



ALCOHOL LICENSE APPLICATION

City of Statham

Date: _____

New [] Renewal []

The undersigned applicant hereby applies to the Mayor and Council of the City of Statham for a license to sell alcohol in the City of Statham, Georgia, or for a renewal of such license as hereinafter indicated.

***Your business may be subject to Regulatory Fees in addition to the Occupational Tax.**

LICENSE TYPE (CHECK ALL THAT APPLY)	LICENSE FEE
<input type="checkbox"/> Beer Consumption on Premises	\$750.00
<input type="checkbox"/> Wine Consumption on Premises	\$750.00
<input type="checkbox"/> Beer Retail Package	\$750.00
<input type="checkbox"/> Wine Retail Package	\$750.00
<input type="checkbox"/> Distilled Spirits, By the Drink, Consumption on Premises	\$3,000.00
<input type="checkbox"/> Distilled Spirits Retail Package	\$5,000.00
<input type="checkbox"/> Licensed Alcohol Service – Caterer	\$100.00
<input type="checkbox"/> Tasting Room	\$500.00

****Owner/Manager is responsible for reporting all changes to your business****

Business Name:		Business Ownership Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Explain)					
Federal EIN or SS#:		E-Verify Identification Number:					
State of Georgia Business Registration No.		Tax Class	NAICS Code				
Business Address		City	State	Zip			
Mailing Address		City	State	Zip			
Renewal Type: <input type="checkbox"/> Renewal with <u>no</u> changes <input type="checkbox"/> Renewal <u>with</u> changes <input type="checkbox"/> Sold <input type="checkbox"/> Closed							
List Any Changes (name, location, mailing address, phone, email):							
Date Sold or Closed:							
Owner/Applicant Name			Corporation Name				
Address			Address				
City	State	Zip	City	State	Zip		
Office		Mobile		Office		Mobile	
Email			Email				

Alcohol License Application Fees approved 11/19/2024 by the Statham City Council.

Related Parties – List Principal Officers of the Business

Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Mobile #	DOB		Mobile #	DOB	
D.L. #	SS#		D.L. #	SS#	
Email			Email		

1. On average, how many employees including owner(s)? Full-time _____ Part-time _____
2. Are you a Resident of Barrow County? Yes ___ No ___
3. How many gaming machines do you have or will have by the end of this year?
Maximum is [6] machines _____
4. Does this occupation require you to obtain a health permit, food service permit?
Yes ___ No ___ If yes, a copy of the permit is required.
5. Have you, your partner or partners, or corporate officer, director, or stockholder ever been arrested or convicted of any City, State, or Federal penal law or ordinance?
Yes [] No [] If yes, give date of offense, name of court, and disposition of case:

6. **Street Address** of the Proposed Business: _____
[] Above ground [] Street or Ground floor level [] Basement
7. If you rent or lease, or intend to rent the location where the business is now or will be located: {You must fill a Property Owner(s) Authorization Form}
(a) If the premises where the business is to be located are rented or leased, state name of leaser or property owner and his address:

8. Is your rental of the premises based on a percentage of the receipts of business?
[] Yes [] No If yes, give details: _____
9. Is your rental contingent upon the amount of business done or to be done?
[] Yes [] No If yes, give details: _____
10. If the license applied for is granted or renewed, do you agree to abide by all ordinances of the City of Statham and Laws of the State of Georgia and Federal Government relating to the use, possession, transportation, sale of beverages, and other laws of said entities as relate to the peace and good order thereof? [] Yes [] No
11. Do you now hold a license to sell alcohol in the City of Statham or Barrow County?
[] Yes [] No If yes, give name of business, its address, and the type of license held:

12. Does any member of your immediate family now hold a license to sell alcohol from the City of Statham or Barrow County? Yes No

If yes, give name of person, relationship to you, his or her address, and the type of license held: _____

13. Have you or any person or persons associated with you in making this application ever held a license to sell alcohol from any county, town, city, or municipality of the State of Georgia or other State, which was revoked? Yes No

If yes, give details: _____

14. Does any person have any interest in this business as a silent, undisclosed partner or joint venture? Yes No If yes, give name and address of such person and his/her interest: _____

15. Have you agreed to split the profits or receipts from this business with any person, firm, company, or corporation? Yes No If yes, give name of person or firm and the amount of profits or receipts to be split: _____

16. Do you understand that any false statement or answer made by any applicant will subject the offender to prosecution and will be grounds for revoking a license, if granted or renewed? Yes No

17. Have you ever applied for an alcohol license from the City of Statham, Barrow County, or other County within the State of Georgia, or other State and been denied such? Yes No If yes, give details: _____

18. Have you or any company you are interested in as a partner, stockholder, officer, or director ever been sued by the United States Government for a violation of the Internal Revenue Laws related to the use, manufacture, sale, transportation, possession, or taxability of intoxicating liquors? Yes No If yes, give details: _____

19. Have any vehicles, trailers, or property belonging to you or to any company in which you have or had an interest in ever been seized or condemned or forfeited as contraband by the State of Georgia or United States for the reason the same was being used or intended for use in illegal manufacture, distilling, transportation, sale, or conveyance of intoxicating liquors vinous, or malt beverages in violation of the Laws of the State of Georgia or United States? Yes No If yes, give details: _____

20. If you are applying for a retail license or renewal:

(a) Does any person, company, or firm holding a wholesale permit from the City of Statham, Barrow County, or other city or county in the State of Georgia have any interest in your proposed business or present business (if renewal)?

Yes No If yes, give name of wholesaler and details or interest?

(b) Does or will any person or company or firm holding a wholesale permit from the City of Statham, Barrow County, or other city or county in the State of Georgia share in the profits or receipts from your business?

Yes No If yes, give name of wholesaler and details as to how he/she shares in any receipts or profits:

(c) Do you have any agreement with any person, company or firm holding a wholesale license to sell alcohol from the City of Statham, Barrow County or other municipality or county in the State of Georgia to back or agree to back you financially in this business?

Yes No If yes, give name of wholesaler and details of agreement:

The undersigned swears on oath that the foregoing answers and statements made by him or her are true and correct.

APPLICANT

BY: _____
Individual; if a corporation indicate office; if a partnership, indicate if a partner

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

Notary Public
Commission expires: _____

(Seal)

I, _____ being the _____(Title) of the business firm named, do hereby register to operate said business the applicant intends to conduct.

Type of Business _____
Phone _____ Email _____

According to the classification index of the occupation tax ordinance of Statham, Georgia, the undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application for the business license, including the accompanying schedules and statements, and that the same are true. I understand, if issued, the business license may be revoked at any time should I fail to meet all requirements of the Occupational Tax Ordinance and Alcohol Ordinance of the City of Statham.

Applicant Signature _____ Title _____ Date _____

Return the following items along with this completed application:

1. Copy of valid driver's license
2. Copy of State of Georgia Business Registration
3. Private Employer Affidavit
4. SAVE Affidavit
5. Fingerprint Work Order after Completed by BCSO
6. Distance Waiver Permit, if applicable
7. All application fees, including regulatory, and investigative and administrative fees

***The applicant must not be less than 21 years of age and must be a resident of Barrow County for not less than six consecutive months before filing the application unless the applicant specifically designates a resident of Barrow County who has resided within the County for at least six months before filing the application, which resident shall be responsible for any matter relating to the license.**