



Effective immediately, Alcohol Licensing requires the use of the Georgia Tax Center Portal to request all alcohol licenses and permits.

<https://gtc.dor.ga.gov>

The Georgia Department of Revenue's new centralized alcohol application process is designated for retail alcohol initial license registrations and renewals. With this new system, all local and state retail alcohol applications will uniformly be submitted through the Georgia Tax Center (CTC).

\*This process also pertains to Temporary Alcohol Licenses. Applications for all Alcohol Permitting are on the DOR website.



## CITY OF DAHLONEGA

465 Riley Road

Dahlonega, Georgia 30533

Phone: 706-482-2728 • Fax: 706-864-4837

New Applicants and Renewal Applicants

### CONSUMPTION ON PREMISE 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 Georgia Tax Center (GTC), 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.

### Alcohol Application Checklist

- Centralized Alcohol Application ([gtc.dor.ga.gov](http://gtc.dor.ga.gov))
- City of Dahlonega Alcohol Application
- Georgia and Federal Bureau of Investigation Criminal History Background  
*-completed for all Partners*
- SAVE Public Benefit Affidavit - *completed for all Partners*
- Fieldprint Georgia Fingerprint System - New applicants / Change of Agent  
*GBI Background Check without Fingerprinting - Renewals Only*
- Fee Payment

City of Dahlonega or DOR Portal



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**CONSUMPTION ON PREMISE ALCOHOLIC BEVERAGE  
LICENSE APPLICATION**

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

Corporation Name: \_\_\_\_\_

Doing Business: \_\_\_\_\_

Business Owner(s) Name: \_\_\_\_\_

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(s): \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Owner(s) Email Address: \_\_\_\_\_



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### ALCOHOLIC BEVERAGE LICENSE APPLICATION

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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:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Proprietor                  | <input type="checkbox"/> Partnership Publicly Held             |
| <input type="checkbox"/> 501 (c) Corporation              | <input type="checkbox"/> Corporation subject to S.E.C          |
| <input type="checkbox"/> Privately Held Corporation       | <input type="checkbox"/> Regulations Limited Liability Company |
| <input type="checkbox"/> Other – Please explain:<br>_____ |  |



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**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**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.



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**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

FOR PARTNERSHIP 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:

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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:

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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:

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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:

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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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**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**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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**\*To be completed by each partner**

**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 \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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



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### Georgia and the Federal Bureau of Investigation Criminal History Check

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

\_\_\_\_\_  
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

Executed in Dahlonega, Georgia, Subscribed and sworn before me on this day of \_\_\_\_\_ 20 \_\_\_\_\_

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

Notary Signature: \_\_\_\_\_

Fingerprints for a background investigation must be completed for each owner if a sole proprietor or partner, provided one partner works full time in the establishment or manager if no owner or partner works full time in the establishment. This is an initial requirement for all alcohol beverage license holders.

#### Register

- The applicant must register prior to going to the fingerprint site or sending hardcopy fingerprint cards. You can register online at <http://fieldprintgeorgia.com> **Our agency code is GA9231050Z** During the registration process, all demographic data for the applicant is collected (name, address, DOB, etc.) along with notices about identification requirements and other important information.

## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided with an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided with the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.