

**IMPORTANT – PLEASE READ INSTRUCTIONS BEFORE PROCEEDING TO APPLICATION
CITY OF MILLEDGEVILLE APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Applicant(s) seeking to obtain a license to serve or sell alcoholic beverages within the city limits of the City of Milledgeville must submit an Alcoholic Beverage Application with accompanying fees and documentation to the Licensing Division of the Finance Office located in City Hall.

REQUIREMENTS.

- **Alcoholic Beverage Background Check.** A State of Georgia background check must accompany your application. This can be done by any law enforcement agency in Georgia including the Milledgeville Police Dept. Out-of-state applicants should consult with this office.
- **Documentation.** Picture ID, evidence of SS# or Tax ID, proof of ownership or signed and dated Lease and Affidavits of Citizenship must accompany your application.
- **Processing Time.** A minimum of fourteen (14) business days from date of receipt for processing. Approvals from Police, Fire and Zoning Departments as well as formal approval from Milledgeville City Council (meets on 2nd & 4th Tuesdays each month) must be obtained before issuance. You may be asked to attend a meeting regarding your application after all documentation is received. If so, we will notify you as to the date, time and location.
- **State Licensing.** Upon receipt of your City of Milledgeville license, you must also obtain a State of Georgia license. Please visit the Georgia Department of Revenue for additional information and FAQ's. **You will be required to provide this office with evidence of your State of Georgia license within thirty (30) days of your receipt of the City license.**

THE APPLICATION.

- **Answer each question fully and completely.** Questions left unanswered could delay processing of your application. Make sure we have a way to reach you if we have questions. Add extra sheets if necessary for your response(s).
- **Individual / Partnership applications.** Must be made jointly in both names of the partnership, association or corporation with all partners, active and silent, disclosed.
- **Corporate name / Trade name of business.** The name you list on your City application must match the name you list on your State application. Corporate name dba Trade name must be indicated (if applicable). The application must be dated, signed and notarized by the applicant(s) together with all supporting documents.
- **Signatures.** Please do not sign the application until you are before a Notary Public. If you do not have access to a Notary, a Notary is on staff in this office.

*** LIQUOR, BEER OR WINE MAY NOT BE OBTAINED FROM ANY SOURCE OTHER THAN A LICENSED DISTRIBUTOR.** This office receives monthly distribution reports from each distributor.

* If this license is approved for serving of Liquor/Mixed Drinks, a Mixed Drink Excise Tax Report must be submitted to this office by the 20th of each month. A copy of this report is attached for your use.

This application (and attachments) is subject to the penalties of false swearing. Any license issued pursuant to this application is conditioned upon the truth of the answers and statements provided and anything to the contrary shall constitute cause for the suspension or revocation of any license issued.

License fees cannot be prorated, are specifically issued, are *location sensitive* **AND MAY NOT BE TRANSFERRED.** Any changes to status will require, new licensing – both local and state - **and must precede any business activity on the part of the new owner or location.**

Failure to notify the city in writing of any change occurring during the licensed year, for which a license issued pursuant to this application would require a different answer, shall be cause for the revocation of this license.

Questions should be directed to Mary Williams, License Clerk mwilliams@milledgevillega.us 478 414-4020 or to Patti Rushin, Manager Finance Department prushin@milledgevillega.us 478 414-4006.

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
FOR YEAR 20_____**

CITY OF MILLEDGEVILLE

P O BOX 1900
MILLEDGEVILLE, GA 31059-1900
prushin@milledgevillega.us
mwilliams@milledgevillega.us

119 E HANCOCK STREET
MILLEDGEVILLE, GA 31061
Phone (478) 414-4006 OR (478) 414-4020
FAX (478) 414-4011

**PLACE APPROPRIATE AMOUNT ALONGISDE LICENSE(S) REQUESTED
ALL FEES MUST ACCOMPANY APPLICATION
(Fees paid for Rejected Applications will be Refunded, Application Fees are Non-Refundable)**

RETAIL PACKAGED TO GO

| | | |
|----------------|---------|----------|
| Beer License | \$400 | \$ _____ |
| Wine License | \$400 | \$ _____ |
| Liquor License | \$3,025 | \$ _____ |

