

ALCOHOL BEVERAGE APPLICATION PROCEDURES

PLEASE READ ENTIRELY

Upon receipt of the application, fingerprints, investigation fee, and license fee, processing procedures will begin.

1. Prior to starting this application process or any construction, be sure to check that the distance requirement of 200 yards from the property line of any school, church, or residential area (for lounges and package stores) can be met. The ordinance has some exceptions to the distance requirement. Please read the ordinance. A registered survey (provided by applicant) must be provided.
2. Upon receipt of the completed application package, processing takes approximately four (4) to six (6) weeks. At the discretion of the county manager, a public hearing may be required prior to the issuance of a license if written objections are filed thereto with the county manager. Any public hearing will occur during a regular scheduled Commission meeting and will be advertised in advance. A public hearing notice sign will be posted for 30 days on the proposed licensed premises of new businesses or businesses that do not have an existing license.
3. An alcohol license issued by the State of Georgia Department of Revenue must be obtained and provided to the County within 45 days after receiving an alcohol license issued by the County. Contact the Department of Revenue for instructions for applying for a State License. (The Columbus, Georgia office of the Department of Revenue is 706-649-7451.) Please provide this office with a copy of the State license once it is issued. Call to be sure you meet their requirements also, prior to filing with the county.
4. Complete all forms, inspections and applications of this package. If needed, an additional sheet of paper may be added to list any additional information as requested.
5. All applicants must provide the following documents in addition to the application form and fee payment:
 - Distance survey from a registered surveyor;
 - Deed to premises or lease agreement to premises, whichever is applicable; and
 - If the applicant is a business, the businesses Partnership Agreement, Articles of Incorporation, or Private Club Charter, whichever is applicable;
6. Additionally, applicants seeking a consumption on premises license must also provide the following documents:
 - Current food services permit issued by the Chattahoochee County Health Department (706) 989-3663;
 - Floor plan; and
 - Seating chart.

7. Once application and payment has been submitted to the Business/Alcohol Dept. at 215 McNaughton Street, Cusseta, GA 31805. You are required to have fingerprints and background check done at Chattahoochee County Sheriff's Office. Fingerprinting is available Mondays – Friday 8 am-5pm, Chattahoochee County Sheriff's office located at 377 Broad Street. Please advise the Sheriff's Dept., that your finger printing and background check is for a County Alcohol License application.
8. Full payment of fees must accompany the complete application package. If application is denied, the license fee ONLY will be refunded. An Occupation Tax registration must be filed and paid at the same time. Payment may be made in person, by phone, or online by cash (in person only), check, or credit card.
9. Upon approval of application by the Chattahoochee County Board of Commission, issuance of license is subject to final inspections that may be required, including Health Department approval for food service businesses. **BUSINESSES CANNOT SELL OR SERVE ALCOHOLIC BEVERAGES UNTIL THE COUNTY AND STATE LICENSE HAVE BEEN ISSUED.**
10. If application is for an alcohol beverage license of distilled spirits for consumption on premises, applicant understands that they are to pay the alcohol beverage excise drink tax each month in accordance with the ordinance section 6-101 b (10). Tax forms for reporting are enclosed/attached. Please make additional copies for your use.
11. **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.

I have read the above and understand the importance of meeting all requirements for applying is upon the applicant and acceptance of my application for an alcohol beverage license does not in any way assure approval for the location applied for. I hereby agree to comply with all conditions and requirements of the Chattahoochee County Liquor, Malt Beverage & Wine ordinance as well as State Alcoholic Beverage ordinance.

Name of Business: _____

Licensee: _____

Licensee Signature: _____ Date: ____/____/____

 Notary Public Date: ____/____/____

SEAL:

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

DATE: _____

Check All That Apply:

New Transfer-Location Transfer-Ownership Change of Agent (licensee)

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, if applicable. *

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 APPLYING FOR

Initial license Investigative Fee: \$165.00. Application fee \$100.00, plus the license fee. If the license is denied by the Chattahoochee County Board of Commission (UGOCCC), only the license fee is refunded. No refund of investigative or application fees will be issued.

***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.**

APPLICATION FEE: \$100.00

INVESTIGATIVE FEE: \$165.00

LICENSEE FEE: _____

TOTAL DUE: _____

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

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: _____

DATE: ____/____/____

Notary Public

CHATTAHOOCHEE COUNTY SHERIFF'S DEPARTMENT
377 BROAD STREET, CUSSETA, GA 31805
Administration: (706) 989-2004



CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

I hereby authorize the **Sheriff/Chief of the Chattahoochee County Sheriff's Department, or his designee(s)**, to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Printed) _____ Maiden or Other Names Used _____

Home Address: _____
City State Zip

Sex _____ Race _____ Date of Birth ____/____/____ SSN ____-____-____

Place of Birth: _____
City State

Business Name: _____

Business Location: _____
City State Zip

Business Number: ____-____-____ Home Phone -----

Signature _____ Date ____/____/____

*******The following must be completed by the Chattahoochee County Sheriff*******

RECOMMEND APPROVAL: _____ RECOMMEND DENIAL: _____

COMMENTS: _____

Sheriff, Chattahoochee County Sheriff's Dept. Date ____/____/____

CHATTAHOOCHEE COUNTY SHERIFF'S DEPT ALCOHOL BEVERAGE

License #: ALC _____

Name of Business: _____

Corporate Name: _____

Business Address: _____ / _____ / _____
City State Zip

Licensee (Applicant): _____

If you, the licensee or any other person having an interest in this business for which this application has been made ever been arrested, indicted, convicted, pled nolo contendere, or forfeited bond as to any felony, misdemeanor or ordinance violation within the last five years, please give details below.
(Please attach a separate sheet if needed)

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: ____/____/____

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor (O.C.G.A. § 35-3-34(b) and §35-3-35(b)).

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia.

Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicants Printed Name

Applicants Signature

Date: / /

CHATTAHOOCHEE COUNTY

REPORT ON SALE OF ALCOHOLIC BEVERAGES BY THE DRINK

DUE ON OR BEFORE THE TWENTIETH (20TH) DAY OF THE MONTH FOLLOWING MONTH IN WHICH THE BEVERAGES WERE SOLD OR DISPOSED OF. ENVELOPE MUST BE POSTMARKED BY THE TWENTIETH (20TH) DAY OF THE MONTH.

INFORMATION

BUSINESS NAME:

ADDRESS:

REPORT FOR MONTH:

MONTH:

YEAR:

COMPUTATION OF TAX

1. GROSS AMOUNT OF ALCOHOLIC BEVERAGES SOLD BY THE DRINK DURING THE MONTH:

1.

2. AMOUNT OF EXCISE TAX (LINE 1 X .03)

2.

3. PENALTY - \$100 OR TEN PERCENT (10%) OF THE TAX ONLINE WHICHEVER IS GREATER

3.

4. INTEREST (ONE PERCENT (1%) PER MONTH OF THE TAX ONLINE 2)

4.

5. ADD DEBIT MEMO ISSUED BY CHATTAHOOCHEE COUNTY FINANCE DEPT. (Attached debit memo)

5.

6. DEDUCT CREDIT MEMO ISSUED BY CHATTAHOOCHEE (Attach credit memo)

6.

7. DEDUCT THREE PERCENT (3%) COLLECTION FEE (line 2 X .03 if tax is not delinquent)

7.

8. TOTAL AMOUNT DUE (Line 2, 3, 4, and 5 less line 6 and 7)

8.

CHANGE OF REGISTERED INFORMATION

FOR ANY CHANGES, CHECK PROPER BOX(ES) AND FURNISH APPLICABLE INFORMATION BELOW

New Business Location

New Trade Name

New and Mailing Address of Owner's)

Telephone No.

New Mailing Address

Date Business Discontinued

I declare under penalties prescribed, that the information contained in this document is true and correct to the best of my knowledge.

Signature: _____ **Date** ____/____/____ **Title** _____

Return Prepared By: _____ **Telephone No.** _____ - _____ - _____

FINANCE DEPARTMENT ONLY

Postmark date on Envelope ____/____/____

**MAKE CHECKS PAYABLE TO:
UGOCC BOARD OF COMMISSION
EXCISE DRINK TAX
215 MCNAUGHTON STREET
CUSSETA, GA 31805**

