

"Preserving Our Heritage,  
Shaping Our Future"

Historic Home of Gravel Hill  
Est. 1815

*Paul Hawkins*, MAYOR



*City Hall*  
156 Old Sunbury Rd.  
Flemington, GA 31313

912.877.3223  
cityhall@cityofflemington.org

## ALCOHOL SALES LICENSE

APPLICATION TYPE:  NEW  RENEWAL

Various classes of Alcohol Beverage Licenses exist, categorized by the business type. It is imperative to note that the City of Flemington's alcohol license necessitates a corresponding state alcohol license for validity. Businesses operating without the requisite licenses may face penalties or closure by the City of Flemington. To apply for this license, the submission must also be made through the [Centralized Alcohol Licensing Portal](#) ("CALP").

- **Completely** fill out the application. All documents must be signed and notarized.
- A completed Occupational Tax Certificate application (business license) must be submitted with this application.
- Attach all required documentation. Requirements vary based on business type.
- New alcohol licenses must be presented by the Liberty Consolidated Planning Commission ("LCPC") and approved by the City Council.
- Your city and state license must have the same business name.
- All alcohol sales licenses expire each year on December 31<sup>st</sup>. Alcohol licenses are non-transferrable & nonrefundable.
- Licenses obtained after July 1<sup>st</sup> will be prorated.
- There is an additional \$25.<sup>00</sup> administrative fee for alcohol licenses.

## SUPPORTING DOCUMENTATION CHECK LIST

### Individually Owned

- Completed application.
- Applicant picture identification.
- Lawful Presence Affidavit.
- Alcohol Class Worksheet
- Private Employer Affidavit
- Local Manager(s) Information Form +picture ID *if applicable*.
- Applicant Oath.

### Partnership

- Completed application.
- Partnership Information Form(s) +picture ID and proof of citizenship for each partner.
- Applicant picture identification.
- Lawful Presence Affidavit.
- Alcohol Class Worksheet
- Private Employer Affidavit
- Local Manager(s) Information Form +picture ID *if applicable*.
- Applicant Oath.

### Corporation

- Completed application.
- Incorporation documentation from the Georgia Secretary of State.
- List of all corporate officers.
- Applicant picture identification.
- Lawful Presence Affidavit.
- Alcohol Class Worksheet
- Private Employer Affidavit
- Local Manager(s) Information Form +picture ID.
- Applicant Oath.



# ALCOHOL LICENSE APPLICATION

\*Required for all

LICENSE YEAR: \_\_\_\_\_

APPLICANT NAME:

SOCIAL SECURITY #:

\_\_\_\_\_

*Last*

*First*

*Middle*

## ADDRESS OF APPLICANT

(PO Boxes are not accepted)

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*Zip*

\_\_\_\_\_

*County*

## CORPORATION

(if applicable)

Name: \_\_\_\_\_

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

President: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_

WERE YOU BORN A US CITIZEN?  YES  NO

TYPE OF BUSINESS:  Package Store  Hotel  Grocery/Convenience Store  
 Restaurant  Club, Lounge, Bar  Recreation Facility/Venue

## BUSINESS INFORMATION

Trade Name: \_\_\_\_\_

Local Business \_\_\_\_\_

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

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

*Street Address*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*Zip*

Business Phone: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Sales Tax #: \_\_\_\_\_ E-Verify #: \_\_\_\_\_

Type of Ownership:  Individually Owned  Partnership \*complete information form  
 Corporation \*complete information form

Will someone other than you be responsible for the operation of the establishment during duty hours?  Yes \*complete information form  
 No



## CORPORATE OFFICERS

Use additional sheets if necessary.

- This form is not applicable as I am the sole owner of this business.
- This form is not applicable as my business is a partnership (not a corporation).

**NAME:** \_\_\_\_\_  
*Last First Middle Suffix*

**HOME ADDRESS:** \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State Zip*

**HOME PHONE #:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **% of INTEREST OWNED:** \_\_\_\_\_

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**NAME:** \_\_\_\_\_  
*Last First Middle Suffix*

**HOME ADDRESS:** \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State Zip*

**HOME PHONE #:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **% of INTEREST OWNED:** \_\_\_\_\_

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**NAME:** \_\_\_\_\_  
*Last First Middle Suffix*

**HOME ADDRESS:** \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State Zip*

**HOME PHONE #:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **% of INTEREST OWNED:** \_\_\_\_\_

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## LAWFUL PRESENCE AFFIDAVIT

\*Required for all

Pursuant to O.C.G.A. § 50-36-1, all persons who – either on behalf of themselves or on behalf if an individual, business, corporation, partnernship or pther private entity – apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A. § 50-36-1(a)(3)(A), include any grant, contract, loan, professional license, or commercial license provided by any agency of State or local government or by appropriated funds of a State or local government.

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

- I am a United States citizen, or
- I am a legal Permenant Resident of the United States, or
- I am a qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or represenattion in this sworn affidavit is punishable under O.C.G.A. § 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Title*

\_\_\_\_\_

*\*Alien Registration # for Non-citizens*

\_\_\_\_\_

*Business Name*

\_\_\_\_\_

*TIN or SSN*

### NOTARY:

Notarized this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in the State of Georgia.

County of \_\_\_\_\_.

Notary \_\_\_\_\_ Commission Expires \_\_\_\_\_

Seal:

*Note: O.C.G.A. § 50-36-1(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their aleien registration number. Because legal permanent residents are included in the Federal definition of "alien", legal permanent residents myst also provide their alien registration number, Qualified aliens that do not have an alien registration number may supply another identifying number below:*

\_\_\_\_\_ (another identifying number)



# ALCOHOL CLASS WORKSHEET

\*Required for all

The City of Flemington has six classes of alcohol licenses with varying allowable sales hours. Alcohol is restricted from sale on an election day within 250 feet of a polling location. Sales are allowable on all holidays.

Please check the type of license(s) you are applying for.

## Class I – HOTELS

*(with a minimum of 60 rooms)*

### Alcohol Sale Hours:

Monday – Saturday 8:00 am – 11:45 pm  
Sunday 12:30 pm to 11:30 pm

### ON PREMISE Consumption – Hotel Bar

- Beer - \$850
- Wine - \$750
- Liquor - \$3000

*No Sunday Sales*

### OFF PREMISE Consumption – In-Room

- Beer - \$850
- Wine - \$750
- Liquor - \$3000
- Sunday Sales - \$500

## Class II – RESTAURANTS

### ON PREMISE Consumption *(with full kitchen)*

Monday – Saturday – 60% food sales required  
Sunday – 70% food sales required

### Alcohol Sale Hours:

Monday – Saturday 11:00 am – 1:00 am  
Sunday 12:30 pm to 11:30 pm

*\*There is an application for Class II Sunday Sales that must to accompany this application.*

- Beer - \$850
- Wine - \$550
- Liquor - \$2600
- Sunday Sales - \$500\*

## Class III – RECREATION FACILITIES

### ON PREMISE Consumption *(venues with food)*

65% food sales required

### Alcohol Sale Hours:

Monday – Saturday 11:00 am – 1:00 am  
Sunday 12:30 pm to 11:30 pm

- Beer - \$850
- Wine - \$550
- Liquor - \$2600
- Sunday Sales - \$500

## Class IV – CLUBS, LOUNGES & BARS

### ON PREMISE Consumption

- Beer - \$850
- Wine - \$750

### Alcohol Sale Hours:

Monday – Saturday 11:00 am – 1:00 am  
Sunday 12:30 pm to 11:30 pm

- Liquor - \$3000
- Sunday Sales - \$500

## Class V – RETAIL & PACKAGE STORES

### OFF PREMISE Consumption

- Beer - \$850
- Wine - \$550

### Alcohol Sale Hours:

Monday – Saturday 8:00 am – 11:45 pm  
Sunday 12:30 pm to 11:30 pm

- Liquor - \$2500
- Sunday Sales - \$500

## Class VI – CATERED OR NON-PROFIT EVENT FUNCTION

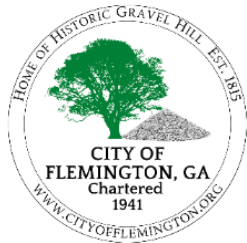
### ON PREMISE Consumption (up to 2 days)

- Beer - \$50
- Wine - \$50

### Alcohol Sale Hours:

Monday – Saturday 11:00 am – 1:00 am  
Sunday 12:30 pm to 11:30 pm

- Liquor - \$100
- Sunday Sales - \$500



## PARTNERS OR LOCAL MANAGERS INFORMATION

This form is not applicable as I do not have a local manager.

Use one sheet per partner or local manager. Each will need a copy of picture ID.

NAME: \_\_\_\_\_  
*Last First Middle Suffix*

HOME ADDRESS: \_\_\_\_\_  
*Street Address City State Zip*

SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Mailing Address of Partner (or Manager) if different from above:

\_\_\_\_\_  
*Address City State Zip*

**\*\*Attach a copy of picture ID. Check your supporting documents below.**

Military ID     Drivers License     ID Card     Passport



## APPLICANT'S OATH

\*Required for all

Have you, the applicant, or any other person having an interest in business for which this application as been made, ever been detained, arrested, indicted, or convicted for any offense by any State County, City, Federal, or foreign officer of any other government? If yes, please explain.

No  Yes: \_\_\_\_\_

Before signing this application, check all answers and explanations to see that you have answered all the 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 conditional 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 issued pursuant to this application. 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 personal statement which is made a part of this application, such change must be reported as an amendment to this application as specified by Revenue Department regulations. The failure to make such amendment shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood.

I, \_\_\_\_\_, applicant, do solemnly swear or affirm, subject to criminal penalties for false swearing, that the statement and answers made by me to the foregoing questions in this application for a City license as a dealer in 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)

### NOTARY:

I hereby certify that \_\_\_\_\_ signed his/her/their name to the foregoing application and acknowledges that he/she/they knew and understood all statements and answers made therein and under oath actually administered by me has sworn that the statements and answers are true.

Sworn and scribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_ City of \_\_\_\_\_

Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Seal: