

CITY OF STATESBORO, GEORGIA

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

DATE OF APPLICATION _____ NEW _____ RENEWAL _____

FIRST READING DATE _____ SECOND READING DATE _____

TYPE OF BUSINESS TO BE OPERATED:

_____	RETAIL BEER & WINE PACKAGED ONLY	\$1,250.00
_____	RETAIL BEER & WINE BY THE DRINK	\$1,250.00
_____	BEER, WINE & LIQUOR BY DRINK	\$3,750.00
_____	WHOLESALE LICENSE	\$1,000.00
_____	APPLICATION FEE – PACKAGED SALES	\$150.00
_____	APPLICATION FEE – POURING SALES	\$150.00

APPLICANT'S FULL NAME _____

BUSINESS NAME _____

DBA _____

BUSINESS ADDRESS _____

BUSINESS MAILING ADDRESS _____

BUSINESS TELEPHONE # _____

APPLICANT'S HOME ADDRESS _____

APPLICANT'S HOME PHONE # _____

APPLICANT'S AGE _____ DATE OF BIRTH _____ SS# _____

ARE YOU A CITIZEN OF THE UNITED STATES? ___ YES ___ NO

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING? ___ YES ___ NO

IS THE APPLICANT THE OWNER OF THE BUSINESS? ___ YES ___ NO

IF NO, WHAT IS YOUR TITLE IN THE BUSINESS? _____

HOW MANY PARTNERS, SHAREHOLDERS, ETC. ARE INVOLVED IN THE BUSINESS _____

PLEASE LIST BELOW:

STATEMENT OF APPLICANT

“I DO SOLEMNLY SWEAR THAT I HAVE PROVIDED TRUE AND ACCURATE INFORMATION ON THIS APPLICATION; AND UNDERSTAND IF I HAVE BEEN UNTRUTHFUL IT WILL RESULT IN DENIAL OF MY LICENSE”.

IF MY APPLICATION IS APPROVED, I CERTIFY (PLEASE INITIAL EACH ONE)

- A. I HAVE RECEIVED A COPY OF THE ALCOHOL ORDINANCE _____. I UNDERSTAND THAT NO LICENSE WILL BE ISSUED UNTIL I HAVE RECEIVED A COPY OF THIS ORDINANCE.**
- B. I WILL ABIDE BY THE CITY OF STATESBORO ALCOHOL ORDINANCE _____**
- C. I UNDERSTAND ANY LICENSE GRANTED TO ME IS NOT TRANSFERABLE _____**
- D. I WILL ALLOW MY BUSINESS PREMISES TO BE OPEN TO INSPECTION AT ANY REASONABLE TIME BY CITY OFFICIALS AUTHORIZED TO CONDUCT INSPECTION OF BUSINESS PREMISES _____**
- E. I UNDERSTAND THAT NO LICENSE WILL BE PROCESSED OR ISSUED UNTIL ALL FEES ARE PAID WITH THE TAX CLERK _____**
- F. I HAVE COMPLETED THE ATTACHED CONSENT FORM AND UNDERSTAND IT AUTHORIZES THE STATESBORO POLICE DEPARTMENT THE RIGHT TO CHECK MY BACKGROUND _____**
- G. I UNDERSTAND IT IS MY RESPONSIBILITY TO CONTACT THE STATESBORO POLICE DEPARTMENT FOR FINGERPRINT PROCESSING _____**
- H. I UNDERSTAND THAT I WILL NOT BE GRANTED A LICENSE UNTIL I HAVE PRESENTED A COPY OF MY CITY/STATE CERTIFICATE OF OCCUPANCY _____**
- I. I UNDERSTAND IF I AM APPLYING FOR AN ON-PREMISE CONSUMPTION ALCOHOL LICENSE, THAT I WILL NOT BE ISSUED AN ALCOHOL LICENSE UNTIL THE CONDITIONS LISTED ON PAGE 3 OF THIS APPLICATION HAVE BEEN MET _____**

SIGNATURE OF APPLICANT

DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF

_____, 2006

NOTARY PUBLIC

MY COMMISSION EXPIRES

On-Premise Consumption Alcohol Licenses will be approved subject to the applicant completing the following conditions **prior** to being issued by the City Clerk.

1. The applicant must obtain an occupational tax certificate (business license) for the licensed premises.
2. The applicant must have the premises inspected by the City's Fire Inspector and correct any deficiencies regarding the Fire Code and Life Safety Code.
3. The applicant must have the Bulloch County Health Department inspect the premises and issue a food service permit.
4. The applicant must obtain a building permit and make all renovations necessary to bring the building up to code.
5. The applicant must receive a Certificate of Occupancy from the Chief Building Official evidencing that all renovations have been made according to building, electrical, plumbing and mechanical codes.
6. The Chief Building Official and the Planning Director must establish the allowed occupancy load based on the seating diagram, and the actual available parking that is hard-surfaced (paved or concrete) with the individual spaces painted.

CITY OF STATESBORO

CONSENT FORM

I, _____, am authorizing the Statesboro Police Department to release information on any criminal history record the State of Georgia or the Statesboro Police Department might have to the City of Statesboro.

I hereby agree the Statesboro Police Department, the Georgia Crime Information Center, the employees of either agency, or the employees of any other agency of the state, shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

FULL NAME _____

ADDRESS _____

SSN # _____ DATE OF BIRTH _____

PLACE OF BIRTH _____

SEX _____ RACE _____ HGT _____ WGT _____ EYES _____ HAIR _____

SIGNATURE

DATE

NOTARY PUBLIC

MY COMMISSION EXPIRES

**FILING
REQUIREMENTS**

This application will not be processed unless the following items are submitted with it.

- Application fee \$150.00 (Make check payable to the City of Statesboro.)
- Application **must** be signed and notarized by the applicant.
- Applicant **must** contact Teresa Skinner at (912) 764-5468 to receive a copy of the City of Statesboro Alcoholic Beverage Ordinance.

Please contact Teresa Skinner at (912) 764-5468 if you have any questions regarding this application.

**City of Statesboro
Tax Office
50 E. Main St., 1st Floor
P. O. Box 348
Statesboro, GA 30459-0348
Telephone (912) 764-5468
Fax (912) 764-4691**

Rec'd by:

Date: