

Town of Gay, Georgia

PO Box 257, 19125 Hwy 85

Gay, Georgia 30218

706-538-6097 office, 706-538-1444 fax

clerk@gayga.gov

ALCOHOL LICENSE RENEWAL APPLICATION

YEAR: _____

Amended Application: _____ Yes _____ No

BUSINESS INFO

Business Name (dba): _____ Account No: _____

Corporation: _____

Physical Address: _____

Mailing Address (If Different): _____

Phone: _____ Email: _____

FEIN: _____ Sales Tax No. _____ State Alcohol License No. _____

LICENSEE/APPLICANT INFO

Name of Licensee (Applicant): _____ Phone: _____

Name of Manager: _____ Phone: _____

ALCOHOL LICENSE TYPES & FEES☐ Distilled spirits/malt beverage/wine consumption \$1500☐ Wine only consumption \$500☐ Malt Beverage only retail \$500☐ Farm Winery \$500☐ Farm Winery Tasting room \$500 each location☐ Malt beverage only consumption \$500☐ Malt beverage and wine consumption \$1000☐ Malt beverage and wine retail \$1000☐ Farm Brewery \$500☐ Farm brewery tasting room \$500 each location☐ Amended Application Fee \$100☐ Late Fee (After Nov. 1st) \$100**TOTAL FEES DUE:** _____

1. Are all answers, statements and responses contained in the initial application and subsequent renewals still true and correct? () Yes () No.
2. Are all responses contained in the personnel statements attached to the initial application or any subsequent personnel statements on file still true and correct? () Yes () No. If **No**, it is required to submit an updated personnel statement with the renewal application.
3. Has the business had any changes in principle officers, directors, partners, owners, manager etc. as disclosed in the previous application or subsequent renewal(s)? () Yes () No. If **Yes**, it is required to submit updates including new licensee/manager packet forms with the renewal application.
4. Has the business, licensee, agent, or manager violated or been cited for any criminal charges, gambling offences, alcohol related charges, or violated any regulation, law, or rule of alcohol distribution/sale regulation () Yes () NO. If **Yes**, Attach a listing of all violations received in the past year.

Note: Before signing the application, check all answers to ensure they were answered fully & correctly. If any changes were made additional documentation may be required. Any false statements provided or not disclosed could result in denial, suspension, or revocation of the alcohol license. The City of Tifton reserves the right to request additional written information relative to this application, applicant, any principal officer, and any manager. Should any changes occur during the year which make this application false; such as a change in licensee or manager the applicant must file an amended application within 30 days of such change.

By signing below the applicant affirms that the statements and answers in the application (including all statements, personal disclosures on file or attached hereto) are true and complete and that no false or fraudulent statement or answer is made herein. It is further understood that any false answer or statement or failure to amend this application when necessary shall be grounds for suspension or revocation of any license pursuant to this application. The applicant further affirms that he/she will abide by all laws and regulations of the Tifton Alcohol Beverage Ordinance and Laws of the State of Georgia.

Applicant Signature

Date

Sworn and Subscribed before me this _____ day of _____, _____

Notary

NOTARY SEAL

Alcohol Renewal Checklist

- ☐ Renewal Application
- ☐ Owner/Licensee(s) Background Consent Form
- ☐ Manager Background Consent Form (If Applicable)
- ☐ Public Benefit Affidavit
- ☐ New Licensee/Manager Packet for Changes (If Applicable)
- ☐ License Fees

New Licensee/Manager forms can be obtained online at www.gayga.gov/forms

Return this application together with all necessary personnel statements, other required documents, as well as applicable fees in the form of a Certified Check or Cash to:

By Mail: Town of Gay, GA
PO Box 257
Gay, GA 30218

Physical Delivery: Town of Gay, GA
19125 Hwy 85
Gay, GA 30218

Public Benefit Affidavit

O.C.G.A § 50-36-1 (e)(2)

I, _____ on behalf of _____
(Applicant) (Business Name)

submits and verifies the following with respect to my application for a public benefit

1. _____ I am a United States Citizen (Include front & back copy of driver's license)
2. _____ I am a legal permanent resident of the United States (Include front & back copy of permanent resident card)
3. _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the department of Homeland Security or other federal immigration agency. (Include front & back copy of resident card)

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 § 1610-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (City), _____ (State)

Signature of Applicant

Sworn and Subscribed before me on this

_____ day of _____, _____

Printed Name

Notary

SEAL

Office Use Only

Business Address: _____ Acct #: _____

- ☐ Renewal Application Complete Amended Application: ☐ YES ☐ NO
- ☐ Processed Background Check on _____
- ☐ Agenda Template & Resolution Completed for Council Approval on _____ (Date)
- ☐ Fees Paid: _____ Check/MO# _____ ☐ Cash
- ☐ Licensed Issued on _____

Notes:

Approvals

☐ Approved ☐ Denied

☐ Approved ☐ Denied

☐ Approved ☐ Denied

Sheriff

Town Clerk

Town Mayor

Town of Gay, Georgia
Criminal History Record Consent Form

(must be completed by each owner, partner and management)

I hereby give the Town of Gay, Georgia CONTINUING permission and authority to receive any criminal history record information pertaining to me, which may be in the files of the Town, Meriwether County, the State of Georgia, or of the United States. [See Section 6-66, Paragraph 17, Subsections (2) (3) and (4) of the Code of Ordinances.]

In the event of the termination of my association with the business with which this document is part of, my consent will automatically be rescinded.

Business Name

Full Name Printed

Home Address

City

State

Zip

Telephone Number (Home/Cell)

Sex

Race

DOB

SSN

Signature

Date

Notary

Date

SEAL

----- **Office Use Only** -----

_____ No Record

Completed By: _____

_____ See Attachment

Date: _____