

**CITY OF CALHOUN**  
**ALCOHOLIC BEVERAGE LICENSE**

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**ALCOHOL APPLICATION CHECKLIST \*PLEASE READ PRIOR TO COMPLETING APPLICATION\***

- Application Completion:** Every question must be fully, correctly and legibly answered. Do not use initials – spell out all names. Incomplete applications will be returned to the applicant for proper completion. If the space provided is not enough for a full and complete answer, use a separate sheet of paper and indicate that a separate sheet is attached. The City of Calhoun Alcohol Ordinance is available for review [here](#). **This application is filed under oath.**
- DOR Form ATT-17:** All **LIQUOR** Applications are required to include the Georgia Alcohol and Tobacco Personnel Statement, DOR Form ATT-17 which may be downloaded [here](#).
- Copy of current lease, deed, or real estate purchase contract must be included with the application.**
- Surveyor’s certificate and surveyor’s plat (*Exhibit A*)**
- Notice of application for retail alcoholic beverage license (*Exhibit B*):** Applicant must cause the advertisement to appear in the Calhoun Times for two consecutive weeks prior to the public hearing and provide proof of advertisement and posted signage prior to the public hearing via email to [snelson@calnet-ga.net](mailto:snelson@calnet-ga.net). Further instructions will be sent applicant upon completion of application
- Required Fees:** A non-refundable processing fee of \$100 per alcohol type must be paid when the initial application is submitted. Payment instructions may be found [here](#). Within 10 days following approval of the application, all additional fees must be paid prior to issuance of the license.
- E-Verify Acknowledgement:** Must be completed by the applicant and submitted with the application.
- SAVE Verification:** A separate form must be completed for each individual required to be listed on the application, including but not limited to sole proprietor, partners, members, managers, and corporate officers and each must include a form of identification from the list of verifiable documents which may be viewed by clicking [here](#).
- Proof of Residency:** The manager must be a resident of Gordon County or an adjacent County and must provide a document other than a driver’s license to prove residential address via email to [snelson@calnet-ga.net](mailto:snelson@calnet-ga.net).
- Outstanding Taxes:** No license shall be issued or renewed until all outstanding taxes or special assessments that are delinquent, or any other monies owed to the city, are paid in full.
- Ownership of or Interest in Multiple Licenses:** No person shall be issued more than two retail alcoholic beverage licenses or be permitted to have a beneficial interest in more than two retail alcoholic beverage licenses. No person or member of such person’s immediate family or corporation shall own, hold or control
- Must be approved by the Mayor and Council.** You will receive an email with the dates for the first reading, second reading and public hearing. It is recommended you come to the public hearing at the Calhoun Depot, 109 South King Street.
- Fingerprinting:** Once the application is submitted online the criminal history must be completed for the licensee and the store manager, if different. An appointment must be made with the Calhoun Police Department; 200 North Wall Street. Appointment must be made in advance by calling 706- 629-1234. Notaries are available at the Police Department.

# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE

*\*For City Use Only\**

1<sup>st</sup> Reading \_\_\_\_\_ 2<sup>nd</sup> Reading \_\_\_\_\_ Public Hearing \_\_\_\_\_

**INSTRUCTIONS:** Every question must be fully and correctly answered. 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 with the City Clerk at City Hall, in Calhoun, Georgia 30701, together with all supporting papers and cash or certified check for the amount specified in the checklist on page one (1).

This application is filed by: \_\_\_\_\_ Single Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC

**NOTE:** Applicants other than individuals must make applications jointly in both the names of the partnership or corporation and the names of all partners, officers and stockholders having a substantial interest in the business. Provided, however any domestic corporation or legal entity lawfully registered and doing business under the laws of the State of Georgia, or any foreign corporation or legal entity lawfully registered under the laws of another state and authorized by the Secretary of State to do business in the State of Georgia, which seeks to obtain any class of license under this chapter shall be required to designate a resident of Gordon county, or an adjacent county, as a store manager, or an individual member of the management team, for the purpose of the initial application and all annual renewals.

\_\_\_\_\_  
Applicant (Individual or Entity)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Doing Business As:

\_\_\_\_\_  
Email Address (MUST COMPLETE-Will be used for Communications)

\_\_\_\_\_  
Date of Birth (Individual)

\_\_\_\_\_  
Location of Business

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

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Applicant's Home Address

\_\_\_\_\_  
County of Residence

# CITY OF CALHOUN

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## ALCOHOLIC BEVERAGE LICENSE

Indicate Type of License Applied For and underline or circle type of alcohol requested:

A non-refundable administrative fee of \$100 each for beer, wine, and liquor is required

\_\_\_\_ **Class A** – Beer and/or Wine Package (\$750 each)

\_\_\_\_ **Class B** – Beer and/or Wine Pouring (\$750 each)

\_\_\_\_ **Class C** – Distilled Spirits, Wine and Fortified Wine Package (\$5,000 liquor, \$750 Wine)

\_\_\_\_ **Class D** – Distilled Spirits, Wine and Fortified Wine Pouring (\$1,500 liquor, \$750 Wine)

\_\_\_\_ **Class E** – Beer, Distilled Spirits, Wine, and Fortified Wine Pouring (\$1,500 liquor, \$750 each Beer/Wine)

\_\_\_\_ **Class F** – Alcohol Pouring only on premises where sold – Private Club.(\$1,500 liquor, \$750 each Beer/Wine)

\_\_\_\_ **Class G** – Beer pouring and beer package at private club (\$1,000)

\_\_\_\_ **Class G1** – Alcohol Pouring only on premises where sold and Beer Package by any non-profit veterans association (proof of non-profit required) (\$1,500 liquor, \$750 each Beer/Wine, \$750 Beer Package)

\_\_\_\_ **Class H** – Alcoholic Beverages at Wholesale (No Fee Required)

### **Limited to locations within the Downtown Calhoun Historic District**

\_\_\_\_ **Class I** – Manufacturing/brewing of malt beverages – Microbrewery (\$500)

\_\_\_\_ **Class I-1** – Manufacturing/brewing of malt beverages and taproom – Microbrewery (\$500)

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### ***NOTICE***

All alcohol **POURING** licensees are required to file an annual alcohol pouring report. A form is included at the end of this packet.

All liquor pouring licensees selling liquor by the drink are required to collect an additional 3% excise tax per drink from the purchaser to be submitted monthly on the 10<sup>th</sup> of the month by the licensee. A form is included at the end of this packet.

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# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE APPLICANT AFFIDAVIT

I, \_\_\_\_\_, applicant for a license to engage in the sale of alcoholic beverages at retail in the City of Calhoun, Georgia, at the following address:

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I am a citizen of the United States, a resident of Gordon County, Georgia, or an adjacent county, or have assigned a store manager who is a resident of Gordon County or an adjacent county, Georgia, and am 21 years of age or older.

I have never been convicted under any federal, state or local law of a felony involving moral turpitude, and have not been convicted under any federal, state or local law of any felony within ten (10) years preceding the filing of this application.

I have not had revoked, for cause, within three (3) years preceding the filing of this application, any license issued to me by any municipality in the State of Georgia, or any other state, to sell alcoholic beverages of any kind.

I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested.

I understand that a violation of any of the regulations of the City of Calhoun, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages, shall subject my license to immediate revocation.

I own no more than two retail alcoholic beverage licenses, including this license; nor do I have beneficial interest in more than two retail alcoholic beverage licenses under Chapter Six (6) of the Calhoun Code of Ordinances.

The license for which this application is made is for the use of said owner. I, as applicant for said license, am (Circle one: resident officer, partner, associate owning substantial interest in the business, principal resident managing officer) and shall be active in and responsible for the management and operation of the business for which the license is requested.

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

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_.

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

My commission expires: \_\_\_\_\_

# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE

1. List the full name, Social Security Number and other pertinent information for each person, firm or corporation having any interest in this application and the percentage of interest. (Attach exhibits, if necessary.)

NAME	SOCIAL SECURITY #	ADDRESS	% OF INTEREST

Name the manager of the business for which this application is filed and state how he is compensated.

NAME	ADDRESS	TYPE OF INTEREST & AMOUNT

Do you own the business property? Yes  No

If no, name of owner \_\_\_\_\_

When does the lease expire? \_\_\_\_\_ (Attach a copy of the lease)

2. List any debts you have on your premises, or the contents. List creditors, amount of debts and due dates. This will be held confidential and shall be reviewed only by the Mayor, Council, City Attorney and City Clerk. No information will be divulged to any person or organizations without your written permission or request, unless required by court order:

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# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license pursuant to this application. Applicant also understands that issue of an alcoholic beverage license of any kind is a mere privilege and is subject to being revoked and annulled by the Mayor and Council of the City of Calhoun and is subject to laws, ordinances and regulations hereafter adopted. Should any 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 or any personnel statement which is made a part of this application **an amendment must be filed** at City Hall within 30 days.

I, \_\_\_\_\_, the applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City license pertaining to alcoholic beverages and liquors, are true and no false or fraudulent statement or answer is made herein to procure the granting of such license.

\_\_\_\_\_  
Applicant's Signature (full name, in ink)

I hereby certify that the above applicant is personally known by me and signed his name to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and under oath actually administered by the notary below, has sworn that said statements and answers are true.

\_\_\_\_\_  
Witness Printed Name (full name, in ink)

\_\_\_\_\_  
Witness Signature (full name, in ink)

I hereby certify that above applicant signed his name to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

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

# CITY OF CALHOUN

## ALCOHOLIC BEVERAGE LICENSE APPLICATION CONSENT TO SERVE AS STORE MANAGER

I acknowledge, accept, and consent to my designation as Store Manager in Calhoun, Gordon County for:

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

I am a resident of Gordon County, or an adjacent county, and I meet all requirements (and must maintain) of an individual licensee as prescribed by Chapter 6 of the City of Calhoun Code of Ordinances. I understand that it will be my responsibility as store manager to actually manage or operate the package store or restaurant on a day-to-day basis, and that I shall be responsible for any matter relating to the alcohol license.

If no Registered Agent is appointed, it will be my responsibility to receive any process, notice, or demand that is served on me, as the store manager of the represented business entity named above, and to forward such to the represented business entity.

I also understand that should I resign as store manager it is my responsibility to immediately notify the represented business entity and submit a statement of resignation to the City of Calhoun.

I, \_\_\_\_\_, store manager applicant, do solemnly swear, subject to criminal penalties for false swearing, that I am a resident of Gordon County, or an adjacent county, and as store manager for the above named business entity, I meet all of the requirements of an individual licensee as prescribed by Chapter 6 of the Calhoun Code of Ordinances.

\_\_\_\_\_  
Store Manager's Signature (full name, in ink)

I, \_\_\_\_\_, hereby certify that the above named store manager is personally known by me and signed his name to the foregoing application after stating to me that he knew and understood all requirements of a store manager for the above named business entity.

\_\_\_\_\_  
Witness Signature (full name, in ink)

I hereby certify that \_\_\_\_\_ signed his name to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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

**CITY OF CALHOUN**

**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**SURVEYOR'S CERTIFICATE  
"EXHIBIT A"**

STATE OF GEORGIA COUNTY  
OF GORDON CITY OF  
CALHOUN

**\*SURVEYOR'S PLAT MUST BE ATTACHED IF ALCOHOLIC BEVERAGES HAVE NEVER BEEN SOLD AT THIS LOCATION, OR IF IN CLOSE PROXEMITY TO A CHURCH OR SCHOOL. \***

I hereby certify that I have examined the property located at \_\_\_\_\_

\_\_\_\_\_ in the City of Calhoun and find that it meets the distance requirements as follows: Any distilled spirits in or within *100 yards* of any church building or within 200 yards of any school building, educational building, school grounds, or college campus; Any wine or malt beverages within *100 yards* of any school building, school grounds, or college campus; or

Any distilled spirits, wine, or malt beverages within *100 yards* of an alcoholic treatment center owned and operated by this state or any county or municipal government therein.

In witness whereof, I have hereunto set my hand and affixed my seal this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Registered Surveyor

(Seal)



**NOTICE OF APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE  
“EXHIBIT B”**

***It is the applicant’s responsibility to ensure the following advertisement is placed in the Calhoun Times at least once weekly for two consecutive weeks prior to the public hearing.***

**Please Note: Please sign signature line only. We will complete the advertising information and email it to the applicant once the application has been reviewed. You will then take the document to Calhoun Times (706-629-2231) to run your newspaper advertisement.**

The undersigned, \_\_\_\_\_, has made application to the Mayor and Council of the City of Calhoun for a Class \_\_\_\_\_ license to sell alcoholic beverages at \_\_\_\_\_. This application will be heard by the Mayor and Council at its regular meeting to be held at 7:00 p.m. on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed: _____ Applicant
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***(c) At least 15 days prior to the public hearing, the applicant shall cause to be placed upon the location of the proposed business one or more signs stating the following: (Proof of posting to be emailed to [snelson@calnet-ga.net](mailto:snelson@calnet-ga.net))***

RETAIL ALCOHOLIC BEVERAGE LICENSE APPLIED FOR. HEARING BEFORE THE MAYOR AND COUNCIL OF THE CITY OF CALHOUN, GEORGIA, ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_.

- (d) The signs shall each be not less than 24 inches by 36 inches and shall face toward all public streets, alleys, sidewalks, or other public property adjoining the proposed location. Such signs shall be placed where they can easily be seen from all public properties adjoining the proposed location.
- (e) Such applicant for retail sales, at the public hearing for such application, shall submit satisfactory proof to the mayor and council that the signs required by section (c) of this section were properly and adequately posted and were adequate to inform the public of the pending application and the public hearing thereon.

# City of Calhoun

Private Employer E-verify affidavit  
\*\* THIS FORM IS REQUIRED BY STATE LAW \*\*

By executing this affidavit under oath, as an applicant for a Business Occupation License as referenced in O.C.G.A. § 36-60-6(d), from the City of Calhoun, Georgia, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application.

Printed name of Private Employer: \_\_\_\_\_

**Employs more than ten (10) employees Please complete section 2 below and sign/notarize at the bottom**

**Employs ten (10) or fewer employees Do not complete section 2. Please sign/notarize at the bottom.**

**Section 2: 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:

E-verify # \_\_\_\_\_ Date of Authorization \_\_\_\_\_  
(Federal Work Authorization User ID number)

As an applicant for the City of Calhoun, Georgia Business License as referenced in O.C.G.A. § 50-36-1, from the undersigned applicant **verifies one of the following** with respect to my application for public benefit:

1. \_\_\_\_\_ I am a United State citizen
2. \_\_\_\_\_ I am a legal permanent resident of the United States
3. \_\_\_\_\_ I am a qualified alien or non-immigrant under Federal Immigration and Nationally Act with an alien number issued by the Department of Homeland Security or other federal immigration.

My alien # 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 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.

**A copy of your driver's license must be attached if number 1 is checked:**

**A copy of one of the following cards must be attached if numbers 2 or 3 are checked:** Permanent Resident, Employment Authorization Document, US Passport, US military ID, or a Certificate of Citizenship.

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.

**X** \_\_\_\_\_  
**Signature** of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

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

\_\_\_\_\_  
**NOTARY PUBLIC**

CITY OF CALHOUN  
POST OFFICE BOX 248  
CALHOUN, GEORGIA 30703-0248  
(706) 629-0151

**ANNUAL REPORT FOR ALCOHOL POURING LICENSEES  
DUE NOVEMBER 15 EACH YEAR**

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Name of Licensee

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Address of Licensee

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Telephone Number

	<b>AUGUST</b>	<b>SEPTEMBER</b>	<b>OCTOBER</b>
Gross Sale of Food	\$ _____	\$ _____	\$ _____
Gross Sale of Malt Beverages	\$ _____	\$ _____	\$ _____
Gross Sale of Distilled Spirits	\$ _____	\$ _____	\$ _____
Gross Sales of other items	\$ _____	\$ _____	\$ _____

This report is to be remitted by the 15<sup>th</sup> day of November each year. Failure to file a report promptly may result in the suspension or revocation of the license. Please include Sales and Use tax returns for all three months.

**I certify that I am the licensee on record and that the above is a true and accurate report of gross sales of food and all alcoholic beverages for the third quarter as stated above. I understand that I may be asked for additional information pertaining to this report.**

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Signature of Licensee

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Date

**Return completed forms to Calhoun City Clerk, P.O. Box 248, Calhoun, GA 30703**

CITY OF CALHOUN  
POST OFFICE BOX 248  
CALHOUN, GEORGIA 30703-0248

**(706) 629-0151**  
**MONTHLY REPORT FOR 3% EXCISE TAX**  
**ON LIQUOR BY THE DRINK SALES**

\_\_\_\_\_  
Name of Licensee

\_\_\_\_\_  
Address of Licensee

\_\_\_\_\_  
Telephone Number

Month for which tax is remitted: \_\_\_\_\_

Gross liquor by the drink cash sales for month: \_\_\_\_\_

Tax (3% of sales) {BA 005}: \_\_\_\_\_

This report is to be remitted by the 10<sup>th</sup> day of the month following that for which the report is filed. Tax is delinquent as of the 15<sup>th</sup> day and a 10% penalty, plus interest of 1% per month for the period delinquent. Failure to file a report and remit taxes shall constitute cause for suspension or revocation of said license.

**“I hereby state that the above is a true and accurate report of gross sales of liquor by the drink, and the taxes due the City of Calhoun, Georgia as per section 6-173 of the Code of Ordinances of the City.”**

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

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