CONSUMPTION ON PREMISES

| | | |
|-------------------------------------|---------|----------|
| Beer License | \$400 | \$ _____ |
| Wine License | \$400 | \$ _____ |
| Anciliary Beer Tasting | \$400 | \$ _____ |
| Anciliary Wine Tasting | \$400 | \$ _____ |
| Liquor License | \$2,000 | \$ _____ |
| Sunday Sales License | \$400 | \$ _____ |
| Alcoholic Beverage Catering License | \$100 | \$ _____ |

| | | |
|------------------------|-------|----------|
| APPLICATION FEE | \$100 | \$ _____ |
| TOTAL ENCLOSED | | \$ _____ |

**EACH QUESTION MUST BE ANSWERED FULLY
FAILURE TO DO SO MAY CAUSE YOUR APPLICATION TO BE DELAYED**

FULL NAME OF APPLICANT _____

SS# _____

ADDRESS _____

APPLICANT CONTACT NUMBERS (____) _____ (____) _____ (____) _____

EMAIL ADDRESS _____

FULL NAME OF BUSINESS – List Corporate Name first (if applicable) then d/b/a Name

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

BUSINESS CONTACT NUMBERS (____) _____ (____) _____ (____) _____

LOCATION () LEASED (**PROVIDE COPY OF LEASE**) OR () OWNED (Evidence of Ownership)

STATE OF GEORGIA TAX ID# _____

BUSINESS STATUS

- () Single Proprietorship
- () Partnership
- () Corporation
- () Limited Liability Corporation

Please complete required information for **EACH INDIVIDUAL** involved in business including “limited and silent” partners.

| NAME | ADDRESS | SS# | % INTEREST |
|------|---------|-----|------------|
| | | | |
| | | | |
| | | | |

Has **Applicant** or any other person representing this business previously applied for a City of Milledgeville license as a dealer in alcoholic beverages? ()Yes ()No. If answer is “Yes” please state **name of individual** and **disposition**. _____

Provide full **name** and **address of owner of property/building** where this business will be conducted. _____

Provide full **name** and **address of manager** of this business. _____

Have you, the Applicant, or any other person having any interest in the business for which this Application is made, ever been arrested, indicted or convicted for any offense by any State, County City or Federal Court? If you answer Yes, provide full details on a separate sheet and attach to this Application. ()Yes ()No

STATE OF GEORGIA, CITY OF MILLEDGEVILLE

I, _____, Applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me in this Application for a license as a dealer in alcoholic beverages are true and that no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicant (please sign in ink)

Date of Application

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

Notary Public

My Commission Expires: _____

APPROVALS
For City of Milledgeville Use Only – Do not Complete this Page

Date of Meeting _____ **Applicant Notified** _____

POLICE DEPARTMENT

Background Check. Yes No Date received by Business Office _____

APPROVED DISAPPROVED

Chief, Police Department _____ Date _____

COMMENTS _____

FIRE DEPARTMENT

Building meets all City Fire Code provisions. Yes No

APPROVED DISAPPROVED **Chief, Fire Department** _____ Date _____

COMMENTS _____

ZONING AND BUILDING CLASSIFICATION

Current Zoning Classification of Location _____ Proper Classification Yes No

Location meets municipal and state distance requirements? Yes No

APPROVED DISAPPROVED **Zoning Compliance Officer** _____ Date _____

COMMENTS _____

Building and/or premises has been inspected and approved. Yes No N/A See Comments
If applicable, copies of building plans have been submitted. Yes No N/A See Comments

APPROVED DISAPPROVED **Building Official** _____ Date _____

COMMENTS _____

LICENSING OFFICIAL

Appropriate documentation, fees & approvals received for placement on Council's agenda. Yes No

Presented to Council on _____ APPROVED DISAPPROVED

License # _____ Receipt # _____ License printed Yes No Date _____

State License Verification _____ / _____ **Licensing Official** _____

CITY MANAGER

APPROVED DISAPPROVED **City Manager** _____ Date _____

COMMENTS _____

Affidavit Verifying Status for City of Milledgeville Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Milledgeville, Georgia 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 the (check one)

____ City of Milledgeville Business Occupation Tax Certificate

____ Alcohol License

____ Taxi Permit

If person is applying on behalf of a business, specify the NAME AND ADDRESS of the business:

I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under O.C.G.A § 50-36-1. Such documents are defined by O.C.G.A. § 50-36-2 and made available on the State Attorney General's website.

