

INSTRUCTIONS FOR COMPLETING CITY OF MILLEDGEVILLE APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applicant(s) seeking to obtain a license to serve or sell alcoholic beverages within the city limits of the City of Milledgeville must submit an Alcoholic Beverage Application with accompanying fees to the Licensing Division of the Finance Office located in City Hall.

REQUIREMENTS.

- **Alcoholic Beverage Background Check.** Must be administered by the Milledgeville Police Department (478 414-4000). The fee is \$61.00. Contact Karen Youngblood with the Milledgeville Police Department at 478 414-4076.
- **Documentation.** Picture ID, proof of ownership or signed and dated lease and Affidavits of Citizenship must accompany application.
- **Processing Time.** A minimum of fourteen (14) business days from date of receipt for processing. Police, Fire, Zoning and formal approval from Milledgeville City Council (meets on 2nd & 4th Tuesdays each month) must be obtained before issuance. You may be asked to attend a meeting regarding your application after all documentation is received. If so, we will notify you as to the date, time and location of said meeting.
- **State Licensing.** Upon receipt of your City of Milledgeville license, you must also obtain a State of Georgia license. Please visit the Georgia Department of Revenue website at etax.dor.ga.gov/alcohol for additional information and FAQ's.

THE APPLICATION.

- **Answer each question fully and completely.** Questions left unanswered could delay processing of your application. Make sure we have a way to reach you if we have questions. Add extra sheets if necessary for your response(s).
- **Individual / Partnership applications.** Must be made jointly in both names of the partnership, association or corporation with all partners, active and silent, disclosed.
- **Corporate name / Trade name of business.** The name you list on your City application must match the name you list on your State application. Corporate name dba Trade name must be indicated (if applicable). The application must be dated, signed and notarized by the applicant(s) together with all supporting documents.
- **Signatures.** Please do not sign the application until you are before a Notary Public. If you do not have access to a Notary, a Notary is on staff in this office.

If this license is approved for the serving of liquor/mixed drinks, a Mixed Drink Excise Tax Report must be submitted to the City by the 20th of each month, a copy of which will be provided by this office.

If you hold an **Alcoholic Beverage Catering License**, a separate permit is required for each event.

This application is subject to the penalties of false swearing, including attached sheets submitted therewith. Any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and anything to the contrary shall constitute cause for the suspension or revocation of any license issued.

License fees cannot be prorated, are specifically issued, are location sensitive **AND MAY NOT BE TRANSFERRED**. Any changes to status will require, new licensing – both local and state - and must precede any business activity on the part of the new owner or location.

Failure to notify the city in writing of any change occurring during the year, for which a license issued pursuant to this application which would require a different answer to any question or any personal statement which is an amendment to this application, shall be cause for the revocation of any license.

Questions should be directed to Patti Rushin at (478)414-4006 (prushin@milledgevillega.us) or Celeste Hightower at (478) 414-4020 (chightower@milledgevillega.us).

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
FOR YEAR 20_____**

CITY OF MILLEDGEVILLE

P O BOX 1900
MILLEDGEVILLE, GA 31059-1900
prushin@milledgevillega.us
chightower@milledgevillega.us

119 E HANCOCK STREET
MILLEDGEVILLE, GA 31061
Phone (478) 414-4006 OR (478) 414-4020
FAX (478) 414-4011

**PLACE APPROPRIATE AMOUNT ALONGISDE LICENSE(S) REQUESTED
ALL FEES MUST ACCOMPANY APPLICATION**

(Fees paid for Rejected Applications will be Refunded, Application Fees are Non-Refundable)

RETAIL PACKAGED TO GO

Beer License	\$400	\$ _____
Wine License	\$400	\$ _____
Liquor License	\$3,025	\$ _____
Alcoholic Beverage Catering License	\$100	\$ _____

CONSUMPTION ON PREMISES

Beer License	\$400	\$ _____
Wine License	\$400	\$ _____
Anciliary Beer Tasting	\$400	\$ _____
Anciliary Wine Tasting	\$400	\$ _____
Liquor License	\$2,000	\$ _____
Sunday Sales License	\$400	\$ _____
Alcoholic Beverage Catering License	\$100	\$ _____

APPLICATION FEE \$100 \$ _____

TOTAL ENCLOSED \$ _____

EACH QUESTION MUST BE ANSWERED FULLY

FAILURE TO DO SO MAY CAUSE YOUR APPLICATION TO BE DELAYED

FULL NAME OF APPLICANT

_____ SS# _____

ADDRESS _____

CONTACT NUMBERS (____) _____ (____) _____ (____) _____

EMAIL ADDRESS _____

FULL NAME OF BUSINESS – List Corporate Name first (if applicable) then d/b/a Name

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

CONTACT NUMBERS (____) _____ (____) _____ (____) _____

LOCATION () LEASED (PROVIDE COPY OF LEASE) OR () OWNED (Evidence of Ownership)

STATE OF GEORGIA TAX ID# _____

BUSINESS STATUS

- () Single Proprietorship
- () Partnership
- () Corporation
- () Limited Liability Corporation

Please complete required information for **EACH INDIVIDUAL** involved in business including "limited and silent" partners.

NAME	ADDRESS	SS#	% INTEREST

Has **Applicant** or any other person representing this business previously applied for a City of Milledgeville license as a dealer in alcoholic beverages? ()Yes ()No. If answer is "Yes" please state **name of individual** and **disposition**. _____

Provide full **name** and **address of owner of property/building** where this business will be conducted. _____

Provide full **name** and **address of manager** of this business. _____

Have you, the Applicant, or any other person having any interest in the business for which this Application is made, ever been arrested, indicted or convicted for any offense by any State, County City or Federal Court? If you answer Yes, provide full details on a separate sheet and attach to this Application. ()Yes ()No

STATE OF GEORGIA, CITY OF MILLEDGEVILLE

I, _____, Applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me in this Application for a license as a dealer in alcoholic beverages are true and that no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicant (please sign in ink)

Date of Application

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

APPROVALS
For City of Milledgeville Use Only – Do not Complete this Page

Date of Meeting _____ **Applicant Notified** _____

POLICE DEPARTMENT

Applicant has presented appropriate identification, has been photographed and fingerprinted with results returned to the Business Office. ()Yes ()No Date received by Business Office _____

() APPROVED () DISAPPROVED

Chief, Police Department _____ **Date** _____

COMMENTS _____

FIRE DEPARTMENT

Building meets all City Fire Code provisions. ()Yes ()No

() APPROVED () DISAPPROVED

Chief, Fire Department _____ **Date** _____

COMMENTS _____

ZONING AND BUILDING CLASSIFICATION

Current Zoning Classification of Location _____ Proper Classification ()Yes ()No

Location meets municipal and state distance requirements? ()Yes ()No

() APPROVED () DISAPPROVED **Zoning Compliance Officer** _____ **Date** _____

COMMENTS _____

Building and/or premises has been inspected and approved. ()Yes ()No ()N/A ()See Comments

If applicable, copies of building plans have been submitted. ()Yes ()No ()N/A ()See Comments

() APPROVED () DISAPPROVED **Building Official** _____ **Date** _____

COMMENTS _____

LICENSING OFFICIAL

Appropriate documentation, fees & approvals received for placement on Council's agenda. ()Yes ()No

Presented to Council on _____ ()APPROVED ()DISAPPROVED

License # _____ Receipt # _____ License printed () Yes ()No Date _____

State License Verification _____ / _____ **Licensing Official** _____

CITY MANAGER

() APPROVED () DISAPPROVED

City Manager _____ **Date** _____

COMMENTS _____

**ATTACHED DOCUMENTS MUST BE COMPLETED AND RETURNED
IN ORDER TO RECEIVE OCCUPATION TAX CERTIFICATE**

The City of Milledgeville Code of Ordinances requires that each city business owner complete the annual process of renewing the Occupation Tax License for the upcoming year by March of each year or when applying for a new Occupation Tax License.

If you held a 2013 Occupation Tax License within the City of Milledgeville, your Occupation Tax Renewal Notice for 2014 should arrive this week. Please complete the renewal notice and return it, along with the **attached documentation** to the City of Milledgeville. Likewise, if you are applying for a new City of Milledgeville Occupation Tax License, this documentation must also be submitted.

The Georgia Illegal Immigration Reform and Enforcement Act of 2011 that was adopted by the Georgia General Assembly requires that cities and counties verify the legal status of applicants for Georgia “public benefits.” Specifically, the City of Milledgeville must **“require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States” (OCGA § 50-36-1(e)). (Att “A”)** The State of Georgia has defined “public benefits” to include occupation tax licenses (business licenses), alcoholic beverage licenses and certain other government services. Further, **O.C.G.A. § 36-60-6(d) requires all applicants for renewals and new licenses to complete the Private Employer Affidavit (Att “B”)**

You may return the attached documentation as well as your 2014 Occupation Tax Renewal via:

- (a) scanned email to either prushin@milledgevillega.us or chightower@milledgevillega.us, or
- (b) FAX to 478 414-4011, or
- (c) U S Mail to P O Box 1900 Milledgeville, GA 31059, or
- (d) by dropping them off at City Hall at either the drive-thru window or you may come inside to 119 E Hancock Street.

Upon receipt of the required documentation, we will promptly remit a confirmation of receipt and invoice to you. We will be happy to utilize email if you will provide the address.

The City cannot issue an Occupation Tax License without first obtaining the attached required information. If your current 2014 occupation tax license is not posted within your business by the due date indicated on your 2014 renewal, you will be subject to penalty and fine. Any business owner who fails to submit this information must be reported as required by OCGA § 50-36-1(i) to the State Department of Community Affairs.

The above requirements are mandated to the City of Milledgeville by the State of Georgia. If you have questions or concerns about Georgia’s Illegal Immigration Reform and Enforcement Act of 2011 or OCGA § 50-36-1, please contact your state legislator.

Pursuant to O.C.G.A. Section 48-14-20.1, please note that information provided by you on the City of Milledgeville Occupation Tax Application or Renewal will be provided to the Georgia Department of Revenue (DOR). **Additionally, notification will be provided to the DOR of refusal to provide all or part of the information required.**

Questions? Please contact us via email (listed above) or we can be reached at 478 414-4006 (Patti Rushin) or 478 414-4020 (Celeste Hightower).

Affidavit Verifying Applicant Status for City of Milledgeville Public Benefit

By executing this affidavit under oath, as an applicant for a public benefit referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my City of Milledgeville, Georgia, application for: *(please check one)*

- Occupation Tax License
- Alcohol license
- Other public benefit Specify: _____
- Taxi permit
- Contract with City

If person is applying on behalf of a business, specify the **name and address** of the business:

I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under O.C.G.A. § 50-36-1 (e). Such documents are defined by O.C.G.A. § 50-36-2 and made available on the State Attorney General's website.

- 1) _____ I am a United States citizen **OR**
- 2) _____ I am a legal permanent resident 18 years of age or older or I am otherwise a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

If #2 is selected above, a copy of one of the following documents must be attached to the affidavit:

- 1. Unexpired foreign passport
- 2. Employment Authorization Card (I-766)
- 3. Refugee Travel Document (I-571)
- 4. Permanent Resident Card (I-551)
- 5. Reentry Permit (I-327)
- 6. Certificate of Citizenship
- 7. Naturalization Certificate
- 8. Machine Readable Immigrant Visa (with Temporary I-551 language)
- 9. Temporary I-551 Stamp (on passport or I-94)
- 10. I-94 (Arrival/Departure Record) in Unexpired foreign passport
- 11. Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)
- 12. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)

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.

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

Signature of Applicant _____ **Date** _____

Notary Public

Printed Name: _____

My Commission Expires:

* _____
Alien registration number for non-citizens

* Note: O.C.G.A. § 5-36-1(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: _____

**APPLICANTS AND RENEWALS FOR
BUSINESS LICENSES AS OF JULY 1, 2013 (for 2014)**

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an occupational tax license (*business license, occupational tax certificate, or other document required to operate a business*) as referenced in O.C.G.A. § 36-60-6(d), from the City of Milledgeville, the undersigned applicant representing the private employer known as _____ [printed name of business/private employer] verifies one of the following with respect to my application for the above mentioned document:

➡ **Complete this section (effective as of July 1, 2013). Check (A) or (B). Required.**

(A) _____ On **July 1st** of the below signed year the individual, firm, or corporation employed **more than ten (10) employees.**

(B) _____ On **July 1st** of the below signed year the individual, firm, or corporation employed **fewer than ten (10) employees.**

COMPLETE THIS SECTION IF AND ONLY IF YOU CHECKED ITEM (A)

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number **Date of Authorization**

ALL APPLICANTS MUST SIGN BELOW, NOTARIZE, AND RETURN WITH YOUR RENEWAL OR PAYMENT TO OBTAIN OR RENEW AN OCCUPATION TAX LICENSE

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 allowed by such statute.

Executed on the ___ date of _____, 20__ in _____ (city), _____ (state)

➡ _____
Signature of Authorized Officer or Agent

➡ **PRINT YOUR LOCAL BUSINESS NAME HERE:**

Printed Name of and Title of Authorized Officer or Agent

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

➡ **PRINT YOUR LOCAL BUSINESS ADDRESS HERE:**

**NOTARY PUBLIC
My Commission Expires:**
