



CITY OF HIAWASSEE ALCOHOL BEVERAGE LICENSE APPLICATION

Please type or print legibly. Answer each question completely. The statements and answers contained within this application are furnished to the City of Hiawassee under oath and subject to the penalties of false swearing.

Applicants must follow the City of Hiawassee Ordinance 2020-09-01.

Occupational Tax #:		Licensee Name:	
Full Business Name:			
Street Address:			Hiawassee, GA
Email Address:		Phone #:	Cell #:

TYPE OF BUSINESS IN CITY OF HIAWASSEE: (check all that apply)

Manufacturing

- Beer/Malt Beverage \$1,500
- Wine Only \$1,500
- Distilled Spirits Only \$1,500

Wholesaler Dealer License

- Beer OR Wine \$500
- Beer AND Wine \$1,200
- Distilled Spirits \$2,000
- Distilled Spirits/Wine AND Beer \$3,000
- Malt Beverage Wholesale \$500

Retail Consumption Dealer

- Beer OR Wine \$750
- Beer AND Wine \$1,250
- Distilled Spirits \$2,000
- Distilled Spirits/Wine AND BEER \$3,000

Retail Package Dealer

- Beer OR Wine \$750
- Beer AND Wine \$1,250
- Distilled Spirits \$2,000
- Distilled Spirits/Wine AND Beer \$3,000
- Retail Package Dealer—Wine and/or Beer Tasting Permit \$100

Special Licenses/Permits

- Brew Pub/Micro Brewery \$750
- Brewery with Tap Room & Package Sales License \$1,250
- Winery/Farm Winery with Tasting Room & Package Sales \$1,200
- Distillery with Cocktail & Package Room License \$1,500
- Growler Shop License \$750
- Alcoholic Beverage Caterer License \$100
- Alcoholic Beverage Caterer Event Permit \$100
- Art Shop Permit \$100
- Beer and/or Wine Amenity Permit \$100
- Temporary On-Premise Consumption \$50
- City Special Event Alcohol Permit \$100
- Off-Premises Pouring Permit \$100
- Non-Profit Special Event Permit \$50

BUSINESS PREMISES:

Has alcohol been sold at this location previously? Yes No Do Not Know

If yes, name of prior business:	
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Will Establishment Provide Live Entertainment? Yes No If yes, explain: _____

Will the business have patio sales? Yes No

A consumption licensee may sell, serve, or otherwise dispense alcoholic beverages in a patio type environment if approved by the City. See City of Hiawassee Ordinance 2020-09-01.

FOOD: (For consumption on premises only)

Does the establishment have a full service kitchen? Yes No

If Restaurant, food sales shall be at least 50% of total sales.

TYPE OF OWNERSHIP

Sole Proprietor Partnership Other (explain) _____

Owner Information: Please complete for each owner of the business. If more than 2 owners, attach additional sheet. Fingerprints are required for each owner. Each owner shall also complete the Alcohol License Personal History Statement.

Owner Name (1):		Driver License #:	
Street Address:			
City:		State:	Zip Code:
Cell Phone:		Email Address:	Percent Ownership:
Owner Name (2):		Driver License #:	
Street Address:			
City:		State:	Zip Code:
Cell Phone:		Email Address:	Percent Ownership:

Manager Information: Please complete for each manager of the business. If more than 3 managers, attach additional sheet. Fingerprints are required for each manager. Each manager shall also complete the Alcohol License Personal History Statement.

Manager Name (1):		Driver License #:	
Street Address:			
City:		State:	Zip Code:
Cell Phone:		Email Address:	
Manager Name (2):		Driver License #:	
Street Address:			
City:		State:	Zip Code:
Cell Phone:		Email Address:	
Manager Name (3):		Driver License #:	
Street Address:			
City:		State:	Zip Code:
Cell Phone:		Email Address:	

For Partnership Only: (if applicable)

Date Partnership Formed:	
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For Corporation or LLC Only: (if applicable)

Name of Corporation or LLC:		FIN #:	
Street Address:		City:	State: Zip:
Email:		Phone Number:	Fax Number:
Mailing Address: (if different)		City:	State: Zip:
Date of Incorporation/ Organization:		Place of Incorporation/ Organization:	

All Employees Serving Alcoholic Beverages Must Retain a ServSafe Certification

ALCOHOL LICENSE PERSONAL HISTORY STATEMENT

Name:	
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US Citizen
 Legal Permanent Resident
 Qualified Alien or Non-Immigrant

Employment Record for the Past Three (3) Years: (List the most recent experience first)

From (Mo/Yr)	To (Mo/ Yr)	Employer	Title	Reason For Leaving

Do you have any financial interest, or are you employed in any other manufacture, wholesale, or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages?

Yes
 No

If yes, list names and locations:	
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Have you ever had a financial interest in an alcohol beverage business that was denied a license?

Yes
 No
 If yes explain: _____

Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages?

Yes
 No
 If yes explain: _____

Driver's License or State Photo Identification card—Must be furnished

All Employees Serving Alcoholic Beverages Must Retain a ServSafe Certification

REGISTERED AGENT

All licensed establishments must have and continuously maintain a "Registered Agent." As defined in City of Hiawassee Ordinance 2020-09-01.

Name:									
Home Address:				City:		State:		Zip:	
Phone Number:				Email:					
Gender:		Race:		Date of Birth:					

I hereby certify that I am a resident of the State of Georgia, and agree to serve as "registered agent"

on behalf of _____ *(business name), a business*

located at _____ *Hiawassee, Georgia.*

As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Code of the City of Hiawassee, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

Signature of Registered Agent

Date

Sworn To and Subscribed Before Me

This _____ Day of _____, 20_____.

Notary Public Signature

My Commission Expires

NOTE: Attach a copy of driver's license and proof of residency, i.e.; phone or utility bill that reflects the current address listed by the Registered Agent.

Alcohol Excise Tax Acknowledgement

Pursuant to the Chapter 4-Section 36, Alcoholic Beverage Ordinance, all licensed businesses in the City of Hiawassee that hold a valid City of Hiawassee Alcoholic License to serve liquor for consumption on premises which includes dealers and wholesalers must be responsible for submitting their monthly Alcohol Excise Tax Returns.

(a) Every purchaser of distilled spirits by the drink shall be liable for a tax thereon at the rate of 3% of the retail price or charge for such drink. Such taxes shall be collected by the licensee licensed under this article, and such licensee shall remit the same to the city on or before the tenth day of the succeeding month, along with a summary of the licensee's gross sales derived from the sale of distilled spirits by the drink. Gross sales shall include all credit card sales and taxes collected thereon shall be submitted to the city to the same extent as required of cash sales. Each licensee shall be allowed a deduction equal to that rate authorized for deductions from state tax under part V of the Georgia Retailer's and Consumer's Sales and Use Tax Act, O.C.G.A. § 48-8-50, as now written or hereafter amended, provided that the tax is not delinquent at the time of payment. It shall be the duty of every such licensee to make a report and pay any tax levied pursuant to this chapter, to keep and preserve suitable records of the sales taxable pursuant to this chapter, and such other books or accounts as may be necessary to determine the amount of tax due. It shall be the duty of every licensee to keep and preserve such records for a period of three years.

(b) In addition to all other taxes or license fees imposed upon wholesale dealers selling malt beverages or wine to retail dealers in the city, there is hereby levied and imposed upon each such wholesale dealer the following excise taxes:

(1) Upon the sale of any beer or malt beverages there is imposed an excise tax of \$0.05 per 12-ounce container and \$6.00 for each container of tap or draft beer or malt beverage of 15½ gallons and in similar proportion for bottles, cans and containers of various sizes as follows:

Size of container	Tax per container
7 ounces	\$ 0.0292
8 ounces	0.0333
12 ounces	0.0500
14 ounces	0.0583
16 ounces	0.0667
32 ounces	0.1333
½ barrel (15½ gallons)	6.00
1 barrel (31 gallons)	12.00

(2) Upon the sale of any wine there is imposed an excise tax of \$0.22 per liter and a proportionate tax at the same rate on all fractional parts of a liter.

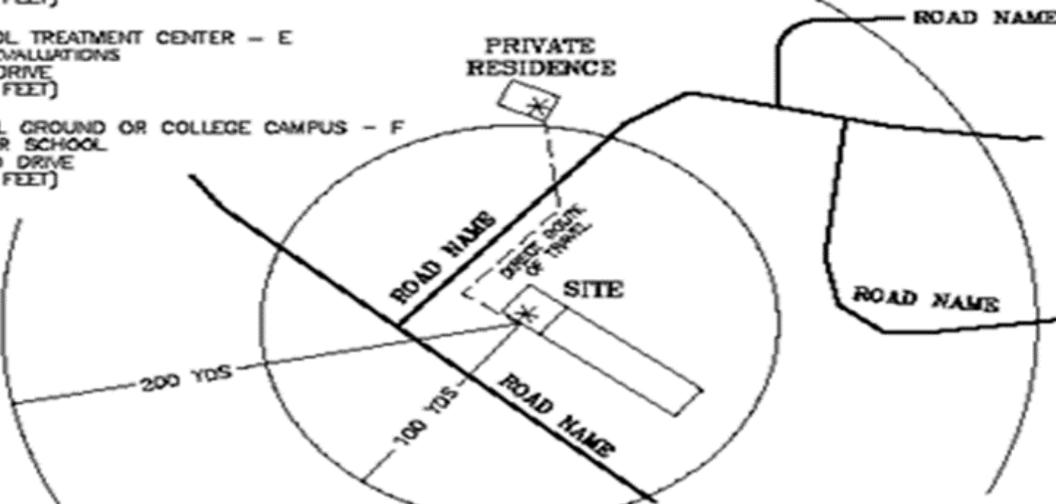
****Distilled Spirits Retail Package Sales Only****

