RENEWAL OF ALCOHOL LICENSE
INSTRUCTIONS AND CHECKLIST

PLEASE NOTE: **THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE BEING ACCEPTED BY THE LICENSING OFFICE. EACH QUESTION MUST BE ANSWERED.**

To be considered for renewal of an Alcoholic Beverage License, the following procedures must be followed:

- ☐ The Application and all attachments must be typed or legibly printed in blue or black ink. The Licensing Office reserves the right to refuse any application and/or attachment(s) considered illegible.
- ☐ Proof that the Registered Agent is currently a resident of Habersham County. This documentation should be a utility bill or State issued driver's license or ID card.
- ☐ Proof of address for the Managing Agent. This documentation should be a utility bill or State issued driver's license or ID card.
- ☐ A separate criminal history consent form must be submitted with this application for each owner, partner and managing agent.
- ☐ Complete Affidavit Verifying Status of Citizenship. Persons that are **not** U.S. citizens must provide their original Immigration Card I-551 to the Licensing Office for verification and copying. Naturalized citizens must provide their original certificate of naturalization for verification and copying. A separate affidavit is required for licensee, each owner and partner.
- ☐ Property taxes, both real and personal, are paid in full.
- ☐ All monthly reporting is up to date. This includes volume reports and mixed drink and must include the monthly Georgia Sales Tax reporting.
- ☐ All managers and servers have applied for or received a server's permit.
- ☐ Provide a list of all employees with name, address, phone number and job description.
- ☐ Schedule a safety check with Zoning Administrator Caleb Gaines.
- ☐ Upload application and documentation to the Georgia Department of Revenue https://gtc.dor.ga.gov/ and provide payment of all fees via the online link provided when uploading documentation, or www.clarkesvillega.com.

PLEASE BE ADVISED THAT IN ADDITION TO THE CITY OF CLARKESVILLE ALCOHOLIC BEVERAGE LICENSE, YOU MUST ALSO MAINTAIN A LICENSE FROM THE STATE OF GEORGIA

Please read the application carefully and answer all questions. Omissions and/or false statements associated with this application are grounds for revocation or denial of an alcoholic beverage license and criminal penalties for false swearing.

CITY OF CLARKESVILLE
RETAIL ALCOHOLIC BEVERAGE LICENSE
RENEWAL APPLICATION

FOR OFFICE USE ONLY:

LICENSE YEAR:_____ **LICENSE NUMBER:**_____

INSTRUCTIONS: Every question shall be fully answered (**Typed or written legibly in blue or black ink).** If the space provided is not sufficient, answer the question on a separate page and indicate in the space provided that such a separate page is attached. When completed, this application must be **DATED, SIGNED, AND VERIFIED UNDER OATH BY THE APPLICANT AND UPLOADED TO THE GEORGIA DEPARTMENT OF REVENUE. PAYMENT MUST BE MADE ONLINE.**

BUSINESS NAME:_____

MANAGING AGENT NAME:_____

REGISTERED AGENT NAME:_____

FEES FOR CURRENTLY LICENSED ESTABLISHMENTS ONLY:

_____ **CHANGE OF MANAGING AGENT: $100**

_____ **CHANGE OF REGISTERED AGENT:.....$100**

TYPE OF LICENSE & FEE:

_____**Malt Beverage Package Sales: $425**

_____**Wine Package Sales: $425**

_____**Distilled Spirits Package Sales: $5,000**

_____**Distilled Spirits Consumption on the Premises: $2,000**

_____**Malt Beverages Consumption on the Premises: $500**

_____**Wine Consumption on the Premises: $500**

_____**Farm Winery or Tasting Room: $1,000**

_____ **Art Shop: $500**

_____**Brew Pub: $500**

Total Due: _____

BUSINESS INFORMATION

Legal Name of Business:_____

Type of ownership:

_____ Individual Ownership (sole ownership)
_____ Partnership
_____ Owner with investors
_____ Corporation with one location
_____ Corporation with multiple locations in Georgia
_____ Corporations with multiple locations in more than one state

Trade name of business: _____

Street address of business: _____

Mailing Address: _____

Business Telephone Number: _____

Georgia Sales Tax Number: _____

Federal Employee Identification Number: _____

License Holder (Business Owner(s)) Name: _____

Managing Agent Name: _____

Registered Agent Name: _____

Has this place of business or anyone connected therewith been cited or charged with any violation of state or federal law or regulation of the City or county since the original license was issued?

Yes: _____ No: _____ (If yes, give below)

_____
_____
_____
_____
_____
_____
_____

List any other individuals or entities having any interest directly or indirectly in this business and show the nature of such interest:

_____
_____
_____
_____
_____

___OWNER ___PARTNER ___INTEREST HOLDER ___MANAGING AGENT

(Check one. Must be completed for each individual. Make copies if needed.)

The managing agent must be an individual who is a resident of the state of Georgia and a full-time employee of the business, who has regular managerial authority over the business conducted on the licensed premises, including the sale of alcoholic beverages.

Full Name of Applicant (do not use initials): _____

Social Security No.: ____-____-_____ Business Phone: _____Cell Phone:_____

Home Address: _____Home Phone_____

Length of Residency at This Location: _____

Business Address: _____

Race: _____Sex: ____ Height: _____ Weight: ____ Age: _____ Hair: _____ Eyes: _____

Place of Birth: _____ Date of Birth: _____

U.S. Citizen: _____By Birth: _____Naturalized: _____

Date, Place, and Court: _____ Certificate No: _____

Petition #: _____ Alien Registration #: _____Native Country: _____

Date and Port of Entry: _____

Length of Residency in Georgia: _____

Percentage of Interest Held With the Business Submitted This Application: _____

Estimated annual gross receipts of business for 2024: _____

Have you, your spouse, or any person having any interest in this business, ever applied for an alcoholic beverage license, ever had any interest in any business licensed to sell alcoholic beverages, ever been an alcohol licensee, or ever been an officer in any business with an alcoholic beverage license that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application could result in denial of the application or revocation of the license.)

Yes ( ) No ( ) *If yes, give full details on a separate sheet.*

REGISTERED AGENT

All licensed establishments must have and continuously maintain a "Registered Agent" upon whom any process, notice, or demand required or permitted by law or under the City of Clarkesville Alcoholic Beverage Code to be served upon the licensee or owner may be served. This person must be a resident of Habersham County.

NAME:_____
(state full name, do not use initials)

Sex:_____ Race:_____ Date of Birth: _____Home Phone: _____

Cell Phone: _____ Email: _____

Home Address: _____

City:_____State:_____ Zip Code _____Phone #: _____

OATH

I/We do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for an alcoholic beverage license are true and complete and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand that any license issued according to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued according to this application.

Should any change occur during the year for which a license is issued, according to this application which would require a different answer to any question contained in this application, such change **must** be reported as a written amendment to this application within five (5) days of the change. The **failure to make such an amendment** shall be a cause for the suspension or revocation of any license issued.

I/We hereby certify as the applicant(s) that I/We have received, read, and understand the City of Clarkesville regulations controlling alcoholic beverages and herein make an application. I/We also understand that a copy of the Alcohol Code is to be kept on the licensed premises at all times.

_____
Signature of Registered Agent

_____
Printed Name

_____
Date

Sworn to and subscribed before me
This _____day of _____, 20___

_____
Notary Public

My Commission Expires: _____

OWNER OATH

(Make copies as needed)

I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for an alcoholic beverage license are true and complete and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand that any license issued according to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued according to this application.

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I hereby certify as the applicant, that I have received, read, and understand the City of Clarkesville regulations controlling alcoholic beverages and herein make an application. I also understand that a copy of the Alcohol Code is to be kept on the licensed premises at all times.

_____
Signature of Owner

_____
Printed Name

_____
Date

Sworn to and subscribed before me
This _____day of _____, 20___

_____
Notary Public

My Commission Expires: _____

MANAGING AGENT OATH

I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for an alcoholic beverage license are true and complete and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand that any license issued according to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued according to this application.

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I hereby certify as the applicant, that I have received, read, and understand the City of Clarkesville regulations controlling alcoholic beverages and herein make an application. I also understand that a copy of the Alcohol Code is to be kept on the licensed premises at all times.

_____
Signature of Managing Agent

_____
Printed Name

_____
Date

Sworn to and subscribed before me
This _____day of _____, 20___

_____
Notary Public

My Commission Expires: _____

PARTNER OATH

(Make Copies as Needed)

I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for an alcoholic beverage license are true and complete and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand that any license issued according to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued according to this application.

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I hereby certify as the applicant, that I have received, read, and understand the City of Clarkesville regulations controlling alcoholic beverages and herein make an application. I also understand that a copy of the Alcohol Code is to be kept on the licensed premises at all times.

_____
Signature of Partner

_____
Printed Name

_____
Date

Sworn to and subscribed before me
This _____day of _____, 20___

_____
Notary Public

My Commission Expires: _____

INTEREST HOLDER OATH

(Make Copies as Needed)

I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for an alcoholic beverage license are true and complete and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand that any license issued according to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued according to this application.

Should any change occur during the year for which a license is issued, according to this application which would require a different answer to any question contained in this application, such change **must** be reported as a written amendment to this application within five (5) days of the change. The **failure to make such an amendment** shall be a cause for the suspension or revocation of any license issued.

I hereby certify as the applicant, that I have received, read, and understand the City of Clarkesville regulations controlling alcoholic beverages and herein make an application. I also understand that a copy of the Alcohol Code is to be kept on the licensed premises at all times.

_____
Signature of Interest Holder

_____
Printed Name

_____
Date

Sworn to and subscribed before me
This _____day of _____, 20___

_____
Notary Public

My Commission Expires: _____

CLARKESVILLE POLICE DEPARTMENT

Habersham County, Georgia CRIMINAL HISTORY CONSENT/INQUIRY FORM

I hereby authorize Clarkesville Police Department to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

PLEASE PRINT LEGIBLY

Full Name:	
Prior Names:	
Address:	

Phone:	Sex:	Race:	Date of Birth:	Social Security Number:

☐ This authorization is valid for_____days from date of signature.

☐ I,_____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____

Signature Date

Purpose: (check all that apply)

☐ E – Employment (*Server's / Alcohol*)
☐ J – Civilian Criminal Justice Employment
☐ M – Working with Mentally Disabled
☐ N – Working with Elderly
☐ P – Public Records
☐ U – Personal Copy
☐ W – Working with Children
☐ Z – Sworn Criminal Justice Employment

(*Purpose U Only*)

_____ By initialing, I understand that receiving Personal Inspection Criminal History that I, alone, is responsible for its dissemination.

DO NOT WRITE BELOW THIS LINE

****

The inquiry resulted in the following: (check all that apply)

☐ No Criminal Record Available
☐ Criminal Record Attached
☐ No NCIC/GCIC Warrant
☐ Possible NCIC/GCIC Warrant

Wanting Agency Name: _____

Wanting Agency Telephone: _____

_____ _____

Agency Designee Signature Date & Time

O.C.G.A. § 50-36-1(e)(2) Affidavit

By Executing this affidavit under oath, as an applicant for an Alcohol License as referenced in O.C.G.A. § 50-36-1, from the City of Clarkesville, 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 permanent 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: _____

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. § 50-36-1(e)(1), with this affidavit.

The Secure and Verifiable document provided with this affidavit can be best identified as a:

_____

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

Executed in _____(City)_____(State)

_____
Signature of Applicant

_____
Printed Name

_____
Date

Sworn to and subscribed before me
This _____day of _____, 20___

_____
Notary Public

My Commission Expires: _____

Alcohol License Renewal Life Safety Check List:

Before all alcohol license renewals, a life safety inspection shall be performed. This inspection ensures that the premises are current with alcohol ordinances and life safety requirements.

You will need to schedule a date for your inspection with Mr. Gaines. All checks must be prepared and completed before October 29, 2024. 24-hour notice is required.

These are the common items that are inspected, but not limited to, when inspections are being conducted:

- Building structure
- Fire Safety
    - Fire Extinguishers tagged, mounted, and marked with signage (Code states one 10lb extinguisher per 3000 sq. ft.)
    - Exit signage mounted and tested (Emergency Lighting and/or combo/Exit lights where required)
    - Minimum three (3) foot clearance between aisles
    - Egress (Exit) doors are clear and unobstructed, and unlocked during business hours
- Alcohol License Requirements/Open Area and Patio
    - Open area/Patio enclosed with public primary ingress/egress through main licensed premises
    - Fire exit(s) correctly marked and unlocked during business hours
    - The alarm on fire exit(s) in good working order

Please contact the City of Clarkesville building department before commencing work if any repairs involve permitted work.

Caleb Gaines Zoning Administrator/Building Inspector
Office – 706-754-4216
Cell – 706-968-5641
Email – cgaines@clarkesvillega.com