



ALCOHOLIC BEVERAGE LICENSE RENEWAL APPLICATION 2024

INSTRUCTIONS: Fully answer all questions. When completed, original application must be dated, signed and notarized. After you submit your application you must also submit it through the state portal. You will submit state and local at the same time. If there are any changes through out the year you must notify our office of these changes. **Applications for renewal must be filed before November 30th** . Any applications received after November 30 shall pay a 20 percent late charge. If received after January 1, investigative and administrative cost will be assessed.

If you have any questions about the renewal process please contact the office at 706-367-5121 or email me at wwilson@cityofjeffersonga.com

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

Has this place of business or anyone connected therewith been cited or charged at any time with any violation of state or federal law or regulation or any rule or regulation of the city or county within the past twelve (12) months?

☐ Yes ☐ No (If yes, give details on separate sheet.)

2. **Administrative & Investigative Fee: (one time fee for all applicants) - \$300.00 - This fee is not applicable for renewals.**

3. Type of Business:

☐ Bona Fide Eating Establishment
☐ Hotel/Motel
☐ Wholesale
☐ Supermarket

☐ Convenience Store
☐ Taproom
☐ Other

Explain _____

4. Type of License & Fees: Payment by Certified Funds Only! (check all that apply) **(PLEASE NOTE FEES**

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"/> Alcoholic Beverage Catering	\$100

__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

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)

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:
