



Town of Braselton
Application for New, Renewal or
Transfer of Town Alcohol
Beverage License

License Year	_____
License Number	_____
License Fees	_____
Application Fee	\$150.00
Total Fee	_____

Business Name _____

INSTRUCTIONS: Every question shall be fully answered (typewritten or printed in ink). If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed it must be dated, signed and verified under oath by the applicant and filed in the Town Clerk's office, together with all supporting papers and certified check, cashier's check or cash for the exact fee.

1. (Applicant) License Holder's Name: (No Initials: spell out all Names): _____
 Home Address: _____
 DOB: _____ Social Security Number: _____

2. This license is for the use of:
 Name (Owner of Business): _____
 Address: _____ County: _____
 Telephone: _____ DOB: _____ Social Security Number: _____

3. Trade Name of Business: _____
 Business Address: _____ Business Phone: _____
 GA Sales Tax #: _____ FEI: _____
 Mailing Address (if different from business address): _____

4. Has any person with an interest in this application ever made an application at any previous time?
 Yes No (if yes, give the disposition of application) _____

5. Has this place of business or anyone connected therewith ever been convicted at any time with any violation of State or Federal law or regulation or any rule or regulation of the Town (other than minor traffic violation)? Yes No
 (if yes, give details on a separate sheet)

6. Has any previous license issued to any person with an interest in this application ever been revoked by any state or subdivision thereof or by the Federal government at any previous time? Yes No
 (if yes, give reason therefore) _____

7. List all information for each person, firm or corporation having any interest in this application and the type and percent of that interest

Name _____	Address _____	DOB _____	% _____
Name _____	Address _____	DOB _____	% _____
Name _____	Address _____	DOB _____	% _____
Name _____	Address _____	DOB _____	% _____
Name _____	Address _____	DOB _____	% _____
Name _____	Address _____	DOB _____	% _____

8. List all other business engaged in the sale of alcoholic beverage that any of the persons, firms or corporations are associated with in any way whatsoever: _____

9. List the full name and address and other pertinent information of the owner of the building, the owner of the land and the name and address of all lessors or sub lessors:

Name _____	Address _____	Relationship _____	Payments _____
Name _____	Address _____	Relationship _____	Payments _____
Name _____	Address _____	Relationship _____	Payments _____

10. Full name and other pertinent information of the manager of this business and state how he/she is compensated:
 Name: _____ Address: _____
 Home Phone: _____ SS#: _____ DOB: _____ Compensation: _____

OATH

I (We) do hereby solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing question in this application for a Town license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issues pursuant to this application. Should any additional change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change must be reported as a written amendment to this application on file with the Clerk within five (5) days of the change. The failure to make such amendment shall be a cause for the suspension or revocation of any license issued.

Signature of Applicant under oath: _____

d/b/a: _____ Title: _____

SWORN TO and subscribed before me this ____ day of _____,

_____, Notary Public

SCHEDULE OF FEES
Please check all that apply

- | | | | |
|---|---------------|---|------------------|
| <input type="checkbox"/> Wine Package | Fee - \$500 | <input type="checkbox"/> Distilled Spirits Consumption | Fee - \$4,000 |
| <input type="checkbox"/> Wine Consumption | Fee - \$500 | <input type="checkbox"/> Distilled Spirits Wholesale | Fee - \$1,000 |
| <input type="checkbox"/> Wine Wholesale | Fee - \$250 | <input type="checkbox"/> Distilled Spirits Manufacturer | Fee - \$1,000 |
| <input type="checkbox"/> Wine Manufacturer | Fee - \$250 | <input type="checkbox"/> Distilled Spirits Sunday Sales | Fee - \$500 |
| <input type="checkbox"/> Wine Importer | Fee - \$200 | <input type="checkbox"/> Malt Beverage Sunday Sales | Fee - \$100 |
| <input type="checkbox"/> Malt Beverage Package Retail | Fee - \$500 | <input type="checkbox"/> Wine Sunday Sales | Fee - \$100 |
| <input type="checkbox"/> Malt Beverage Consumption | Fee - \$500 | <input type="checkbox"/> Moveable Bars # _____ | Fee - \$100 each |
| <input type="checkbox"/> Malt Beverage Wholesale | Fee - \$250 | | |
| <input type="checkbox"/> Malt Beverage Manufacturer | Fee - \$750 | | |
| <input type="checkbox"/> Malt Beverage Growler | Fee - \$500 | | |
| <input type="checkbox"/> Distilled Spirits Package Retail | Fee - \$5,000 | | |

- In addition a copy of the name and address of all suppliers of alcohol to your location is required.
- A 3% per drink excise tax is due on the 20th of every month for all gross receipt sales of distilled spirits.
- Delinquent taxes will be subject to a 15% penalty plus interest on unpaid balance.
- First time applicants must submit a consent form for background investigation.