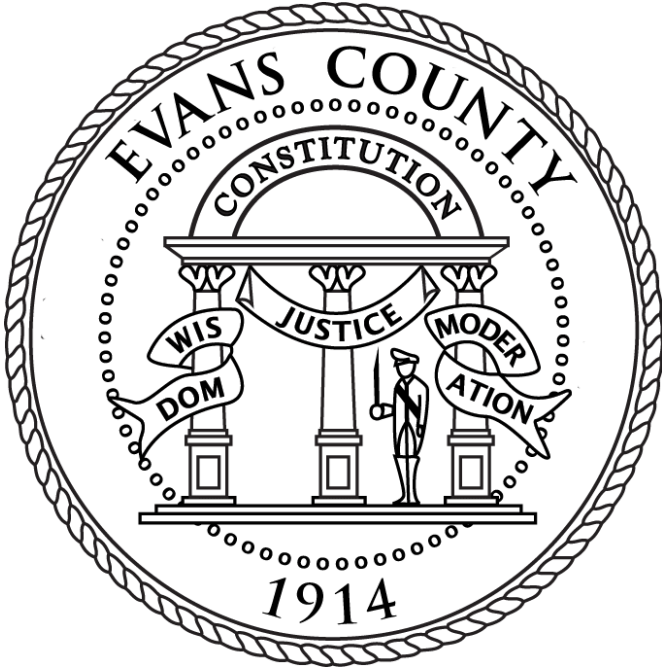


APPLICATION  
FOR ALCOHOLIC BEVERAGE LICENSE



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 15<sup>th</sup>

-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 <b>and</b> Malt Beverage by the drink	\$3,000.00
Limited Pouring License – Wine <b>or</b> 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?**

\_\_\_\_\_

**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: \_\_\_\_\_



**REQUIRED RECORDS**

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

<b><i>TO BE INITIALED/DATED BY OFFICE STAFF WHEN RECEIVED:</i></b>	
	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
	Register/Renew through GTC
	Completed Application
	Fees Paid
	Current fingerprint record (new) and background check (renewal)