1) ____ I am a United States citizen

OR

2) ____ 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. *

If #2 is selected above, a copy of one of the following documents must be attached to the Affidavit.:

- | | |
|--|--|
| 1. Unexpired foreign passport | 7. Naturalization Certificate |
| 2. Employment Authorization Card (I-766) | 8. Machine Readable Immigrant Visa (w/Temp I-551 lang) |
| 3. Refugee Travel Document (I-571) | 9. Temporary I-551 Stamp (on passport or I-94) |
| 4. Permanent Resident Card (I-551) | 10. I-94 (Arrival/Departure Record) in unexpired foreign passport |
| 5. Reentry Permit (I-327) | 11. Certificate of Eligibility for Nonimmigrant (F-1) Student Status(i-20) |
| 6. Certificate of Citizenship | 12. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019) |

I am 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.

Company _____

Address _____

Signature of Applicant

Date

Printed Name

* _____

Alien Registration number for non-citizens

THIS FORM MUST BE NOTARIZED

Sworn and Subscribed before me on this the
____ day of _____, 20____.

Notary Public
My Commission Expires: _____

*Note: O.C.G.A. § 5-36-1(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: _____

**APPLICANTS AND RENEWALS FOR OCCUPATIONAL LICENSES AS OF JULY 1
(CURRENT YEAR)**

Private Employer Affidavit Pursuant to O.C.G.A § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an occupational tax license (*business license, occupational tax certificate, or other document required to operate a business*) as referenced in O.C.G.A. § 36-60-6(d), from the City of Milledgeville, the undersigned applicant representing the private employer known as _____ (*printed name of business/private employer*) verifies one of the following with respect to my application for the above-mentioned document:

→ **Complete this section (effective as of July 1, current year. Check (A) or (B). Required.**

(A) _____ On July 1st of the below signed year the individual, firm or corporation employed **more than ten (10) employees.**

(B) _____ On July 1st of the below signed year the individual, firm or corporation employed **fewer than ten (10) employees.**

COMPLETE THIS SECTION IF, AND ONLY IF, YOU CHECKED ITEM (A) ABOVE

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

ALL APPLICANTS MUST SIGN BELOW, HAVE NOTARIZED, AND RETURN WITH YOUR APPLICATION OR PAYMENT TO OBTAIN AN OCCUPATION TAX LICENSE

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 allowed by such statute.

Executed on the _____ day of _____, 20__ in _____(city), _____(state).

→ _____
Signature of Authorized Officer or Agent

→ **PRINT LOCAL BUSINESS NAME HERE:**

_____ Print Name or and Title of Authorized Officer or Agent

→ **PRINT LOCAL BUSINESS ADDRESS HERE:**

**SWORN TO AND SUBSCRIBED BEFORE ME ON THIS
_____ DAY OF _____, 20_____.**

Notary Public

My Commission Expires: _____

**CITY OF MILLEDGEVILLE
MIXED DRINK EXCISE TAX REPORT**

FOR THE MONTH OF _____, 20 _____

Pursuant to **City of Milledgeville Code of Ordinances, Division 3. Excise Tax. Section 6.263. Levied.** *There is hereby levied, in addition to all other taxes imposed by law, upon every purchase of distilled spirits by the drink in the city a tax in the amount of three percent of the purchase price.*

On or before the 20th day of each month following each monthly period, a return for the preceding monthly period shall be filed with the City of Milledgeville. All reports shall show the gross receipts from the sale of distilled spirits by the drink, the amount of tax due for the related period and such other information as may be required.

Licenses collecting the tax shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting and paying the amount due, if such amount is not delinquent at the time of payment.

Reports not received by the twentieth day shall bear interest and penalty of one percent (1%) per month. This required return should be filed with the Finance Department of the City of Milledgeville.

| | |
|--|-----------|
| Total Sales of Alcoholic Beverages By the Drink | \$ _____ |
| Amount of Tax (3% of Amount of Tax) | \$ _____ |
| Less: Collection Fee (3% of Amount of Tax) | \$(_____) |
| Balance of Mixed Drink Tax To be Paid to City | \$ _____ |

I hereby certify that the information contained in this report is true and correct.

BUSINESS NAME _____

Date _____

Signature of Establishment Operator

rev 9/2017