

**UNIFIED GOVERNMENT OF CUSSETA-CHATTAHOOCHEE COUNTY
BOARD OF COMMISSION
ALCOHOL BEVERAGE LICENSE RENEWAL**

DATE: _____

Check All That Apply:

- New Transfer-Location Transfer-Ownership Change of Agent (licensee)
 Renewal **ONLY**

BUSINESS INFORMATION

Trade Name: _____

Corporate Name: _____

Street Address: _____ / _____ / _____ / _____
City State Zip

Mailing Address: _____ / _____ / _____ / _____
City State Zip

Federal Identification Number _____

State Taxpayer Identification Number _____

Business Telephone Number: _____ Corp. Number: _____

Owner of Business: _____ Email: _____

(Enter Corporation name & Owners of Corporation or Partnership. Attach list with names and addresses of all owners, officers and/or partners)

APPLICANT / AGENT INFORMATION

Name of Licensee: _____

Home Address: _____ / _____ / _____ / _____
City State Zip

Mailing Address: _____ / _____ / _____ / _____
City State Zip

Home Number/Cell: _____ / _____ / _____

Date of Birth: ____/____/____ Social Security Number/EIN: _____

Race: _____ Sex: _____ Are You A US Citizen? ____Y / ____N

Name of Manager: _____

Home Address: _____/_____/_____
City State Zip

Home/Cell Number: _____/_____/_____

If Licensee is a business or other entity, please identify an individual representative and provide the following:

Name: _____

Home Address: _____/_____/_____
City State Zip

Mailing Address: _____/_____/_____
City State Zip

Home Number/Cell: _____/_____/_____

Date of Birth: ___/___/___ Social Security Number: _____

Race: _____ Sex: _____ Are You A US Citizen? ___ Y / ___ N

Is the individual Licensee a resident of Cusseta-Chattahoochee County? ___ Yes / ___ No

If the individual Licensee is not a resident of Cusseta-Chattahoochee County, please identify an individual who resides in Cusseta-Chattahoochee County who is authorized to receive citations, correspondence, and/or notices on behalf of the Licensee:

Registered Agent Name: _____

Registered Agent Address: _____/_____/_____
City State Zip

Registered Agent Phone Number: _____/_____/_____

Please provide a valid driver's license or State issued ID for the Registered Agent

TYPE OF BUSINESS

Check one: RESTAURANT SUPPER CLUB RETAIL PACKAGE STORE WHOLESALER

Will the business have live entertainment? ____Y / ____N If yes, what type and how often?

TYPE OF ALCOHOL LICENSE RENEWING

***Please select from the following by placing a ⊗ or a √ in the circle next to the License Fee item. ***

RETAIL PACKAGE STORES

- Retail package malt beverage & wine (retail sale of malt beverages and/or wine in the original package): \$350.00
- Retail package distilled spirits (retail sale of distilled spirits in the original package): \$2,150.00

*** CONSUMPTION ON PREMISES***

- Limited pouring license restaurant (retail sale of wine and malt beverages by the drink): \$350.00
- Limited pouring license private club (retail sale of wine and malt beverages by the drink): \$350.00
- Limited pouring license supper club (retail sale of wine and malt beverages by the drink): \$350.00
- Limited pouring license restaurant (retail sale of distilled spirits, wine, and malt beverages by the drink): \$2,500.00
- Limited pouring license supper club (retail sale of distilled spirits, wine, and malt beverages by the drink): \$2,500.00
- Limited pouring license private club (retail sale of distilled spirits, wine, and malt beverages by the drink): \$2,500.00

WHOLESALER

- Resident Wholesale dealer's license (distilled spirits, wine, and malt beverages): \$2,500.00

FEES DUE

Please state below the items in which were chosen on the previous page:

TYPE OF BUSINESS: _____

TYPE OF LICENSE(S): _____

Please calculate the license fee in which you are applying from the previous page with investigative fee for total due. Fees are due and processed along with application.
***NOTE: * Additional fee of \$100.00 plus investigative fee ONLY, for a licensee change as long as there is no change in ownership for the business and renewal fee has been received for new year.**

LICENSEE FEE: _____

TOTAL DUE: _____

**MAKE CHECKS PAYABLE TO:
UGOCCC BOARD OF COMMISSION
215 MCNAUGHTON STREET
CUSSETA, GA. 31805**

RENEWALS OF ALCOHOL BEVERAGE LICENSES ARE DUE EACH YEAR ON OR BEFORE NOVEMBER 15TH. The license issued expires December 31st of each year. You must submit copy of State License for upcoming year to the Occupation Tax Office before issuance of the new County Alcohol License.

The undersigned certifies that the information contained in this application and accompanying documentation is true and correct to the best of their knowledge. The undersigned further agrees to be bound by all terms, abide by, observe and conduct the licensed business according to all county ordinances and state laws and regulations in respect thereof.

APPLICANT'S PRINTED NAME: _____ **DATE:** ____/____/____

APPLICANT'S SIGNATURE: _____

_____ **Date:** ____/____/____ **Seal:**

Notary Public

**FOR SALE OF ALCOHOLIC BEVERAGES IN
RESTAURANTS/SUPPER CLUBS**

The Chattahoochee County Liquor, Malt Beverage & Wine ordinance permits a restaurant or supper club to sell alcoholic beverages **For Consumption on Premises provided** such restaurant or supper club is full-service. As used in this subsection, the term "full-service" restaurant or supper club means an establishment which is licensed to sell alcohol beverages, Liquor, malt beverages and wine for **Consumption on Premises** which also meets the following requirements.

Business derives at least sixty percent (60%) of its annual gross income from food sales.

Consumption on premises licensees shall only engage in the sale and service of alcoholic beverages between the hours of 7:00 a.m. and 1:00 a.m. Monday through Friday, 7:00 a.m. until 11:55 p.m. on Saturday, and 12:30 p.m. until 11:30 p.m. on Sundays. Consumption on premises licensees may permit alcoholic beverages purchased and served prior to 1:00 a.m. on Monday through Friday to be consumed on the premises until 2:00 a.m. Alcoholic beverages purchased and served prior to 11:55 p.m. on Saturdays are permitted to be consumed on the premises until 2:00 a.m. on Sunday.

Name of Business: _____

Address of Business: _____

Business Phone Number: _____

AFFIDAVIT BY LICENSEE

I _____ (name of licensee) certify that the business named above meets the requirements of a restaurant or supper club under the County ordinance and derives or will derive at least 60 percent of its total sales from the sale of food prepared on the premises and nonalcoholic beverages consumed on the premises.

APPLICANT'S PRINTED NAME: _____ **DATE:** ____/____/____

APPLICANT'S SIGNATURE: _____

Notary Public **DATE:** ____/____/____

Seal: