



# TOWN OF BRASELTON

## 2021 Application for New or Transfer of Town Alcoholic Beverage License

License Year	<u>2022</u>
License Number	_____
License Fees	_____
Application Fee	<u>\$150.00</u>
Total Fee	_____

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

### INSTRUCTIONS AND INFORMATION:

- Every question shall be fully answered (typewritten or printed in ink). If the space provided is not sufficient a separate sheet of paper may be used. Incomplete applications will not be accepted.
- The complete application must be dated, signed, notarized and filed with the Planning and Development Department along with all supporting papers.
- Payment of the application and licensing fees is due at the time of application submittal. First time applicant payments should be in the form of a certified check, cashier's check or cash. License renewals may pay with a personal or company check but will be required to wait a minimum of ten business days prior to receiving their license.
- All applicants must complete the U.S. Citizen and Qualified Alien Affidavit located on the last page of the application.
- First time applicants must submit fingerprints for a background check through the Georgia Applicant Processing Service (GAPS).
- Applications for new licenses or transfers must be approved by the Braselton Mayor and Council at their regular monthly meeting. Such applications must be received at least two weeks prior to the Mayor and Council meeting to be considered for placement on their meeting agenda. Applications will not be placed on the Mayor and Council agenda until the background check is complete. The Mayor and Council typically meet on the second Monday of each month.

Application is for (check applicable box below):

New License

Transfer of License

Renewal of License

1. (Applicant) License Holder's Name: (Spell out Full Name): \_\_\_\_\_

Home Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: \_\_\_\_\_

11. \*Please list or provide on a separate sheet of paper the name and address(s) of all suppliers of alcohol to your location: \_\_\_\_\_

*\*For Consumption and Retail Licenses, supplier must be a licensed and registered Wholesale/Distributor Dealer with the State of Georgia*

**OATH**

I 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 issued 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 Retail              | Fee - \$500   | <input type="checkbox"/> Distilled Spirits Manufacturer  | Fee - \$1,000    |
| <input type="checkbox"/> Wine Consumption                 | Fee - \$500   | <input type="checkbox"/> Distilled Spirits Sunday Sales  | Fee - \$500      |
| <input type="checkbox"/> Wine Wholesale                   | Fee - \$250   | <input type="checkbox"/> Malt Beverage Sunday Sales      | Fee - \$100      |
| <input type="checkbox"/> Wine Manufacturer                | Fee - \$250   | <input type="checkbox"/> Wine Sunday Sales               | Fee - \$100      |
| <input type="checkbox"/> Wine Importer                    | Fee - \$200   | <input type="checkbox"/> Frozen Consumables              | Fee - \$200      |
| <input type="checkbox"/> Malt Beverage Package Retail     | Fee - \$500   | <input type="checkbox"/> Frozen Consumables Sunday Sales | Fee - \$100      |
| <input type="checkbox"/> Malt Beverage Consumption        | Fee - \$500   | <input type="checkbox"/> Hotel/Motel Room Service #      | Fee - \$100 each |
| <input type="checkbox"/> Malt Beverage Wholesale          | Fee - \$250   | <input type="checkbox"/> Moveable Bars # _____           | Fee - \$100 each |
| <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 |  |                  |
| <input type="checkbox"/> Distilled Spirits Consumption    | Fee - \$4,000 |  |                  |
| <input type="checkbox"/> Distilled Spirits Wholesale      | Fee - \$1,000 |  |                  |

- **A 3% per drink excise tax is due on the 20<sup>th</sup> of every month for all gross receipt sales of distilled spirits.**
- **Delinquent taxes will be subject to a penalty fee in accordance with Georgia law.**

# U.S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath pursuant to O.C.G.A. 50-36-1(e), as an applicant for a Town of Braselton Alcoholic Beverage License, I swear or affirm under oath the following with respect to my application for a License for:

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

**Check (X) One of the Following:**

**A** \_\_\_\_\_ I am a United States citizen and 18 years of age or older.  
*A copy of a valid and verifiable ID must be presented as part of this affidavit.*

**OR**

**B** \_\_\_\_\_ I am either a legal permanent resident of the United States or qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age or older and lawfully present in the United States of America.

Alien Registration number for non-citizens: \_\_\_\_\_ (Required)

*Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:*

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

\_\_\_\_\_  
Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

Before me this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_:

(SEAL)

\_\_\_\_\_  
Notary Public  
My Commission Expires: