

CHECKLIST

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- Renewal Application to be completed and signed by the alcohol licensee**
- Copy of current lease if different from last year**
- Affidavit Verifying Status & E-Verify Acknowledgement**
- Submit annual alcohol pouring report - Due November 15**
- If the named manager is different from last year the renewal will not be accepted until a Manager Change Form is completed and approved by the Calhoun City Council. (Email to snelson@calnet-ga.net.) Calhoun Code of Ordinances requires notification within five (5) business days of a change in management. (Manager must be a resident of Gordon County or an adjacent County – must provide document to prove residential address**
- Must be approved by the Mayor and Council. You will receive notification once the application is approved or denied.**

**CITY OF CALHOUN, GEORGIA
ALCOHOL LICENSE
RENEWAL APPLICATION FOR 2023**

Name of Business: _____

Date _____

Business Address: _____

Total Fee Amount _____

Name of Licensee: _____

Renewal Type:

- 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 \$1,500 liquor, \$750 each Beer/Wine, \$750 Beer Package)

Who is your Store Manager _____ Home Address: _____

Manager's Phone Number _____ Manager Date of Birth: _____

1. Indicate names, addresses and phone numbers of persons with interest, and the nature of their interest in the business other than the license holder: _____

2. Do you own the business property? Yes No If no, name of owner: _____

When does the lease expire? _____ (Attach a copy of the lease only if different from prior year.)

3. Have you, any employees, or anyone having interest in the operation of the business been convicted or taken plea of *nolo contendere* of any misdemeanor or felony within the past year, other than minor traffic violations? Yes No
If so, list name, charge, and date of conviction below. **(This includes any charges for selling or serving to a minor).**

6. E-mail address: _____ E-mail renewal? _____

Oath: "I solemnly swear that the above facts are true to the best of my knowledge and that I am the current license holder."

License Holder Signature

Witness

Notary Public
My Commission Expires _____

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 # _____
(Federal Work Authorization User ID number)

Date of Authorization

Citizenship Affidavit

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

My Commission Expires _____

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**

Name of Licensee

Address of Licensee

Telephone Number

	AUGUST	SEPTEMBER	OCTOBER
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 15th 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.

Signature of Licensee

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