

## ALCOHOL BEVERAGE RENEWAL APPLICATION FOR 2018

Finance Department | 2006 Heritage Walk | Milton, GA 30004 | 678-242-2500

License # \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

LOCATION: \_\_\_\_\_  IF BUSINESS HAS CLOSED.  
PLEASE CHECK BOX AND RETURN

### ALCOHOL BEVERAGE LICENSE FEE SCHEDULE

#### Package Licenses:

- Wine \$400.00
- Malt Beverages (including growlers) \$400.00
- Wine and Malt Beverages \$800.00
- Distilled Spirits \$3,000.00
- Wine, Malt Beverages & Distilled Spirits \$3,800.00

#### Limited Consumption on Premises:

- Limited Tap \$325.00
- Incidental \$100.00
- Bring Your Own Beverage \$100.00
- Brown Bagging (add on) \$100.00

#### Administrative Fees

- Application Fee \$100.00  
(Required all applicants)

#### Consumption on Premises Licenses:

- Wine \$650.00
- Malt Beverages \$650.00
- Wine and Malt Beverages \$1,300.00
- Distilled Spirits \$3,200.00
- Wine, Malt Beverages & Distilled Spirits \$4,500.00
- Additional Bar \$1,000.00

#### Specialty:

- Specialty Gift Shops (beer/wine) \$100.00

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**Please add together all applicable License and Administrative fees.**

**Any License Application/Payment Received  
AFTER November 15th of 2018 is subject to: 10% Penalty**

**Please complete and submit the following documents to renew your Alcohol License with the City of Milton:**

- This document and your calculated Fee Remittance
- List of all Wholesalers with whom you currently do business.
- List of all servers/bartenders. \*This list is due again on June 1 of the Renewal Year.
- Alcohol Beverage License Application
- Alcohol Beverage License Application Affidavit.
- Completed and signed SAVE Affidavit.
- Background Investigation.

**Mail to: City of Milton, Finance Department  
2006 Heritage Walk  
Milton, GA 30004**



# APPLICATION

## BUSINESS INFORMATION:

Business Name: \_\_\_\_\_  
DBA (if applicable): \_\_\_\_\_  
Location in Milton: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Business Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Fed Tax ID: \_\_\_\_\_

## CORRECTIONS

## OWNER/LICENSEE: (List each Manager and all persons owning 20% or more of the business).

Please attach separate page if needed.

Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(if different than above)  
CITY/STATE/ZIP: \_\_\_\_\_  
Owner phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Owner Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Owner Dr. License \_\_\_\_\_

## TYPE OF OWNERSHIP:

Proprietorship  Partnership  LLP  Corporation  LLC  Non-Profit  Other \_\_\_\_\_  
(please specify)

## LOCATION TYPE:

Restaurant  Bar/Lounge  Service Station  Private  Food Store  
 Supermarket  Hotel/Motel  Liquor Store  Other \_\_\_\_\_  
(please specify)

If you operate as a Corporation, please complete the information below:

TITLE	NAME	HOME ADDRESS	CITY/ST/ZIP
President:	_____	_____	_____
Vice Pres.	_____	_____	_____
Secretary:	_____	_____	_____
Treasurer:	_____	_____	_____

## REGISTERED AGENT INFORMATION:

A natural person age 21 years or older and residing in the city or the county who is empowered to act for and represent the licensee in all matters with the city relating to an establishment licensed or making application for a license to sell alcohol upon whom any process, notice or demand required or permitted by law or under this chapter may be served.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell/ Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee OR any other person(s) affiliated with this license?  No  Yes (If yes, please outline details below):

Name: \_\_\_\_\_ Charge: \_\_\_\_\_  
Jurisdiction of Alleged Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Are the business owner(s) associated in any way with other Retail, Wholesaler, Manufacturing, or Distiller of Alcoholic Beverage?  No  Yes (If yes, give names and address)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

# APPLICATION AFFIDAVIT

## TO BE SIGNED BY BUSINESS OWNER AND A NOTARY PUBLIC

Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate their business according to the law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. The applicant agrees to notify the Treasurer's Office of any change as it applies to this application within thirty (30) days of change. Failure to make such amendments shall be cause for the revocation of any license issued pursuant to this application. Further, the applicant agrees to abide by all laws, rules, and regulations of the United States, the State of Georgia, and of the City of Milton, now in force or which may hereafter be enacted, which regulate and govern the sale of alcoholic beverages and liquors. The applicant understands that issuance of license hereby applied for be granted, shall be constituted only as a privilege and not a right and that said license may be revoked or suspended by the city Manager, Milton, Georgia. The applicant also fully understands that any license issued shall cover the period of one (1) year commencing the 1st day of January and expiring December 31st. All license fees are nonrefundable.

As an applicant for Alcohol Beverage License, I understand that my license application will be publicly advertised and presented to the City Council for approval at one public hearing.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to state laws and city ordinances of Milton, Georgia shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Clerk/ Notary Public

My commission expires; \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed

**AFFIDAVIT OF PRESENCE IN THE UNITED STATES | O.C.G.A § 50-36-1**

**STATE OF GEORGIA } CITY OF MILTON }**

Personally appeared before me, the undersigned deponent on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ who being duly sworn deposes and says on oath that:

My name is \_\_\_\_\_.

