

APPLICATION FOR ALCOHOL LICENSE - CITY OF FORT GAINES

Previous Year _____ Number _____ License # _____
License: _____ Fee _____

Yes _____ Name of Business _____ Penalty \$ _____
No _____ Address _____ Issue Date _____

INSTRUCTIONS: Every question must be fully answered, typewritten or printed in ink. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed, and verified under oath by the applicant and filed with the City Clerk, Fort Gaines City Hall, P. O. Box 251, 101 Commerce Street, Fort Gaines, GA 39851, together with a money order, cashier's or certified check for the exact fee. A copy of the application must be filed with the Chief of Police, Fort Gaines Police Department, P. O. Box 251, Fort Gaines, GA 39851.

Check where appropriate: _____ Beer, Retail \$ _____ Package
_____ Wine, Retail \$ _____ Consumption on Premises, additional \$ _____
_____ Both

GENERAL INFORMATION LICENSEE

Date of Application _____ Licensee's Social Security # _____

Licensee's Full Name (No initials-spell out all names) _____

Address of Legal Residence (Street/Road) _____

City _____ State _____ Zip Code _____ County of Residence _____

Home Phone _____ Age _____ Race _____ Sex _____ Date of Birth _____

Trade Name of Business _____

Business Address (Street/Road) _____

City _____ State _____ Zip Code _____ County of Business _____

Business Phone _____ FEI # _____ GA Sales Tax Number _____

Mailing Address (If different from Business Address) _____

City _____ State _____ Zip Code _____

1. What is the direct distance from this business to nearest:

a. School Ground _____ b. Church Ground _____

2. Has this place of business or anyone associated therewith been cited or charged within the last 12 months with any violation of State or Federal law or regulation or any rule or regulation of the City or County?
Yes _____ No _____ (If yes, give details on separate sheet.)

3. I have received a copy of the Ordinance of the City of Fort Gaines pertaining to the sale of alcoholic beverages.

Signature of Applicant under oath

1. This application is filed by: Single Proprietor Partnership Corporation

2. List the full name, social security number and other pertinent information for each person, firm, or corporation having any interest in this application and the percentage of interest held by each. (Attach exhibits, if necessary.)

Name	SS#	Resident Address	Name of Business	% Interest
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3. List all other businesses engaged in the sale of alcoholic beverages which any of the persons, firms, or corporations listed are interested in, employed by, or associated with in any way whatsoever.

Name	SS#	Resident Address	Name of Business	% Interest
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4. List the full name and address of the owner of the building, the owner of the land, and all lessors and sublessors.

Name	Address	Relationship to Applicant or Other Owner
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5. Have you ever been arrested? If yes, give date, offense, and disposition of each arrest..

6. Name the manager of the business for which this application is filed and state how he/she is compensated.

Name	Address	Compensation Interest and Amount
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OATH: I (we) do solemnly swear, subject to criminal penalties for false swearing, that the information provided me in this application for a City License as a dealer in alcoholic beverages is true and complete, and no false or fraudulent information is given herein to procure granting of license; that any license issued pursuant to this application is conditioned upon the truth of the information provided and that any false information provided shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change must be reported as an amendment to this application within two days. Failure to make such amendment shall constitute cause for the revocation of any license issued.

Sworn to and subscribed before me this

_____ day of _____, _____.

Applicant Signature

Notary Public

Applicant Signature

____ Approved ____ Disapproved

Chief of Police, City of Fort Gaines

Date

____ Approved ____ Disapproved

City Clerk, City of Fort Gaines

Council Meeting Date

This Space for City of Fort Gaines Police Department's Use Only

Affidavit Verifying Status For City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a

- ☐ City Business Occupation Tax Certificate
- ☐ City Alcoholic Beverage License
- ☐ City Taxi Permit
- ☐ Other City public benefit

For _____
(Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity.)

☐ I am a United States Citizen

☐ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

Alien Registration number for non-citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

Notary Public
My Commission Expires:



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):

Mailing Address if Different From the Physical Address:

Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:

Sales Tax ID #, if Your Business is Required to Have One by Law:

Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6581 or e-mail Derek.Todd@dor.ga.gov.

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