



**City of Dawsonville**  
 415 Highway 53 East Suite 100  
 Dawsonville, Georgia 30534  
 Phone: (706)203-4924  
 Email: [permit.tech@dawsonville-ga.gov](mailto:permit.tech@dawsonville-ga.gov)

## Alcohol License Application

<b>NAME:</b>	<b>ADDRESS:</b>
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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.

\*\*\* Please include ALL employee (server) permits with the application for applicable business.

- 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)

Administrative	Fee	Subtotal
Administrative/Investigative Fees:	\$100	<b>REQUIRED</b>
Type of Licenses:	Fee	
Manufacturing		
Manufacturing: <input type="checkbox"/> Beer/Malt <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits	\$500 Each	
Wholesale Dealer		
Wholesale Dealer: <input type="checkbox"/> Beer/Malt <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits <small>(check all that apply)</small>	\$500 Each	
Restaurants (on premises consumption)		
Consumption on premises: <input type="checkbox"/> Beer/Malt <input type="checkbox"/> Wine <small>(check all that apply)</small>	\$500 Each	<u>ONLINE</u>
Consumption on premises: <input type="checkbox"/> Distilled Spirits <small>(check all that apply)</small>	\$2,000	<u>ONLINE</u>
Authorized Caterer: (restaurants that cater with alcohol are also required)		
Consumption on catered premises: <input type="checkbox"/> Cater License <small>(additional permit required per event)</small>	\$500	<u>ONLINE</u>
Liquor Stores / Gas Stations / Grocery Store (off premises consumption)		
Package Dealers: <input type="checkbox"/> Beer <b>OR</b> <input type="checkbox"/> Wine <small>(check only one)</small>	\$1,000	<u>ONLINE</u>
Package Dealers: <input type="checkbox"/> Beer <b>AND</b> Wine	\$1,500	<u>ONLINE</u>
Package Dealers: <input type="checkbox"/> Distilled Spirits	\$3,000	<u>ONLINE</u>
Package Dealers: <input type="checkbox"/> Beer, Wine, and Distilled Spirits	\$4,000	<u>ONLINE</u>
<small>(For tasting permit please see: Alcohol Permit Application – must be applied/renewed with license)</small>		
Additional License:		
<input type="checkbox"/> Sports Club <input type="checkbox"/> Indoor Commercial Recreational Establishment <input type="checkbox"/> Performance Facility <input type="checkbox"/> Private Club	\$3000 Each	<u>ONLINE</u>
<input type="checkbox"/> Brewpub <input type="checkbox"/> Brewery with Taproom <input type="checkbox"/> Winery/Farm Winery with Tasting Room and Package Sales <input type="checkbox"/> Distillery with Cocktail Room and Package Sales	\$1,000 Each	
<input type="checkbox"/> Hotel-Motel in Room Service <input type="checkbox"/> Mobile Food Vendor	\$500 Each	<u>ONLINE</u>
<b>Total:</b>		

**BUSINESS INFORMATION:**

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

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

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

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

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

Contact Name/Title \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

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.       Other \_\_\_\_\_

**QUALIFICATIONS OF LICENSEE:**

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

- No license/permit authorized by this chapter shall be granted to any person convicted under any federal, state or local law of any felony, within ten years prior to the filing of application for such license.

**Sec. 3-101: DISTANCE REQUIREMENT: (a survey may be required) – Not required for renewals**

(a) A license/permit authorized under this chapter shall not be granted to any establishment within 300 feet of any church building, or on any property owned or leased to a church or any school building, educational building, school grounds, or college campus, or on any property owned or leased to a public or private school or school board for elementary or secondary education, provided, however, that any premises licensed premises, as of the effective date of this article, that is located within such proximity of any church building, school building, educational building, school grounds, or college campus shall be allowed to continue operating within such proximity so long as said licensee remains in compliance with all other provisions of this chapter and the use of the premises to sell alcoholic beverages remains ongoing and continuous. If the sale of alcoholic beverages is discontinued, the grandfather entitlement under this paragraph shall be forfeited.

(b) Nothing in this section shall prohibit a grocery store, licensed for the retail sale of only wine and/or malt beverages for off-premises consumption, from selling wine and/or malt beverages within 300 feet of any church building, or on any property owned or leased to a church or any school building, educational building, school grounds, or college campus, or on any property owned or leased to a public or private school or school board for elementary or secondary education.

(c) No person shall knowingly and intentionally sell or offer to sell alcoholic beverages within the distances set forth in this section.

(d) A retail package dealer license for the closed package sale at retail of distilled spirits shall not be issued to any applicant with a premises to be licensed that is within 200 feet of any residence.

