



ALCOHOLIC BEVERAGE LICENSE INFORMATION & CHECK LIST

A state license must be obtained before any alcoholic beverage can be served, or sold in the City of Jefferson. Contact the Georgia Department of Revenue at (404)651-8651. Brewpubs must be permitted by the United States Department of the Treasury, Alcohol, Tobacco & firearms (ATF) Division. (404)679-5130.

Before any license can be issued, you must contact the following departments for your inspections: (1) Fire Prevention (706)387-7400, (2) Health Department (consumption only) (706) 367-5204

Please call for an appointment prior to submitting your application for alcoholic beverage (706) 367-5121. The following information will be required at the time of submittal:

- _____ Application form
- _____ Premise/Structure form
- _____ Registered agent consent form in duplicate. **RESIDENT OF JACKSON COUNTY**
- _____ Certified or Cashier's check for license fee.
- _____ If building is complete, copies of detailed floor plan. Also, a copy of the site plan
- _____ If building is proposed, copies of proposed plans and specifications and a building permit of the proposed building to be built.
- _____ Certified scale drawing showing location and distance to closest school buildings, daycare facilities who offer kindergarten programs, educational buildings, school grounds, colleges and/or any church buildings.
- _____ Evidence of ownership of the building or proposed building or copy of the lease, if applicant is leasing the building.
- _____ For bona fide eating establishments only, copy of menu (s) attached.
- _____ For bona fide private clubs only, minutes of annual meeting setting salaries for member, officers, agents or employees
- _____ For partnerships only, partnership agreement attached.
- _____ Excise tax reporting form (to be submitted monthly)
- _____ Projected purchases/projected gross sales (if applying for distilled spirits consumption).
- _____ Certificate of incorporation.
- _____ Affidavit Verifying Status for Public Benefit Application
- _____ Background Investigation Consent form

REGISTERED AGENT CONSENT FORM

City of Jefferson
147 Athens Street
Jefferson, GA 30549
(706) 367-5121

Alcoholic Beverage

BUSINESS NAME:

LOCATION ADDRESS:

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers and or directors and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Jefferson. I understand the basic purpose is to have and continuously maintain in the City of Jefferson a Registered Agent upon which any process, notice or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner maybe served. I understand that the Registered Agent must be a resident of Jackson County.

This _____ day of _____, _____

Signature of Agent

Type Name of Agent

Type Agent's Home Address

Type City, County and State

Approved:

SOLE OWNER/PARTNER

OFFICER OR DIRECTOR

TITLE

City of Jefferson
147 Athens Street
Jefferson, GA 30549
(706) 367-5121

PROJECTED PURCHASES
PROJECTED GROSS SALES

APPLICANT _____

TRADE NAME: _____

ADDRESS: _____

PLEASE PROVIDE THE FOLLOWING PROJECTIONS FOR YOUR ESTABLISHMENT:

Balance of Calendar Year _____

Projected Purchase of
Distilled Spirits (liters)

Projected Gross Sales
of Mixed Drinks

Calendar Year _____



City of Jefferson
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Type of License: (check one) ☐ NEW ☐ AMENDMENT ☐ RENEWAL
2. **Administrative & Investigative Fee: (one time fee for all applicants) - \$300.00 - This fee is not applicable for renewals.**
3. Type of Business:
- | | |
|---|--|
| <input type="checkbox"/> Bona Fide Eating Establishment | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Taproom |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Other |
| <input type="checkbox"/> Supermarket | Explain _____ |
- Will live entertainment be offered? _____. If yes, explain _____
- _____
4. Type of License & Fees: Payment by Certified Funds Only! (check all that apply) **(PLEASE NOTE FEES ARE ONE HALF AFTER JULY 1st)**

Retail Package:

☐ Beer \$500 ☐ Wine \$500 ☐ Beer & Wine \$1,000

Retail Consumption on Premises:

| | |
|---|---|
| <input type="checkbox"/> Beer | \$500 |
| <input type="checkbox"/> Wine | \$500 |
| <input type="checkbox"/> Beer & Wine | \$1,000 |
| <input type="checkbox"/> Beer Sunday Sales | \$85 (Add-on Only: Must select "Beer" also) |
| <input type="checkbox"/> Wine Sunday Sales | \$85 (Add-on Only: Must select "Wine" also) |
| <input type="checkbox"/> Beer & Wine Sunday Sales | \$125 (Add-on Only: Must select "Beer & Wine" also) |
| <input type="checkbox"/> Taproom | \$300 |
| <input type="checkbox"/> Growler Sales | \$75 |
| <input type="checkbox"/> Distilled Spirits | \$4,000 |
| <input type="checkbox"/> Distilled Spirits Sunday Sales | \$500 |
| <input type="checkbox"/> Additional Fixed Bars | \$500 (each bar) |
| <input type="checkbox"/> Wine Tasting-Retailers only | \$300 |

__Hotel/Motel In-Room Service
(Beer & Wine Only) \$100

__Movable Bars \$100

Wholesale Distributor:

Based Within the City of Jefferson

__Beer \$250 __Wine \$250 __Beer & Wine \$500 __Distilled Spirits \$1,000

5. Business

Business Name _____

Address _____
Street City State Zip

Mailing Address (if different from above) _____
Street City State Zip

6. Owner

Full Name _____ Social Security Number _____

Corporation Name (if applicable) _____

Address _____
Street City State Zip

Mailing Address (if different from above) _____
Street City State Zip

7. Registered Agent (Must be a resident of the County of Jackson)

Full Name _____ Social Security Number _____

Address _____
Street City State Zip

Mailing Address (if different from above) _____
Street City State Zip

8. Type of Ownership:

☐ Sole Owner
 ☐ Partnership
 ☐ Private Held Corporation
☐ Public Held Corporation
 ☐ Public Held Corporation Subject to S.E.C. Regulations
☐ Other, Explain _____

9. For Partnership Only:

a. Date the Partnership was Formed: _____
 b. Attach Partnership Agreement
 c. List Partners:

| Name | Social Security Number | G-General L- Limited S- Silent | Interest Investment \$ | Participation % |
|------|------------------------|--------------------------------|------------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

10. For Corporation Only:

a. Date of Incorporation: _____
 b. Place of incorporation: _____
 c. State Parent Corporation, if applicable: _____
 d. Number of Shares of Capitol Stock Authorized: _____
 e. Number of Shares of Outstanding Stock: _____
 f. For corporations, list officers, directors and/or principal shareholders with 20% or more of the stock:

| Name | Social Security # | Position | Interest % |
|------|-------------------|----------|------------|
| | | | |
| | | | |
| | | | |

g. Is the corporation owned by a parent corporation or held by a holding company?
 If yes, explain: _____

11. For Private Clubs Only:

a. Date of organization under the laws of the State of Georgia: _____
 b. State the total number of regular dues paying members: _____
 c. Is any member, officer agent, or employee compensated directly or indirectly from the profits of the sale of distilled spirits beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club? _____

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, _____ COUNTY

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

APPLICANTS SIGNATURE

I hereby certify that _____ signed his/her name to the foregoing application stating to me that he knew and understood all statements and answers, made therein, and, under oath actually administered by me, has sworn that said statement and answers are true and correct.

THIS _____ DAY OF _____, _____

NOTARY PUBLIC

(SEAL)



CITY OF JEFFERSON
LICENSING AND REVENUE
ALCHOLIC BEVERAGE

PREMISE AND STRUCTURE

INSTRUCTION: This statement must be typed and executed in duplicate, under oath; each question must be fully answered. If space is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached.