Description of an Acceptable Legal Land Survey

If this business location has **not** previously sold alcohol beverages, a certified scale drawing showing the location and distance to closest school buildings, licensed daycare centers, educational buildings, school grounds, colleges, and/or any houses of worship must be provided. A valid legal land survey must meet the distance requirements set forth by the City of Hiawassee Alcoholic Beverage Ordinance including building square footage and proof of financial requirements. Visit link provided City Website: www.hiawasseega.gov or contact City Hall at 706-896-2202

All legal land surveys must be certified by a registered surveyor

An example of an acceptable legal land survey is below:

<p>APPLICANT: Mr. John Doe XXX-XXX-XXXX</p>	<p>SITE ADDRESS: NONAME FOOD MART XXXX NONAME ROAD - SUITE X DUNWOODY, GA. XXXXX</p>													
<p>SEE VICINITY MAP FOR LOCATIONS</p> <p>NEAREST PRIVATE RESIDENCE - A XXXX PRIVATE DRIVE XXX FEET ALONG DIRECT PATH OF TRAVEL</p> <p>NEAREST CHURCH - B NONAME CHURCH OF GEORGIA XXXX WORSHIP RD. 0.X MILES(XXXX FEET)</p> <p>NEAREST ADULT ENTERTAINMENT - C NONAME ADULT ENT. XXXX ADULT DRIVE 0.X MILES(XXXX FEET)</p> <p>NEAREST PACKAGE STORE - D NONAME PACKAGE STORE XXXX PACKAGE DRIVE 0.X MILES(XXXX FEET)</p> <p>NEAREST ALCOHOL TREATMENT CENTER - E NONAME DRUG EVALUATIONS XXXX ALCOHOL DRIVE 0.X MILES(XXXX FEET)</p> <p>NEAREST SCHOOL GROUND OR COLLEGE CAMPUS - F NONAME CHARTER SCHOOL SCHOOL GROUND DRIVE 0.X MILES(XXXX FEET)</p>														
														
														
<p>GRAPHIC SCALE</p>  <p>(IN FEET) 1 inch = 200 ft.</p>														
		<p>ALCOHOLIC BEVERAGE SURVEY FOR:</p> <p align="center">NONAME FOOD MART XXX NONAME ROAD - SUITE X</p> <p align="center">NONAME LAND SURVEYORS ADDRESS PHONE NUMBER</p>												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Date:</td> <td style="width:33%;">Land Left:</td> <td style="width:33%;">District:</td> </tr> <tr> <td>County:</td> <td>Scale: 1"=200'</td> <td>Sheet No.</td> </tr> <tr> <td>Drawn By:</td> <td>Checked By:</td> <td></td> </tr> <tr> <td>Job Number:</td> <td>File Number:</td> <td></td> </tr> </table>	Date:	Land Left:	District:	County:	Scale: 1"=200'	Sheet No.	Drawn By:	Checked By:		Job Number:	File Number:	
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Alcohol Beverage License Checklist

- Reviewed Alcohol Ordinance
- Business License
- Authorization for Release of Personal and Criminal History Record
- Current driver's license, state photo identification, or resident alien card for all individuals submitting a personal history statement
- Registered Agent
- Affidavit of publication (Section 4.7 H.) Ordinance 2020-09-01
- Land Survey (Distilled Spirits Retail Package Sales Only)
- Floor Plan of Establishment (Retail Package Sales Only)
- Financial Certification (Retail Package Sales Only)
- Alcohol Excise Tax Acknowledgement
- Application completed and Affidavit signed and notarized

Requirements after application submission:

1. Fingerprints of owners and manager by the Towns County Sheriff's Office
2. Owners, managers, and employees begin process for obtaining alcohol handling permits

All Employees Serving Alcoholic Beverages Must Retain a ServSafe Certification

Application Affidavit

STATE OF GEORGIA, _____ COUNTY

I, _____ DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING APPLICATION AND ANY ATTACHMENTS SUBMITTED HEREWITH, ARE TRUE AND CORRECT.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

I hereby certify that _____ signed his/her name to the foregoing application and has sworn that said all statements and answers are true and correct.

This _____ Day of _____, 20 _____.

Notary Public Signature

My Commission Expires