



CITY OF DAHLONEGA

465 Riley Road

Dahlonega, Georgia 30533

Phone: 706-482-2706 • Fax: 706-864-48

ALCOHOLIC BEVERAGE LICENSE APPLICATION

Please fill out this application completely with the answers typed or printed. If the space provided on the form is insufficient, answer on a separate sheet of paper and indicate in the space provided that additional sheet(s) is/are attached to the application.

The completed application must be signed and verified, under oath, by the applicant, and submitted to the Dahlonega City Council Members, together with the License fee(s), administrative/background fees and photographs of all four sides of the building where the establishment will be located.

All fees are payable to the City of Dahlonega in the form of certified funds (bank certified check, money order, cash or credit card). NO personal checks. No license will be issued to establishments that are owned or managed by person(s) under 21 years of age.

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

APPLICATION INFORMATION: Type of Application – Check one:

- New
- Renewal – Year of Renewal _____

ESTABLISHMENT INFORMATION: Type of Business – Check one:

- Bona Fide Eating Establishment
- Package Sales of Beer and Wine
- Growler
- Wholesaler
- Manufacturer or Brewer
- Farm Winery Tasting Room (pg. 2)
- Other – If other please explain: _____

OWNERSHIP INFORMATION: Type of Ownership – Check one:

- Sole Proprietor
- Partnership Publicly Held
- 501 (c) Corporation
- Corporation subject to S.E.C Regulations
- Privately Held Corporation
- Other – Please explain: _____
- Limited Liability Company



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Please fill out this part of the application completely with the answers typed or printed.

Business Owners Name: _____

Corporation Name: _____

Doing Business: _____

Physical Location: Street #/Name: _____

City, State and Zip Code: _____

Telephone Number at Location: _____

Mailing Address: Street #/Name: _____

City, State and Zip Code: _____

Telephone Number of Owner: _____

Telephone Number of Manager: _____



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CLASS OF LICENSE AND FEES:

RETAIL PACKAGE SALES – CHECK ALL THAT APPLY:

<input type="checkbox"/>	Class B, Retail Beer Package License for stores up to 10,000 square feet	\$1,200.00
<input type="checkbox"/>	Class B, Retail Beer Package License for stores over 10,000 square feet	\$1,800.00
<input type="checkbox"/>	Class B, Retail Ancillary Growler Permit	\$250.00
<input type="checkbox"/>	Class C, Retail Wine Package License for stores up to 10,000 square feet	\$1,200.00
<input type="checkbox"/>	Class C, Retail Wine Package License for stores over 10,000 square feet	\$1,800.00
<input type="checkbox"/>	Farm Winery Tasting Room	\$150.00
<input type="checkbox"/>	Class C, Ancillary Wine Tasting Permit	\$150.00
<input type="checkbox"/>	Administrative/Background Fee New License (or New Owner)	\$250.00
<input type="checkbox"/>	Administrative/Background Fee Renewal License	\$50.00

CONSUMPTION ON PREMISES – CHECK ALL THAT APPLY:

<input type="checkbox"/>	Class D, Retail Liquor by the drink	\$2,400.00
<input type="checkbox"/>	Class E, Retail Beer by the drink	\$1,200.00
<input type="checkbox"/>	Class F, Retail Wine by the drink	\$1,200.00
<input type="checkbox"/>	Administrative/Background Fee New License (or New Owner)	\$250.00
<input type="checkbox"/>	Administrative/Background Fee Renewal License	\$150.00

MANUFACTURERS & WHOLESALE – CHECK ALL THAT APPLY:

<input type="checkbox"/>	Class H, Wholesale Beer	\$1,000.00
<input type="checkbox"/>	Class I, Wholesale Wine	\$1,000.00
<input type="checkbox"/>	Class K Brewer, Manufacturer of Malt Beverages or Wine	\$1,000.00

LICENSE FEES (excluding Admin and Background fees): _____

ADMIN/BACKGROUND FEE: _____

TOTAL DUE: _____

*Farm Winery Tasting Room applications MUST be submitted by a Farm Winery and the Farm Winery must operate the Tasting Room.
 *Ancillary Wine Tasting License require that you have only a Wine Package License and you must sell \$1,500.00 of food products per month.