1. **TYPE OF BUSINESS:**

___ BONA FIDE EATING ESTABLISHMENT ___ SUPER MARKET
___ CONVENIENCE STORE ___ HOTEL / MOTEL
___ OTHER ___ TAPROOM

DESCRIBE: _____

2. TRADE NAME OF BUSINESS: _____

LOCATION: _____
(STREET NUMBER) (STREET NAME)

(CITY) (STATE /ZIP CODE) (PHONE NUMBER)

(LAND LOT) (PARCEL NUMBER)

3. Is this location within a commercial zoning district (C-1 OR C-2) _____?

4. Does the completed building or the proposed building comply with ordinances of the city of Jefferson, regulations of the state revenue commissioner, and the laws of the state of Georgia? ___ if no, explain non-compliance and proposed methods to rectify same:

5 (A) does the building in which business is to be located contain sufficient lighting so that the building itself and the premises on all sides of the building are readily visible at all times from the front of the street on which the building is located as to reveal all of the outside premises of such building? _____

(B) Is the building so illuminated so that all hallways, passage way and open areas may be clearly seen by the customer therein? _____

If the answer is no to either or both (a) or (b) above, please explain proposed methods to rectify the insufficient lighting: _____

6. **FOR BONA FIDE EATING ESTABLISHMENTS ONLY:**

- a. Number of square feet of total floor area: _____
b. Number of square feet devoted to dining area: _____

- c. State seating capacity excluding the bar area: _____
- d. Do you have a full service kitchen? _____ indicate whether the full service kitchen contains a three (3) compartment sink _____; stove and/or grill permanently installed and approved by the health and fire departments _____; refrigerator approved by the health and fire departments _____; if answer to any of the immediate foregoing is no, please explain:

- e. State hours prepared meals or foods are served: _____
- f. State hours of operation: _____
- g. State maximum numbers of employees on highest shift: _____
- h. State number of parking spaces: _____
- i. State number of parking spaces devoted to handicapped: _____

7. FOR BONA FIDE PRIVATE CLUBS ONLY:

- (A) Number of square feet of total floor area: _____
- (B) Number of square feet devoted to dining area: _____
- (C) State seating capacity excluding bar area: _____
- (D) Do you have a full service kitchen? _____ indicate whether the full service kitchen contains a three (3) compartment sink? _____, stove and/or grill permanently installed and approved by the health and fire departments _____, refrigerator approved by the health and fire departments _____. If answer to any of the immediate foregoing is no, please explain:

- (E) State hours prepared meals or foods are served: _____
- (F) State maximum number of employees on highest shift: _____
- (G) State number of parking spaces: _____
- (H) State number of parking spaces devoted to handicapped persons: _____

8. FOR HOTEL/ MOTEL ONLY:

- (A) State number of rooms available for hire to general public: _____
- (B) State number of square feet of floor space devoted to restaurant: _____
- (C) State number of square feet of floor space devoted to dining area: _____
- (D) State seating capacity excluding bar area: _____
Explain if more than one dining area: _____
- (E) Do you have a full service kitchen? _____ indicate whether the full service kitchen contains a three (3) compartment sink? _____, stove and/or grill permanently installed and approved by the health and fire departments _____, refrigerator approved by the health and fire departments _____. If answer to any of the immediate foregoing is no, please explain:

- (F) State hours prepared meals or foods are served: _____
- (G) State maximum number of employees on highest shift devoted to handicapped persons: _____
- (H) State maximum number of employees on highest shift devoted to the restaurant operation: _____
- (I) State number of parking spaces: _____
- (J) State number of parking spaces devoted to handicapped persons: _____

9. FOR SUPERMARKET/CONVENIENCE STORE ONLY:

- (A) Number of square feet of floor area: _____
- (B) Number of square feet of floor area devoted to the sale of groceries and food products: _____
- (C) Is the establishment devoted principally to the retail sale of groceries and food products: _____ if no, explain: _____
10. Attach a certified scale drawing of the proposed premises by a registered land surveyor or professional engineer, showing the distance requirement from church and school.
11. Attach a certificate of a registered land surveyor or professional engineer that the location complies with the distance requirement from church and school.
12. Attach evidence of ownership of the building or proposed building or a copy of the lease, if the applicant is leasing the building.
13. If the applicant is a franchise, attach a copy of the franchise agreement or contract.
14. If a bona fide establishment, attach a copy of the menu (S)
15. (A) IF THE BUILDING IS COMPLETE, attach a copy of the franchise agreement or contract.

