



City of Dawsonville
 415 Highway 53 East Suite 100
 Dawsonville, Georgia 30534
 Phone: (706)265-3256
 Email: planning@dawsonville-ga.gov
 Website: www.dawsonville-ga.gov

**Alcoholic Beverage License
 Application
 2020**

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**

**** FINGERPRINTING SHALL BE REQUIRED ON EVEN NUMBERED RENEWAL YEARS**

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

**** 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 **Food Establishment License.** (As Applicable)

Name of Business: _____ **Business Location:** _____

| Administrative: | Fee | Subtotal |
|--|----------------|-----------------|
| Administrative/Investigative Fees: EACH YEAR | \$100 PER YEAR | \$100 |
| Type of License: | Fee | |
| Manufacturing: <input type="checkbox"/> Beer/Malt <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits | \$500 Each | |
| Wholesale Dealer: <input type="checkbox"/> Beer/Malt <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits (Check all that apply) | \$500.00 | |
| Retail consumption dealer of beer or wine for on-premises consumption | \$500.00 | |
| Retail consumption dealer of beer and wine for on-premises consumption | \$1,000.00 | |
| Retail consumption dealer of distilled spirits for on-premises consumption | \$2,000.00 | |
| Retail consumption dealer of beer, wine, and distilled spirits for on-premises consumption | \$3,000.00 | |
| Retail package dealers of beer or wine for off-premises consumption | \$1,000.00 | |
| Retail package dealers of beer and wine for off-premises consumption | \$1,500.00 | |
| Retail package dealers of distilled spirits for off-premises consumption | \$3,000.00 | |
| Retail package dealers of beer, wine, and distilled spirits for off-premises consumption | \$4,000.00 | |
| Brewpub | \$1,000.00 | |
| Brewery with Taproom | \$1,000.00 | |
| Subtotal Page 1 \$ | | |

| Subtotal Carried Over From Page 1 | | \$ |
|---|------------|-----------|
| Distillery with cocktail room and package sales | \$1,000.00 | |
| Other License: | | |
| Other License: | | |
| Total License Fee | | \$ |

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: State: | Zip Code: |
| % of Financial Assistance: | SSN: |

| | |
|----------------------------|----------------------|
| Name: | Home Telephone: |
| Address: | Cell/Work Telephone: |
| City: State: | Zip Code: |
| % of Financial Assistance: | SSN: |

| | |
|----------------------------|----------------------|
| Name: | Home Telephone: |
| Address: | Cell/Work Telephone: |
| City: State: | 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: State: | 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?

PAGE 7 ALL APPLICANTS TO COMPLETE PAGES 7 THROUGH 10

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)



City of Dawsonville
 415 Highway 53 East Suite 100
 Dawsonville, Georgia 30534
 Phone: (706)265-3256
 Email: planning@dawsonville-ga.gov
 Website: www.dawsonville-ga.gov

**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: _____

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 1st of the below signed year the individual, firm, or corporation employed one hundred (10) or more employees.
- (b) _____ On January 1st 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

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: 1st _____ 2nd _____

City Council Approval-Meeting Date Presented: _____ Approved Denied

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

NOTES: