

CITY OF FAYETTEVILLE
ALCOHOLIC BEVERAGE
FEE SCHEDULE

OFF PREMISE CONSUMPTION

- 1) Licensee---\$300.00 (Retail Package/Off Premise)
- 2) Licensee---\$300.00 (Consumption on Premise)
- 3) Licensee---\$44.25 (Certified Check or Money Order made payable to City of Fayetteville, to be paid at Police Dept. at time of fingerprinting)
- 4) Employee Permit---\$25.00
- 5) Wholesale---\$200.00

License Fees—Consumption on the Premises

- 1) Liquor---\$5,000.00
Plus three percent (3%) tax on liquor sales to be paid monthly
- 2) Beer, Wine & Liquor---\$7,000.00
Plus three percent (3%) tax on liquor sales to be paid monthly
- 3) Beer & Wine---\$2,000.00
- 4) Beer Only---\$1,000.00
- 5) Wine Only---\$1,000.00
- 6) Catering---\$1,000.00

License Fees—Package/Off Premise

- 1) Beer---\$1,000.00
- 2) Wine---\$1,000.00

PLEASE NOTE: STATE ALCOHOL LICENSE ALSO REQUIRED FOR SELLING/SERVING ALCOHOL. THE STATE REQUIRES A COPY OF THE LOCAL (CITY) LICENSE BEFORE ISSUING A STATE ALCOHOL LICENSE.

BUILDING DEPARTMENT MUST VERIFY THAT DISTANCE REQUIREMENTS FOR SELLING/SERVING ALCOHOL ARE MET.

**EMPLOYEE PERMIT REQUIRED FOR EACH CLERK/SERVER.
APPLY AT FAYETTEVILLE POLICE DEPT: 760 JIMMIE MAYFIELD
BOULEVARD. PHONE: 770-461-4441**

CITY OF FAYETTEVILLE

REQUIRED VERIFICATION FOR ALCOHOL LICENSE

Business Name: _____

Business Address: _____

Facility provides table seating for _____ persons (on-premise consumption only)

Signature of Applicant: _____

OFFICE USE ONLY

Is location in compliance with distance requirements of the City Ordinance for sales/serving of alcohol?

_____ Yes _____ No

Signature of Building Official: _____

Does this location comply with the applicable provisions of the city alcohol ordinance?

_____ Yes _____ No

Signature of Zoning Official: _____

CITY OF FAYETTEVILLE PERSONNEL STATEMENT

(Please Type or Print)

This form must be completed by the following persons and submitted with all alcohol license applications: (1) licensee; (2) anyone with an ownership interest in the business, either direct or indirect; and (3) in the case of a corporation, the president, vice president, secretary and treasurer. **EACH QUESTION MUST BE FULLY ANSWERED.** If additional space is required, attach an additional sheet of paper.

1	Last Name	First	MI	Social Security No.
2	Date of Birth	/ /	Race	Male Female
3	Home Address (Do not use P.O. Box)			
	City	State	Zip	Home Phone ()
4	Address for Day Contact (Do not use P.O. Box)			
	City	State	Zip	Daytime Phone ()
5	Marital Status	Single	Married	Divorced
	If Married, spouse's name: First MI Social Security No.			
6	Are you a resident of Georgia? Yes No If "yes", how long? Years Months			
7	Have you ever been arrested, indicted, or convicted for any offense by any state, county, city, federal or foreign governmental authority? Yes No If "yes", give full details. Do NOT include minor traffic violations. Give reasons charged or held, date, place where charged and disposition. FAILURE TO MAKE FULL DISCLOSURE IN RESPONSE TO THIS QUESTION MAY RESULT IN DENIAL OR SUBSEQUENT REVOCATION OF THE LICENSE.			
8	Have you ever had any beneficial interest in any other alcoholic beverage business in this or any other state in which the alcohol license was denied or revoked or any other disciplinary action was taken? ("Beneficial interest" as used here means: when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or has financial interest, or derives economic benefit from, or has control over a business.) Yes No If "yes", complete the following:			
	Alcohol License No.	% And Type Interest		
	Legal Business Name:			
	Trade Name/DBA Name:			
	Number and Street			
	City	County	State	Zip
	Describe what action was taken:			

Signature Section

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Before signing this statement, check all answers and explanations to see that you have answered all questions fully, completely and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets herewith. Stamped signature is not acceptable.

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statement and answers made by me in the foregoing personnel statement are true and correct. Also, I hereby authorize the Fayetteville Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Signature

I hereby certify that _____ signed his name to the foregoing statement after stating to me under oath administered by me, that all statements and answers are true and correct.

This _____ day of _____, _____
Notary Public

Affix Seal

U. S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Fayetteville, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Fayetteville Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (CIRCLE ONE) for:

(Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, _____

*

Alien Registration Number for Non-Citizens

Notary Public

My Commission Expires: _____

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

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)
Required by Georgia Law**

By executing this affidavit under oath, as an applicant for a(n) _____
[*business license, occupational tax certificate, or other document required to operate a business*] as
referenced in O.C.G.A. § 36-60-6(d), from the City of Fayetteville, Georgia, the undersigned applicant
representing the private employer known as

_____ [printed name of business]

verifies one of the following with respect to my application for the above mentioned document:

(check one)

_____ On January 1st of the below signed year the individual, firm, or corporation employed
TEN (10) OR MORE EMPLOYEES.

_____ On January 1st of the below signed year the individual, firm, or corporation employed
LESS THAN TEN (10) EMPLOYEES.

***IF THE EMPLOYER SELECTED TEN (10) OR MORE EMPLOYEES, PLEASE
FILL OUT FEDERAL WORK AUTHORIZATION USER ID NUMBER BELOW.
THIS IS NOT THE SAME AS THE TAX ID NUMBER.***

**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:**

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

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 allowed by such statute.

Executed on the _____ day of _____, 201____ in _____ (City) _____ (State)

_____ Signature of Authorized Officer or Agent (Representative of Business)

_____ Printed Name of and Title of Authorized Officer or Agent (of Business)

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201_____.

_____ NOTARY PUBLIC

My Commission Expires:

AFFIDAVIT OF RESIDENCE

I, _____, hereby swear that I am a resident of the

State of Georgia residing at _____

Signature

Print Name

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE**

____ day of _____, 201__

Notary Public

My Commission Expires: _____

SEAL

**CERTIFICATE OF RESIDENCE
FOR RETAIL LICENSE APPLICANTS ONLY
OFF-PREMISE CONSUMPTION**

STATE OF GEORGIA, _____ COUNTY:

I, _____, Judge of the Probate Court for
_____ County, Georgia, hereby certify that _____
is a bona fide resident of the State of Georgia, based upon the affidavit of applicant, and the
evidence submitted therewith.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said
Probate Court, this _____ day of _____, _____.

Judge of the Probate Court

County, Georgia

(AFFIX SEAL)

NOTICE OF PUBLIC HEARING
OFF-PREMISE CONSUMPTION OF ALCOHOL

Application has been made by the undersigned requesting the issuance of a license to sell Malt Beverages and/or Wine for Off Premise Consumption at the following location:

Business Name: _____

Business Address: _____

Applicant's Name: _____
(Please Print)

The application will be heard by the Mayor and Council of the City of Fayetteville, at City Hall, 240 South Glynn Street, during a public hearing to be held on:

_____ at 6:00 p.m.
Month Day Year

Applicant's Signature: _____

**ALCOHOL LICENSE
APPLICANT'S AFFIDAVIT**

I, _____, understand that I will be held responsible for any violation of the City of Fayetteville Alcohol Ordinance if I am approved as the licensee for the following location or locations:

BY SIGNING BELOW, I ACKNOWLEDGE THE FOLLOWING:

I have received a copy of the City of Fayetteville Alcohol Ordinance. It is my responsibility to read and understand the requirements of the ordinance.

I have received a copy of the letter from the Fayetteville Police Department regarding "Responsible Licensee".

I understand each clerk/server is required to apply for an employee permit from the Fayetteville Police Department.

If the business serves mixed drinks, I understand Mixed Drink Tax reports must be filed with the city by the 10th day of each month for the preceding month. The 3% excise tax must be submitted with the report.

Signature of Applicant

Date: _____

State of Georgia

County of _____

Signed before me this _____ day of _____, _____, by

Personally Known

Produced Identification

Type and # of ID _____

Signature and Seal of Notary