(B) IF THE BUILDING IS PROPOSED, attach copies of proposed site plan and specifications, and building permit of the proposed building

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, COUNTY OF JACKSON, CITY OF JEFFERSON

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant on the foregoing premise and structure statement are true and correct.

APPLICANT SIGNATURE

I hereby certify that _____ Signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made therein, and, under Oath actually administered by me, have sworn that the said statement and Answers are true and correct.

THIS THE _____ DAY OF _____, _____

NOTARY PUBLIC

(SEAL)

CERTIFIED REPORT OF SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

City of Jefferson
Alcoholic Beverage
147 Athens St.
Jefferson, GA 30549

APPLICANT: _____

TRADE NAME: _____

ADDRESS: _____

The undersigned has examined the subject location and has made measurements to determine the compliance or non-compliance with distance requirements pursuant to the Alcoholic Beverage Ordinance (Sec. 6-54, amended by Ordinance 19-03) of the City of Jefferson per state law. The undersigned understands and applied the following criteria in making said determinations:

1. Churches: Distance requirement applies to any church building (300 feet minimum *for distilled spirits only*)
2. Schools: Distance requirement applies to any school building, educational building, school grounds, or college campus. The school building or educational building shall apply only to state, county, city, or church school buildings and to such buildings at such other schools in which are taught subjects commonly taught in the common schools and colleges of the State of Georgia and which are public schools or private schools as defined in subsection (b) of O.C.G.A. 20-2-690 (600 feet minimum *for distilled spirits only*) (300 feet minimum *for any wine or malt beverages*)
3. Alcoholic Treatment Centers: Distance requirement applies to any alcoholic treatment center owned and operated by the State of Georgia or any county or municipal government therein (300 feet minimum *for any distilled spirits, wine, or malt beverages*)
4. Housing Authority Property: (300 feet minimum *for any alcoholic beverages for consumption on the premises only*)

Distance shall be measured in a straight line from the main entrance of the school or church building in question to the main entrance of the establishment for the sale of alcoholic beverages in question by the most direct route of travel on the ground.

In my opinion, the premises indicated above meets the requirements for licensing.

Georgia Registered Land Surveyor/Engineer

Number

NOTE: A scale drawing of the location of the proposed premises, showing the distances described as above, must be attached.

BACKGROUND INVESTIGATION CONSENT

(May need to make multiple copies of this form)

A separate form must be completed from whomever the license is issued to and the designated manager for individual business or partnerships. Corporations should complete forms for officers and the designated manager.

I, _____
LAST NAME FIRST NAME MIDDLE NAME DOB RACE SEX

SOCIAL SECURITY NUMBER HEIGHT WEIGHT EYE COLOR HAIR COLOR

STREET ADDRESS CITY STATE ZIP CODE

AUTHORIZE: CITY OF JEFFERSON to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia

SIGNATURE OF SUBJECT

SWORN AND SUBSCRIBED BEFORE THIS

_____**DAY OF**_____, _____

NOTARY PUBLIC

BACKGROUND INVESTIGATION CONSENT

(May need to make multiple copies of this form)

A separate form must be completed from whomever the license is issued to and the designated manager for individual business or partnerships. Corporations should complete forms for officers and the designated manager.

I, _____
LAST NAME FIRST NAME MIDDLE NAME DOB RACE SEX

SOCIAL SECURITY NUMBER HEIGHT WEIGHT EYE COLOR HAIR COLOR

STREET ADDRESS CITY STATE ZIP CODE

AUTHORIZE: CITY OF JEFFERSON to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia

SIGNATURE OF SUBJECT

SWORN AND SUBSCRIBED BEFORE THIS

_____**DAY OF**_____, _____

NOTARY PUBLIC

Please return to the City of Jefferson with your business license payment.

***Affidavit Verifying Status
for City Public Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Jefferson, Georgia Business License or 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 of Jefferson, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

_____.
Print name of natural person applying on behalf of individual, business, corporation, partnership or other private entity).

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*

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:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ day of _____, 20 ____.

* _____
Alien Registration number for non-citizens

Notary Public
My Commission Expires:

*Note: O.C.G.A. Section 50-36-1(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 resident must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:
