

INSTRUCTIONS FOR COMPLETING 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 to the Licensing Division of the Finance Office located in City Hall.

REQUIREMENTS.

- **Alcoholic Beverage Background Check.** Must be administered by the Milledgeville Police Department (478 414-4000). The fee is \$61.00. Contact Karen Youngblood with the Milledgeville Police Department at 478 414-4076.
- **Documentation.** Picture ID, proof of ownership or signed and dated lease and Affidavits of Citizenship must accompany application.
- **Processing Time.** A minimum of fourteen (14) business days from date of receipt for processing. Police, Fire, Zoning and 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 of said meeting.
- **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 website at etax.dor.ga.gov/alcohol for additional information and FAQ's.

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.

If this license is approved for the serving of liquor/mixed drinks, a Mixed Drink Excise Tax Report must be submitted to the City by the 20th of each month, a copy of which will be provided by this office.

If you hold an **Alcoholic Beverage Catering License**, a separate permit is required for each event.

This application is subject to the penalties of false swearing, including attached sheets submitted therewith. Any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein 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 year, for which a license issued pursuant to this application which would require a different answer to any question or any personal statement which is an amendment to this application, shall be cause for the revocation of any license.

Questions should be directed to Patti Rushin at (478)414-4006 (prushin@milledgevillega.us) or Celeste Hightower at (478) 414-4020 (chightower@milledgevillega.us).

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

CITY OF MILLEDGEVILLE

P O BOX 1900
MILLEDGEVILLE, GA 31059-1900
prushin@milledgevillega.us
chightower@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	\$ _____
Alcoholic Beverage Catering License	\$100	\$ _____

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 _____

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

EMAIL ADDRESS _____

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

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

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

Applicant has presented appropriate identification, has been photographed and fingerprinted with results returned to the Business Office. ()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 _____