

CITY OF FAYETTEVILLE
ALCOHOLIC BEVERAGE
FEE SCHEDULE

ON PREMISE CONSUMPTION

Application Fees

- 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 Consumption

- 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 SERVER. APPLY AT FAYETTEVILLE POLICE DEPARTMENT: 760 JIMMIE MAYFIELD BLVD FAYETTEVILLE GA PHONE: 770-461-4441

Revised: 09/26/16

CITY OF FAYETTEVILLE

REQUIRED VERIFICATION FOR ALCOHOL LICENSE

Business Name: _____

Business Address: _____

Facility provides table seating for _____ persons.

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 forgoing 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 _____, 20__

* _____
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
ON-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

ON-PREMISE CONSUMPTION OF ALCOHOL

Application has been made by the undersigned requesting the issuance of a license to sell Malt Beverages, Wine and/or Distilled Spirits for On 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: _____

To Be Advertised: _____

Fax to: Fayette County News

Attention: Ryan Moon

770-460-8172

**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 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

**City of Fayetteville
240 Glynn St S
Fayetteville GA 30214
Mixed Drink Tax Report**

Business Name: _____		Phone Number: _____
Due the 10th day of the following month	_____ MONTH	
Gross Receipts from Spirituous Liquor (Mixed Drinks Only)	\$ _____	
3% Local Excise Tax Collected	\$ _____	
Subtract 3% Collection Fee if submitted on time Add 15% Penalty and 1% Interest per month after the 10th day of the month	\$ _____	
Total Tax Remitted	\$ _____	
NOTE: THE FOLLOWING THREE LINES ARE FOR INFORMATION PURPOSES ONLY		
Gross Sales From On-Site Prepared Foods	\$ _____	
TOTAL GROSS RECEIPTS FROM ALL ALCOHOL COMBINED (BEER/WINE/MIXED DRINKS)	\$ _____	
Total Gross Sales From All Receipts	\$ _____	
<p>I certify under penalty of perjury that this is a true and correct report of all spirituous liquors by the drink sold in the City of Fayetteville during the month shown on this report.</p> <p>_____</p> <p>Signature of Person Preparing Report</p> <p>Printed Name of Person Preparing Report: _____</p> <p>Telephone Number of Same: _____</p>		
To be submitted monthly, make additional copies as needed		

CITY OF FAYETTEVILLE ORDINANCE, SEC. 10-114. PENALTIES AND INTEREST FOR FAILURE TO PAY TAX.

Any person who fails to pay the tax herein imposed to the city, or fails to pay any amount of such tax required to be collected and paid to the city, within the time required, shall pay a penalty of 15 percent of the tax, or amount of tax, in addition to the tax or amount of the tax, plus interest on unpaid tax or any portion thereof as set forth in section 10-113(c). Further, failure to timely pay the taxes imposed by this section for three (3) consequential months or four in a 12-month period shall render the licensee liable therefore subject to suspension of the alcoholic beverages license for 15 consecutive days; failure to timely pay the taxes imposed by this chapter, five or more times within a 12-month period shall render the licensee liable and therefore subject to revocation of the alcoholic beverages license.