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FOR PARTNERHSIP ONLY (Attach partnership agreement)

Date partnership formed: _____

LIST OF PARTNERS:

Name and resident address of Partners: Social Security Number:

- G- General Interest
- L- Limited
- \$- Investment
- S- Silent
- %-

FOR CLOSELY HELD CORPORATIONS ONLY (Attach Articles of Incorporation and Certificate of Incorporation):

Date of Incorporation: _____

Place of Incorporation: _____

State Parent Corporation: _____

Number of Shares of Capital Stock Authorized: _____

For Corporations, list officer, directors, and/or principal shareholders with 20% or more of the stock:

Name	Social Security Number	Position	Interest%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the corporation owned by a parent corporation or held by a holding company? IF yes please explain:



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FOR PRIVATE CLUBS ONLY (Must qualify as an eating establishment):

Date of organization under the laws of the State of Georgia: _____

State number of regular due paying members: _____

Is any member, officer, agent or employee compensated directly or indirectly from the profits of the sale of distilled spirits, 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? If yes, provide details:

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

Name	Social Security Number	Position	Interest%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For 501 (c) Corporation

Ownership documentation for a 501(c) Corporation is the 501(c)- Letter of Determination from the IRS

For LLC Ownership

Ownership documentation for an LLC distinction requires an LLC- Certificate of Existence from the Georgia Secretary of State



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GENERAL INFORMATION:

Does owner and/or individual partner, shareholder, director or officer have any interest in any manufacture or wholesale of alcoholic beverage? If yes, provide details:

Has owner and/or individual partner, shareholder, director or officer have any financial aid or assistance from any manufacturer of alcoholic beverages? If yes, provide details:

Show hereunder any and all persons, corporations, partnerships, or associations (other than persons stated herein as owner(s), directors, or officers) who have received or will received, as a result of your operation under the required license, any financial gain or payment delivered from any interest or income from the operation. Financial gain or payment shall include payment of gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under the license. In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders:

Name	Social Security Number	Position	Interest %
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List all other businesses engaged in the sale of alcohol beverages that you, the owner, or any individual, partner, shareholder, officer, or director has interest in, or been employed by or associated with in the past:

Name	Name of Business	Interest %
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Has any previously granted alcohol beverage license ever been revoked or suspended? If so, state the government authority involved, the date, and the reason for the revocation or suspension:

List other Licenses held by applicant with city of Dahlonega: _____

Is Owner past due on any obligations with the City of Dahlonega? Yes

No

Has the applicant read the alcohol regulations of the City of Dahlonega? Yes

No

Will Live entertainment be offered? If yes, please explain:

PROPERTY LOCATION INFORMATION:

Owner of Building: _____

Owner of Realty (land), if different from owner of building: _____

Tax Map & Parcel Number of Realty: _____

Present Zoning Certification: _____

Number of Off-Street Parking Spaces at Location: _____



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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.

STATE OF GEORGIA, CITY OF DAHLONEGA

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.

APPLICANT SIGNATURE _____ DATE _____

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

THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC SIGNATURE:

MY COMMISSION EXPIRES _____

[SEAL]



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FOR OFFICE USE ONLY:

Date Received: _____ Total Fee Paid: _____

Approval Date: _____ Denial Date: _____

State License Number: _____

Local License Number: _____



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PUBLIC BENEFIT AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Dahlonega, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefits as referenced on O.C.G.A. Section 50-36-1, from City of Dahlonega, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1. _____ I am a United States Citizen
2. _____ I am a legal resident of the United States
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.

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

Alien Number

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. Section 50-36-1 (e)(l), with this affidavit. The secure and verifiable document provided with this affidavit can be classified as:

Name of Verifiable Document

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. Section 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city) _____ (state) on this _____ day of _____ 20 _____.

Subscribed and sworn before me on this day of

Signature of Applicant:

_____, 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 8 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 below:

Document Number