

ALCOHOL BEVERAGE LICENSE

New License Application

Attached is the application and additional documents to apply for a new permanent Alcohol Beverage License. Please complete forms and instructions as indicated. For detail on the City of Milton's regulations on alcohol licenses, please refer to the City of Milton Code of Ordinances, Chapter 4: Alcoholic Beverages (available at www.cityofmiltonga.us) or call 678 242-2500.

Date: _____ Contact Name: _____

Contact Phone: _____ Business Name: _____

DBA (If applicable): _____

All check-list items must be completed prior to the issuance of the temporary license, additional items may be need for permanent Alcohol Beverage License.

- ___ 1. Application sworn by applicant before notary public or other officer authorized to administer oaths, accompanied by payment for processing and license fees.
- ___ 2. Complete the GCIC (Georgia Crime Information Center) consent form and fingerprint requirements at the City of Milton Police Department located at 13000 Deerfield Parkway, Suite 107 F, Milton, GA 30004. Each manager and all persons owning twenty percent (20%) or more of the business must complete this form and fingerprint requirements.
- ___ 3. Complete Land Survey form and attach a site map of the business location.
- ___ 4. Sign Application Affidavit.
- ___ 5. Complete and sign SAVE Affidavit.
- ___ 6. Obtain copy of City of Milton Ordinance regarding Alcoholic Beverages.
- ___ 7. Provide photocopy of a valid picture ID.
- ___ 8. Provide proof of application for City of Milton occupational license.
- ___ 9. Approval by the following departments: Community Development, Building Official and Fire Marshal.

Applicant Signature

City of Milton Representative

ALCOHOL FEE SCHEDULE

PROCESSING FEES:

Administrative Fee \$100 _____
 Investigative Fee to be collected by the Police Department \$60 per 20% owner.

LICENSE FEES:

Consumption on Premises:	Monthly Fee	x	# of months	=	Total Due
Wine	\$54.16	x	_____	=	_____
Malt Beverages	\$54.16	x	_____	=	_____
Wine and Malt Beverages	\$108.32	x	_____	=	_____
Distilled Spirits	\$266.66	x	_____	=	_____
Wine, Malt Beverages and Distilled Spirits	\$375.00	x	_____	=	_____
Additional Bar	\$83.33	x	_____	=	_____

Limited Consumption on Premises:

Limited Tap	\$27.08	x	_____	=	_____
Incidental	\$8.33	x	_____	=	_____
Bring Your Own Beverage	\$8.33	x	_____	=	_____
Do you charge a corkage fee?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Brown Bagging (add on)	\$8.33	x	_____	=	_____

Retail Package:

Wine	\$33.33	x	_____	=	_____
Malt Beverages (including growlers)	\$33.33	x	_____	=	_____
Wine and Malt Beverages	\$66.66	x	_____	=	_____
Distilled Spirits	\$250.00	x	_____	=	_____
Wine, Malt Beverages and Distilled Spirits	\$316.66	x	_____	=	_____

Specialty:

Specialty Gift Shops (beer/wine)	\$8.33	x	_____	=	_____
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TOTAL FEES DUE:

Processing Fees: _____

License Fees: _____

Total Amount Due: _____

APPLICATION

BUSINESS INFORMATION:

Name: _____
(DBA if applicable)

Business Address: _____

Business Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Fed Tax ID: _____ No. of Employees: _____

OWNER/LICENSEE:

Name: _____
(Corporate Name or Individual)

Mailing Address: _____
(if different than above)

Cell/ Home Phone: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Social Security No. _____ - _____ - _____ Dr. License No. _____

Email Address: _____

REGISTERED AGENT:

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: _____

Address: _____

Cell/ Home Phone: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Email Address: _____

TYPE OF OWNERSHIP:

- Proprietorship Corporate Non Profit Other (specify) _____
- Partnership For Profit LLC _____

LOCATION:

- Restaurant Bar/ Lounge Service Station
- Private Food Store Supermarket
- Hotel/ Motel Liquor Store Other (specify) _____

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

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

Please select or fill out appropriate answer:

1. Is this application as a result of a change in ownership? Yes No
(If yes, detail change which occurred and date change occurred.)

2. Does applicant own property where business is located? Yes No
(If no, name owners and/or person to whom rent is paid, including address and telephone number(s).)

3. 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?
(If yes, please outline details below.)

Name: _____

Charge: _____

Where Convicted: _____ Date: _____

4. Are the business owner(s) associated in any way with other retail, wholesaler, manufacturing, or distiller of alcoholic beverage? (If yes, give names and address.)

Name: _____ Address: _____

Name: _____ Address: _____

REPORT OF LAND SURVEY

This form must be signed by Georgia Registered Land Surveyor and returned with a boundary line survey clearly indicating that the proposed retail establishment meets Milton's City Code of Ordinances regarding distance requirements.

The attached boundary line survey should be prepared by a Georgia Registered Land Surveyor and include the following information.

- Building location within boundaries of property.
- Indicate location of main/front entrance of building to determine appropriate distance requirements.
- Name, address, and telephone number of applicant.
- Date of survey, graphic scale, and north arrow.
- Location of attract (land district and land lot) and acreage.
- Signature and certification statements as listed below on survey for related alcoholic beverage use.
- Include one (1) of the certification statements as listed below on survey for related alcoholic beverage use.
 1. Certified that Beer, wine, and distilled spirits consumption on the premises license. In accord with the discretion afforded by O.C.G.A. 3-3-21 (b) (3), no permit for the retail sale of alcoholic beverage for consumption on the premises or for Incidental Licenses or BYOB Licenses shall be issued to any business that is within 20 yards of a church, school building, education building, school grounds, or college campus.
 2. Certified that Wine and malt beverages retail package sales. No person may sell or offer to sell any wine or malt beverage within 100 yards of any school building, school grounds, or college campus.
 3. Certified that Distilled spirits retail package sales. No person may sell or offer to sell any distilled spirits in or within 100 yards of a church building or within 200 yards of any school building, educational building, school grounds, or college campus.

Business Name (Business applying for license)

Location Address

Surveyor Name (printed)

Company

Signature

Date

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

O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit Verifying Status for City Public Benefit

****This form is required for ALL LICENSES/PERMITS by State Law****

By executing this affidavit under oath, as an applicant for a pouring permit, as referenced in O.C.G.A. § 50-36-1, from the City of Milton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1. I am a United States Citizen.
(Must include copy of either current State Drivers' License, Passport, or Military ID)
- 2. I am a legal permanent resident of the United States.
(Must include copy of your current State Drivers' License and either a copy of your Permanent Resident card or Employment Authorization Card.)
- 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. (Must include copy of your current State Drivers' License and either a copy of your Permanent Resident card or Employment Authorization Card.)

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).

Applicant Name (Please print): _____

Applicant's Signature: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20_____.

Notary Public/Seal: _____

My Commission Expires: _____

ADDITIONAL INFORMATION

Contact information for servers/bartenders due by June 1 and December 1.
Complete the List of Servers and Bartenders form and submit to the Finance Department.

HOURS OF SALE

Package Retail – Beer, Wine, and Liquor

Chapter 4, Article IV, Division 2, Section 4-189

Sunday 12:30 PM - 11:30 PM
Monday- Saturday 7:00 AM - 12:00 (Midnight)

Consumption on Premises

Chapter 4, Article V, Division 1, Section 4-232

Beer, Wine, and Liquor

Eating Establishments ONLY- establishment which is licensed to sell alcoholic beverages and which derives at least fifty percent (50%) of its total annual gross food and beverages sales from the sale of prepared meals of food.

Sunday 11:00 AM - 2:00 AM (Following Day)
Monday- Saturday 9:00 AM - 2:00 AM

Limited Consumption on Premises

Chapter 4, Article V, Division 1, Section 4-232

Incidental License, Limited Tap Licenses, Brown Bag License, and/or BYOB License

Sunday 11:00 AM - 9:00 PM
Monday- Saturday 9:00 AM - 9:00 PM

Sales prohibited within 250 feet of polling places on Election Days.