(e) A retail package dealer license for the closed package sale at retail of distilled spirits shall not be issued to any applicant with a premises to be licensed that is within 2,500 feet of another package store located either within or outside the city limits.

**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: \_\_\_\_\_  
Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell phone #: ( \_\_\_\_\_ ) GA Driver's License/ ID Card#: \_\_\_\_\_ (Copy 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 Registered Agent designated for matters relating to the license. Attach a copy of Registered Agent's driver's license.

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

Full Name: \_\_\_\_\_  
Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell phone #: ( \_\_\_\_\_ ) GA Driver's License/ ID Card#: \_\_\_\_\_ (Copy Required)  
Age: \_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

**MANAGER:**

Full Name: \_\_\_\_\_  
Address of Residence: \_\_\_\_\_ Length of Time at Residence: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell phone #: ( \_\_\_\_\_ ) GA Driver's License/ ID Card#: \_\_\_\_\_ (Copy Required)  
Age: \_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

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

**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 Registered 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:	Cell phone #:
Address:	Percentage of Financial Interest:
City: <span style="float: right;">State:</span>	Zip Code:
Corporate Office Held:	SSN:

Name:	Cell phone #:
Address:	Percentage of Financial Interest:
City: <span style="float: right;">State:</span>	Zip Code:
Corporate Office Held:	SSN:

Name:	Cell phone #:
Address:	Percentage of Financial Interest:
City: <span style="float: right;">State:</span>	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 Registered Agent designated for matters relating to the license. Attach a copy of shareholder or resident's driver's license.

Name:	Cell phone #:
Address:	Percentage of Financial Interest:
City: <span style="float: right;">State:</span>	Zip Code:
Corporate Office Held:	SSN:

- Did you attach a copy of Registered Shareholder / Agent's driver's license?
- Did you attach Registered 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 Registered 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:	Cell phone #:
Address:	Work phone #:
City: <span style="float: right;">State:</span>	Zip Code:
% of Financial Assistance:	SSN:

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

Name:	Cell phone:
Address:	Work phone #:
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 Registered Agent designated for matters relating to the license. Attach a copy of resident's driver's license.

Name:	Cell phone #:
Address:	Work phone #:
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 Registered / Agent's driver's license?
- Did you attach Registered 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:	Cell phone #:
Address:	Office Held:
City: _____ State: _____	Zip Code: _____

Name:	Cell phone #:
Address:	Office Held:
City: _____ State: _____	Zip Code: _____

Name:	Cell phone #:
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 Registered Agent designated for matters relating to the license. Attach a copy of resident's driver's license.

Name:	Cell phone #:
Address:	Work phone#:
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: \_\_\_\_\_

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

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

Cell phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ GA Driver's License/ ID Card#: \_\_\_\_\_ (Copy Required)

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

Did you attach a copy of Registered 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 UNDER ANY FEDERAL, STATE OR LOCAL LAW OF ANY FELONY, WITHIN TEN YEARS PRIOR TO THE FILING OF APPLICATION FOR SUCH LICENSE. I SOLEMNLY SWEAR THAT I AM A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA.

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

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED THEIR NAME TO THE FOREGOING APPLICATION STATING TO ME THAT THEY 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 \_\_\_\_\_, 202\_.

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

(Seal)



**City of Dawsonville**  
 415 Highway 53 East Suite 100  
 Dawsonville, Georgia 30534  
 Phone: (706)203-4924  
 Email: [permit.tech@dawsonville-ga.gov](mailto:permit.tech@dawsonville-ga.gov)

**Registered Agent  
 Consent Form**

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

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

I, \_\_\_\_\_, do hereby consent to serve as the Registered 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 Registered 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 Registered Agent must be a resident of the City of Dawsonville or Dawson County.**

This \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

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

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

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

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

\_\_\_\_\_  
 Representative's Cell Phone Number

\_\_\_\_\_  
 Representative's Work Phone Number

Sworn to and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_.

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

\_\_\_\_\_  
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 \_\_\_\_\_, 202\_ 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 \_\_\_\_\_, 202\_.

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

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

FOR OFFICE USE ONLY:

RENEWAL

**ALCOHOL REVIEW CHECKLIST**

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

Distance Requirements: Applicant to provide survey, if needed.

Sec. 3-101. Distance shall be measured in a straight line from the front door of the structure activities authorized by a license/permit under this chapter, to the front door of the building.

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

Alcohol Treatment Facility: \_\_\_\_\_ Residence: \_\_\_\_\_ Another Retail Package store: \_\_\_\_\_

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: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Additional: \_\_\_\_\_

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

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

NOTES: