



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 (GTC).

*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: 706-482-2706 • Fax: 706-864-4837

New Applicants and Renewal Applicants

RETAIL- 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)
 - ☐ City of Dahlonega Alcohol Application
 - ☐ Georgia and Federal Bureau of Investigation Criminal History Background
Check *completed for all Partners*
 - ☐ SAVE Public Benefit Affidavit *completed for all Partners*
- ☐ Fieldprint Georgia Fingerprinting System - New Applicants / Change of Agent
GBI Background Checkout without Fingerprinting for Renewals only
- ☐ Fee Payment City of Dahlonega or DOR Portal



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RETAIL - ALCOHOLIC BEVERAGE LICENSE APPLICATION

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

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

501 (c) Corporation

Privately Held Corporation

Other – Please explain:

Partnership Publicly Held

Corporation subject to S.E.C Regulations

Limited Liability Company



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ALCOHOLIC BEVERAGE LICENSE APPLICATION

CLASS OF LICENSE AND FEES:

RETAIL PACKAGE SALES – CHECK ALL THAT APPLY:

Class B, Retail Beer Package License for 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 Ancillary Growler Permit	\$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 Permit	\$150.00
Administrative/Background Fee New License (or New Owner)	\$250.00
Administrative/Background Fee Renewal License	\$50.00

CONSUMPTION ON PREMISES – CHECK ALL THAT APPLY:

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

MANUFACTURERS & WHOLESALE – CHECK ALL THAT APPLY:

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

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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ALCOHOLIC BEVERAGE LICENSE APPLICATION

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%
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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



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ALCOHOLIC BEVERAGE LICENSE APPLICATION

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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ALCOHOLIC BEVERAGE LICENSE APPLICATION

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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ALCOHOLIC BEVERAGE LICENSE APPLICATION

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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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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ALCOHOLIC BEVERAGE LICENSE APPLICATION

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)(I), 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



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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 <https://ga.state.identogo.com/ata>.

Our Service Code is **2TGR22**

Our agency code is **GA923150Z**

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 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 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.

Attached below are view screen instructions for accessing Fieldprint for the state of Georgia.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021



CITY OF DAHLONEGA

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Phone: 706-482-2725 • Fax: 706-864-4837

AFFIDAVIT RETAIL PACKAGE

Food / Alcohol Sales / Merchandise

On or before the 15th day of November of each year, each applicant for a retail license for Package sales renewal shall furnish to the City Clerk for the months of August, September and October of the then current calendar year an affidavit showing the gross sale of groceries and food products, excluding sale of Malt Beverages and Wines; the gross sales of Malt Beverages and Wines; and the gross sale of other merchandise. This affidavit shall be on a form furnished by said Clerk, and attached to this affidavit shall be a copy of the Georgia Sales and Use report for the three monthly periods. Package store Class B and C licenses shall be revoked if gross sales of groceries and food products excluding sale of Malt Beverages and Wines fall below the sum of one thousand five hundred dollars (\$1,500.00) monthly for three consecutive months.

GROSS SALES REPORT FOR THREE CONSECUTIVE MONTHS TO INCLUDE AUGUST, SEPTEMBER AND OCTOBER

NAME OF ESTABLISHMENT: _____

	Groceries and Food Products (excluding Malt Beverages and Wines)	Malt Beverages and Wines	Other Merchandise
August:			
September:			
October:			
Total Gross Sales:			

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

Signature of Affiant

Printed Name of Affiant

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

Notary Public

State of Georgia (Affix Seal Here)