



CITY OF DAHLONEGA

465 Riley Road

Dahlonega, Georgia 30533

Phone: 706-482-2706 • Fax: 706-864-4837

City of Dahlonega Application for Alcohol Beverage License

Please fill out this application completely with the answers typed or printed. If the space provided on the form is not sufficient, answer on a separate sheet of paper and indicate in the space provided, that additional sheet/s is/are attached to the application. When completed that 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 license will be issued to establishments that are owned or managed by person/s under 21 years of age.

NOTICE: Any false answer 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.

ESTABLISHMENT INFORMATION:

Type of Business: ___ Bona Fide Eating Establishment ___ Package Sales of Beer and or Wine
___ Wholesale ___ Growler Store
___ Manufacturer or Brewer ___ Farm Winery Tasting Room*
___ Other – Please Describe _____

OWNERSHIP INFORMATION:

Type of Ownership: (check one) Sole Proprietor _____
Partnership _____
Privately Held Corporation _____
501(c) Corporation _____
Publicly Held Corporation subject to S.E.C. Regulations _____
Other: _____ explain: _____

Business or Owner's Name: _____

Corporation Name: _____

Doing Business: _____

Physical Location: _____

Street Number

Street Name

City

State

Zip Code

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Telephone Number at Location: _____

Mailing Address: _____
Street Number Street Name

_____ City State Zip Code

Telephone Number of Owner: _____

Telephone Number of Manager: _____

**CLASS OF LICENSES AND FEES- RETAIL
PACKAGE SALES:**

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

CONSUMPTION ON PREMISES:

___ Class D, Retail Liquor by the drink	\$2,400.00
___ Class E, Retail Beer by the drink	\$1,200.00
___ Class F, Retail Wine by the drink	\$1,200.00
___ Administrative/Background Fee New License (or New Owner)	\$ 250.00
___ Administrative/Background Fee Renewal License	\$ 150.00

CLASS OF LICENSES AND FEES – MANUFACTURERS, WHOLESALERS:

___ Class H, Wholesale Beer	\$1,000.00
___ Class I, Wholesale Wine	\$1,000.00
___ Class K Brewer, Manufacturer of Malt Beverages or Wine	\$1,000.00
___ Administrative/Background Fee New License (or New Owner)	\$ 250.00
___ Administrative/Background Fee Renewal License	\$ 150.00

LICENSE FEES (Total of fees checked above): _____

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 Licenses 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 PARTNERSHIPS ONLY:

Date partnership formed: _____ (**Attach Partnership Agreement**)

List Partners:

Names and Resident Addresses of Partners	SS#	G-General L- Limited S – Silent	Interest \$ Investment % Participation
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FOR CLOSELY HELD CORPORATIONS ONLY: (Attach Articles of Incorporation & Certificate of Incorporation)

Date of Incorporation: _____

Place of Incorporation: _____

State Parent Corporation: _____

Number of Shares of Capital Stock Authorized:

Number of Shares of Outstanding Stock:

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

Name	Social Security #	Position	Interest %
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Is the corporation owned by a parent corporation or held by a holding company?

If yes, explain:

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

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

State total number of regular dues 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?

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 #	Position	Interest %
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GENERAL INFORMATION:

Has owner and/or individual partner, shareholder, director or officer have any interest in any manufacturer or wholesaler of alcoholic beverage?

Has owner and/or individual partner, shareholder, director or officer received any financial aid or assistance from any manufacturer of alcoholic beverages? _____ If answer is

“Yes to either of immediate foregoing, explain:

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 receive, 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.

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, employed by or associated with in the past.

Name	Name of Business	Interest %
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have any previously granted alcohol beverage license ever been revoked or suspended? _____

If so, state the governmental authority involved, year and reason for the revocation or suspension

Other licenses held by applicant with City of Dahlonega: _____

Is owner past due on any obligations with the City of Dahlonega? _____

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

Will live entertainment be offered? _____ If yes, explain type of entertainment: _____

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PROPERTY LOCATION INFORMATION:

Owner of the Building: _____
Attach evidence of ownership or a current lease between the applicant and owner of the building.

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

Tax Map and Parcel Number of Realty: _____

Present Zoning Certification: _____

Number of Off-Street Parking Spaces at Proposed Location: _____

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

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

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

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FOR OFFICIAL USE ONLY:

DATE RECEIVED: _____ TOTAL FEE(S) PAID: _____

APPROVAL DATE: _____ DENIAL DATE: _____

STATE LICENSE NUMBER: _____

LOCAL LICENSE NUMBER: _____



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**Georgia Bureau of Investigation
Georgia Crime Information Center**

I hereby authorize the **City of Dahlonega** to receive a copy of my Georgia Criminal History record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

FULL NAME (PRINT)

ADDRESS

 M F
SEX (CHECK ONE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of licensure.

SIGNATURE

DATE

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

NOTARY PUBLIC SIGNATURE



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AFFIDAVIT PURSUANT TO ORDINANCE 2016-12

Personally, appeared before the undersigned officer authorized to administer oaths came _____, a consumption on the premises Licensee, or an authorized agent for a consumption on the premises Licensee of the City of Dahlonega, doing business as or incorporated under the name of _____. My City of Dahlonega License Number is _____. I am providing this affidavit pursuant to the requirements of Ordinance 2016-12 from my own personal and actual knowledge under oath and state as follows:

Gross Purchases at the wholesale price that the Licensee paid for the purchase of food (including nonalcoholic beverages) for the month of _____ was _____ and Gross Purchases at the wholesale price paid for the purchase of Alcoholic Beverages for the month of _____ was _____. The ratio of food to Alcoholic Beverages purchased by the Licensee's establishment at wholesale was _____ for the month of _____.

Gross Sales at the retail price that the Licensee sold food items (meals) prepared on the premises including nonalcoholic beverages for the month of _____ was _____ and Gross Sales at the retail price for the sale of Alcoholic Beverages for the month of _____ was _____. The ratio of food to Alcoholic Beverages sold by the Licensee's establishment was _____ for the month of _____.

Attached to this affidavit is a copy of the Georgia Sales and Use report for the same period which is sworn to be true and correct.

_____ Signature Affiant

_____ Printed Name

Sworn to and subscribed before me this ___ day of _____, 20__.

Notary Public



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_____ Signature Affiant

_____ Printed Name

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____ State of Georgia (Affix Seal Here)
Notary Public