ALCOHOL APPLICATION CHECKLIST

PLEASE READ INSTRUCTIONS CAREFULLY-INCOMPLETE APPLICATIONS WILL BE DENIED

- ❑ **Application Completion:** Every question must be fully, correctly and legibly answered. Do not use initials – spell out all names. 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.**
- ❑ Copy of your current business license issued by the City of Calhoun.
- ❑ **DOR Form ATT-17:** All 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):** After submittal of application the 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. Further instructions will be sent to applicant upon receipt 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.
- ❑ **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 any interest whatsoever in more than two Class C licenses in the city.
- ❑ **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, the store manager, and all persons having a direct beneficial interest in the business, including the spouse of any such person. An appointment must be made with the Calhoun Police Department; 10 McDaniel Station Road. Appointment must be made in advance by calling 706- 629-1234. Notaries are available at the Police Department.

CITY OF CALHOUN

For City Use Only

1st Reading_____ 2nd 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

- State of Incorporation: _____
- Registered with Georgia Secretary of State? ☐ Yes ☐ No
- Is this a foreign entity authorized to operate in Georgia? ☐ Yes ☐ No

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 Full Legal Name (Individual or Entity) Date of Application

_____
Doing Business As Parcel Number

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

Date of Birth (Individual) _____

_____
Location of Business

_____
Residential and Mailing Address County of Residence

_____
Nature and Character of Business

_____ _____
Business Phone Home Phone

Has this location previously been licensed for alcohol sales? ☐ Yes ☐ No

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)

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

_____**Class I-1** – Microbrewery Tap Room ($500)

_____**Class J** – Lodging facilities with 50 or more rooms, where such sales are to be made **only** to persons who are registered guests. Must have **50** or more rooms to be eligible for license. Select all that apply:

Select	Type	Select	Type	Select	Type
	Beer Package-$750		Wine Package-$750		Distilled Spirts Package-$5000
	Beer Pouring-$750		Wine Pouring-$750		Distilled Spirits Pouring-$1,500

Hotel license means any business qualifying as a "hotel" that possesses a current hotel license from the City to sell malt beverages or wine to a registered guest of such facility. A hotel licensee is not a retail package or pouring vendor or business as defined within this Code but shall be subject to all restrictions in this Code that apply to retail package or pouring vendors or business. A hotel licensee is prohibited from selling malt beverages or wine to a person who is not a registered guest of its lodging establishment.

NOTICE

All alcohol POURING licensees, except Class J licenses, 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 10th of the month by the licensee. A form is included at the end of this packet.

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:

_____

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: _____

1. List the full name, Social Security Number and other pertinent information for each person, firm, corporation, partnership, and all corporate officers having any interest in this application and the percentage of interest. Spouses must be included. (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. **FINANCIAL STATEMENT (Attach separate document)**
   Attach a sworn financial statement including:

   - Total investment
   - Sources and amount of any loans
   - Collateral used for said loans

   ☐ *Attached*

3. **Personnel Statement (Form ATT-17):**
   ☐ Attached and completed

4. **Consent to Interrogation:**
   By signing this application, the applicant agrees to produce any persons requested by the police department for oral interrogation and investigation related to this application.

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)

ACKNOWLEDGEMENTS

☐ Applicant agrees to submit annual questionnaire for license renewal
☐ Applicant agrees to notify the city within 5 business days of any store manager change
☐ Applicant understands failure to meet any requirement may result in application dismissal

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 ***

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

(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)

RETAIL ALCOHOLIC BEVERAGE LICENSE APPLIED FOR. HEARING BEFORE THE MAYOR ANDCOUNCIL 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 previsions 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

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 _____ SUBSCRIBED AND SWORN BEFORE ME
Signature of Authorized Officer or Agent 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

	JUNE	JULY	AUGUST
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 (Form ST-3) 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
(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 10th day of the month following that for which the report is filed. Tax is delinquent as of the 15th 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