I suffer no mental disabilities. I am able and competent to testify to the information and statements contained in this affidavit. I have read this affidavit, or have had it read to me, and I fully understand its contents. I am executing this affidavit for purposes of compliance with O.C.G.A. § 50-36-1.

**[INITIAL AND CHECK APPROPRIATE STATEMENT]**

- I am a United States citizen 18 years of age or older.
- I am a non-citizen who is a legal permanent resident, qualified alien or nonimmigrant under the federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Provide Alien Number: \* \_\_\_\_\_

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 Code Section 16-10-20 of the Official Code of Georgia.

Signed and sealed in the presence of:

**Affiant:**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature

\_\_\_\_\_  
My Commission Expires:

\_\_\_\_\_  
Printed Name

[Notary Seal]

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_

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## REQUIRED FINGERPRINT AND BACKGROUND CHECK

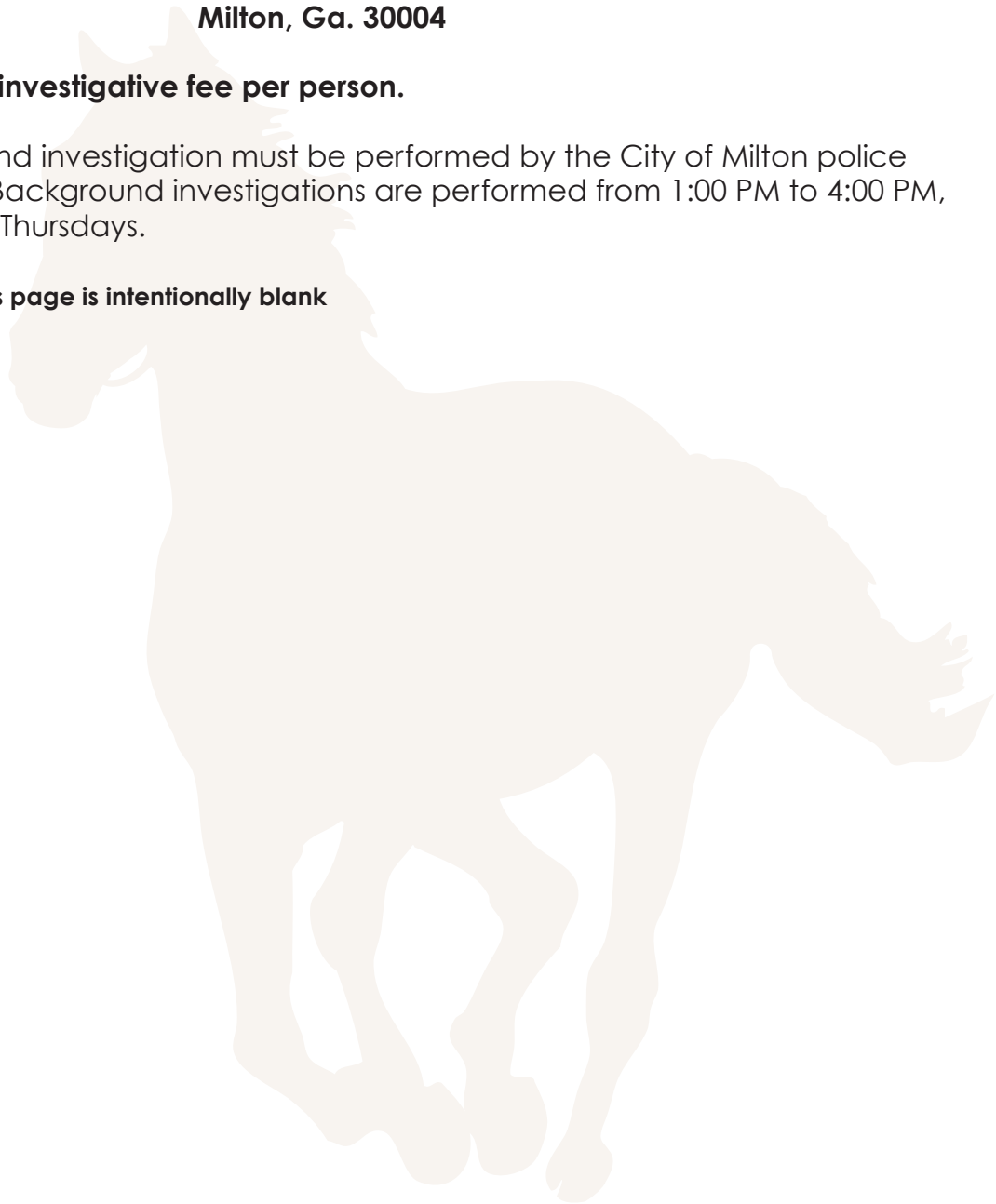
Applicant, manager and all persons owning twenty (20) percent or more of the business must submit to fingerprinting as part of a background investigation by the City of Milton police department. Forms of consent are located at:

**City of Milton Police Department  
13000 Deerfield Parkway  
Suite 107F  
Milton, Ga. 30004**

**There is a \$60 investigative fee per person.**

This background investigation must be performed by the City of Milton police department. Background investigations are performed from 1:00 PM to 4:00 PM, Tuesdays and Thursdays.

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