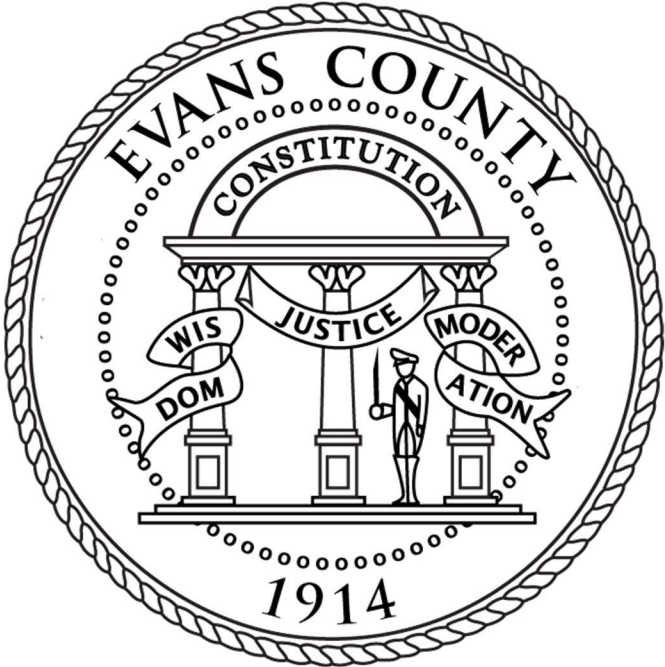


APPLICATION
FOR ALCOHOLIC BEVERAGE LICENSE



EVANS COUNTY
GEORGIA

EVANS COUNTY, GEORGIA APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE

YOU MUST COMPLETE APPLICATION IN ITS ENTIRETY

DATE OF APPLICATION: _____

APPLICATION TYPE: _____ NEW _____ RENEWAL

-A \$50 nonrefundable application fee is required at the time the application is submitted to the County Clerk

-Late Penalty: A \$500 fee will be applied after December 15th

-Failure to furnish application data and records within 30 days from the date of the request shall automatically be dismissed

Select Class Option Below for Off-Premises License:

| | | |
|---------|---|------------|
| CLASS A | Package Malt Beverage License | \$750.00 |
| CLASS B | Package Wine License | \$750.00 |
| CLASS C | Combination Package Malt Beverage and Wine License | \$1,000.00 |
| CLASS D | Package Distilled Spirits License | \$2,000.00 |
| CLASS E | Combination Package Malt Beverage, Wine and Distilled Spirits License | \$2,500.00 |

Select Retail Consumption On-Premise License:

| | |
|--|------------|
| Full Pouring License | \$3,500.00 |
| Limited Pouring License – Wine and Malt Beverage by the drink | \$3,000.00 |
| Limited Pouring License – Wine or Malt Beverage by the drink | \$1,500.00 |
| Brew Pub License | \$750.00 |
| Special Event Temporary Permit License | \$100.00 |

Select Manufacturers and Distributors of Distilled Spirits:

| | |
|-----------------------------------|------------|
| Manufacturer of Distilled Spirits | \$750.00 |
| Distributor of Distilled Spirits | \$2,750.00 |

APPLICANT INFORMATION

| | |
|---|--|
| Full Name | |
| Home Address | |
| Mailing Address | |
| Phone Number | |
| Email Address | |
| Are you 25 Years of age? | |
| Resident of Evans County (No. of Years) | |
| Proposed Business | |
| Business Address | |
| Full Name/Business Name to appear on License | |

Do you have a criminal record? If so, explain. _____

Have you read and are willing to abide by the Evans County Alcohol Ordinance? _____

Do you agree for official inspection of your business without a search warrant?

All applicants (new and renewal) are required to have the required information and records on file:

| | |
|--|--|
| <i>TO BE INITIALED BY OFFICE STAFF WHEN RECEIVED:</i> | |
| | Current fingerprint record (new) and background check (renewal) |
| | Copy of Driver's License or Legal Resident Documentation |
| | Proof of Liability Insurance in the amount of \$100,000, and worker's compensation insurance where applicable, effective for at least one year from the date of application |
| | Copy of Lease to the Premises or Proof of Ownership of the Premises |
| | Tax Commissioner Certification confirming there are no delinquent taxes owing to the County against any property both real or personal pertaining to the location of the business of the application: Paid tax bill will suffice |

PARTNERSHIP/CORPORATION INFORMATION

(IF APPLICABLE)

Partnership Information

| | |
|-------------------|--|
| Partner Full Name | |
| Home Address | |
| Mailing Address | |
| Phone Number | |
| Email Address | |
| Partner Full Name | |
| Home Address | |
| Mailing Address | |
| Phone Number | |
| Email Address | |

Corporation Information

| | |
|-------------------|--|
| Officer Full Name | |
| Home Address | |
| Mailing Address | |
| Phone Number | |
| Email Address | |
| Officer Full Name | |
| Home Address | |
| Mailing Address | |
| Phone Number | |
| Email Address | |

CRIMINAL BACKGROUND CHECK CONSENT FORM

I hereby authorize Evans County to receive any criminal history records based on the following information, under purpose code "E," which checks GA files only, and pay a fee for the said background check.

Full Name Printed: _____

SSN: _____

Address: _____

Sex: _____ Race: _____ DOB: _____

Signature: _____ Date: _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS

_____ DAY OF _____, 2022

Notary Public

My Commission Expires: _____

PRIVATE EMPLOYER EXEMPTION AFFIDAVIT

PURSUANT TO O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs less than eleven (11) employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer _____

Printed Name of Exempt Private Employer _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ **day of** _____, **20**__ **in**
_____ **(city, State).**

Signature of Authorized Officer/Agent: _____

Printed Name and Title of Authorized Officer/Agent: _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS

_____ DAY OF _____, 2022

Notary Public

My Commission Expires: _____

PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE

PURSUANT TO O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization Use Identification Number _____

Date of Authorization _____

Name of Private Employer _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ **day of** _____, **20**__ **in**
_____ **(city, State).**

Signature of Authorized Officer/Agent _____

Printed Name and Title of Authorized Officer/Agent _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS

_____ DAY OF _____, 2022

Notary Public

My Commission Expires: _____

O.C.G.A. § 50-36-1(e) (2) Affidavit-By executing this affidavit under oath, as an applicant for a(n) *Alcohol License* for _____, (*Name of Owner*) as referenced in O.C.G.A. §50-36-1, from Evans County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) ___ I am a United States citizen.
- 2) ___ I am a legal permanent resident of the United States.
- 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.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

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. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____,(state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS

_____ DAY OF _____, 2022

Notary Public

My Commission Expires: _____