonville-ga.gov](http://www.dawsonville-ga.gov)

## Alcoholic Beverage License Cover Letter

Dear Applicant:

Thank you for being part of the City of Dawsonville business community. We welcome the opportunity to assist you in obtaining an Alcoholic Beverage License. The following are some important reminders to help you efficiently apply for your license:

### **Applicant:**

- Must be at least 21 years of age.
- Must be a citizen of the United States or an alien lawfully admitted for permanent residence.
- Must be a resident of the City of Dawsonville or Dawson County for at least six months prior to filing the application unless the applicant specifically designates a resident of the City of Dawsonville/Dawson County as Residential Agent, who has resided within the City of Dawsonville/Dawson County for at least six months prior to filing the application. (Residential Agent Consent Form Required)

**Background Check:** All applicants will be fingerprinted for investigation by the Sheriff's Department, the Georgia Bureau of Investigation and the Federal Bureau of Investigation as outlined in Section 13 Qualification of License. Background checks are completed by the Dawson County Sheriff's Department and can take up to four months for completion.

**Application Process:** Once the application is complete and all administrative, investigative and permit fees are paid, the application for liquor license will be advertised in the legal organ once a week for two weeks immediately preceding consideration at a meeting of the City Council.

**Package Store:** Georgia Code provides that no person shall be issued more than two retail package store licenses, nor shall any person be permitted to have a beneficial interest in more than two retail package liquor licenses issued by the Department regardless of the degree of such interest. O.C.G.A. §3-4-21 and Regulation 560-2-2-40.

**Distance Requirement:** Please refer to Section 3-37 of the alcohol ordinance.

**Fees:** All fees are payable to **City of Dawsonville**. If the application is denied, your License Fee will be refunded; the Administrative/Investigative Fee is nonrefundable.

### **Licenses/Permits/Inspections: (COPIES ARE REQUIRED TO AVOID LAPSE IN SALES)**

- Food Establishment License (Retail Package Licenses only)
- State of Georgia Alcoholic Beverage License (after City License is issued)
- Brewpub Permit (after City License is issued)

**Tax Reporting:** Taxes are due on or before the 10<sup>th</sup> of each month. You are responsible for the timely submittal of your excises taxes. Taxes are due from both wholesalers and retailers. Failure to timely submit excise taxes will result in late fees being assessed against remitter. Penalties for noncompliance include fines and possible revocation of license. Reporting must be sent in for all alcoholic beverages purchased from wholesalers.

**Changes in Ownership:** Please refer to Section 15: Transferability of License/Change in Ownership of the Alcohol Ordinance for requirements involving the changes or transfer of ownership. You have specific obligations to be performed in a timely manner as outlined in the ordinance. Failure to do so could result in penalties up to and including revocation of your license.

If you have questions during the application process, please contact the City Clerk at City Hall at (706)265-3256. Office hours are: Monday – Friday 8:00 a.m. – 4:30 p.m.

Sincerely,  
Kim Cornelison  
City Clerk



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## Alcoholic Beverage License Checklist

### A complete application will have the following forms and supporting documentation:

- Application – completed in entirety as related to type of business
- Check (Payable to “City of Dawsonville”) for administrative and license fees
- Residential Agent Consent Form (if applicable)
- Attach a copy of Legal Alien Card (if applicable)
- Attach a copy of current Driver's License or State Identification Card for each person indicated in Application.
- Finger Print Card and Copy of Pouring License issued by Sheriff's Department  
\* **(Does NOT apply to Renewals)**
- Completed Applicant/Pouring License Background Consent Form – two required.  
One to be submitted to Dawson County Sheriff's Department and one to remain on City's files.  
\* **(Does NOT apply to Renewals)**
- MUST Provide Copy of State License When Obtained**  
After being licensed by the City of Dawsonville for an Alcoholic Beverage License, you must obtain a state license before any alcoholic beverage can be served or sold in the City of Dawsonville.  
Contact the Georgia Department of Revenue at **(404)417-4831 Mike Ware**
- MUST Provide Copy of Brewpub Permit When Obtained (if applicable)**  
Brewpubs must be permitted by the United States Department of the Treasury, Alcohol, Tobacco and Firearms (ATF) Division at **(404)417-2670**
- MUST Provide Department of Agriculture Foods Sales Establishment License (Retail Package Only)**  
District One Office in Gainesville (770)535-5955 (\$2500+ in food products: Grocery /Convenience store)
- Excise Tax Forms** are to be filled out completely and returned to City Hall by the 20<sup>th</sup> or a penalty is applied. If received at City Hall by the 10<sup>th</sup> a 3% discount applies.
- Reporting Form** must be sent in for all alcoholic beverages purchased from wholesalers.

Note: Section 25 of the Alcohol Ordinance provides that all alcoholic beverages shall be transported from the point of dispensing to the customer by permitted employees only. Please be sure all of your employees have their pouring permits. Failure to do so could result in fines and penalties as outlined in the Ordinance.

**All applications should be filled out in type written or printed format.  
Illegible forms will delay the issuance of your application.**



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**Alcoholic Beverage License  
 Application/Renewal  
 2010**

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:** (check one)  **NEW**  **TRANSFER\***  **RENEWAL \*\***

\* Transfer Fees are one half of the License Fees excluding Administrative & Investigative Fees

\*\* Applications for renewal must be filed before November 30<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)

<b>Administrative:</b>	<b>Fee</b>	
Administrative and Investigative Fees: (Non-Refundable) <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		\$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 <b>Consumption on the premises license required.</b>		\$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
<b>Total License Fee</b>		<b>\$</b>

**(NOTE: LICENSE FEES ARE ONE HALF AFTER JULY 1<sup>st</sup>.)**

<b>Late Fee: (assessed when renewals are received after November 30<sup>th</sup>)</b>	
20% of Total License Fee	
<b>Total Late Fee</b>	
<b>\$</b>	

**Total Due: Payable to "City of Dawsonville" \$**

**TYPE OF BUSINESS:**

- Bona Fide Eating Establishment       Hotel/Motel       Convenience Store       Brew Pub
- Wholesale       Super Market       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:

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

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**TYPE OF OWNERSHIP:**     Individual / Sole Proprietor     Corporation /LLC     Partnership     Private Club

**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. \_\_\_\_\_

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**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) # \_\_\_\_\_

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

Sections 3-37 of the alcohol ordinance require 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 criteria before you proceed.

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

- ★ Individual/Sole Proprietor ... go to page 5 of the application.
- ★ Corporations/LLC's ... go to page 6 of the application.
- ★ Partnerships ... go to page 7 of the application.
- ★ Private Clubs ... go to page 8 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 9 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 Section 13 of the 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 9 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 Section 13 of the 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 Partner's or Residential Agent's driver's license?
- Did you attach Residential Agent Consent Form if required?

**GO TO PAGE 9 TO COMPLETE THE APPLICATION.**

## FOR PRIVATE OR SPORTS CLUBS ONLY

Private Clubs are defined in Section 52 of 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 9 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 \_\_\_\_\_, 200\_\_ .

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

(Seal)

FOR OFFICIAL USE ONLY:  RENEWAL

**PLANNING & DEVELOPMENT REVIEW**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Distance to each facility measuring in a straight line, corner to corner (Section 3-37):

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 \_\_\_\_\_

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

Presented at City Council Meeting: \_\_\_\_\_  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

\_\_\_\_\_  
 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: \_\_\_\_\_



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**Excise Tax Reporting Form  
 Consumption on Premises  
 Distilled Spirits**

Licensee: \_\_\_\_\_ City License # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Month Reported: \_\_\_\_\_ State License # \_\_\_\_\_

**\*Note: Remit on or before the 10<sup>th</sup> day of the succeeding month. A 10% penalty will be assessed on all payments received after the 20<sup>th</sup> of month. See Section 64 A, B, C, and D of the Alcohol Ordinance for Excise Tax reporting information.**

**INVENTORY REPORTING**

	Wholesaler Name (List all inventory purchased for month reporting from each company.)	In Liters	In Ounces
1			
2			
3			
4			
5			
6			
7	Total Volume purchased (Add lines 1-6)		
8	Beginning Inventory of month reporting		
9	Total inventory for month reporting (Add lines 7+ 8)		
10	Ending Inventory of month reporting		
11	Total inventory sold for month reporting (Subtract line 10 from line 9)		

Average ounces per drink sold:		Average price per drink sold:	
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**EXCISE TAX REPORTING**

1	Gross Sales (Alcoholic beverage by the drink)	
2	Tax: 3% of line 1	
3	On-time Reporting Credit Subtract 3% of line 2 for reports received at City Hall by the 10 <sup>th</sup>	
4	Penalty 10% Penalty must be applied to reports received at City Hall after the 20th	
5	Total Remitted	\$

**Make checks payable to: City of Dawsonville**

I hereby certify that the information reported herein is true, correct and complete to the best of my knowledge.

Print Name \_\_\_\_\_ Telephone \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Public Benefits Affidavit

Note: Georgia Law requires that the City of Dawsonville, Georgia obtain an affidavit regarding the subjects indicated herein from any person who wishes to apply for a "Public Benefit" as that term is defined by Georgia Law.

1. I am over the age of 18, of sound mind, and am competent to make this Affidavit
2. I am executing this affidavit under oath, as an applicant for a City of Dawsonville, Georgia, Public Benefit. Public Benefits include Retirement Benefits, Health Benefits, Disability Benefits, Business Licenses, Occupation Tax Certificates, Alcohol Licenses, Vehicle for Hire Permits, Contracts, or other public benefits as referenced and defined in O.C.G.A. Section 50-36-1.
3. I make this affidavit as part of my application for a City of Dawsonville, Public Benefit for (circle one) MYSELF or \_\_\_\_\_ (name of the entity for which the benefit is sought).
4. With respect to my presence in the United States, I state as follows:

a. \_\_\_\_\_ I am a United States citizen

**OR**

b. \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act lawfully present in the United States. I have provided my Alien Registration Number or, in the event I do not have an Alien Registration Number, I have provided another identifying number below.\*

5. 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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

\_\_\_\_\_

Printed Name: \_\_\_\_\_

\*

\_\_\_\_\_

Alien Registration or Other Identifying Number for Non-Citizens

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

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

Notary Public:

\_\_\_\_\_

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

\*Note: O.C.G.A. § 50-36- 1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title S 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.**