



City of Garden City

100 Central Avenue, Garden City, Georgia 31405

Phone: 912.966.7777 Fax: 912.966.2735

Email: Occtax@gardencity-ga.gov

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Date Filed: _____

For the Year: _____

Expires at December 31 of the above year.

Type of License (check all that apply)

- | | | | |
|--|------------|---|----------|
| <input type="checkbox"/> Spirituous Liquors (package) | \$2,722.00 | <input type="checkbox"/> Beer and/or malt beverages | \$682.00 |
| <input type="checkbox"/> Spirituous Liquors (by the drink) | \$2,722.00 | <input type="checkbox"/> Wines | \$236.00 |
| <input type="checkbox"/> Advertising Cost | \$95.00 | | |

TOTAL: \$ _____

Business Information

Business Name: _____

D/B/A/ (if applicable): _____

Business Address: _____ Business Phone: _____

Mailing Address: _____ Emergency Phone: _____
(If different from Business Address)

City: _____ State: _____ Zip Code: _____

Business Email Address: _____

What other kinds of business will be conducted at this location? _____

List all persons with a financial interest in the business:

(For corporations, include all stockholders who own more than 10% of the outstanding stock of the corporation.)

| Name | Address | % Ownership |
|------|---------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Has any person having an interest in said business been convicted of any violation of law other than a traffic violation? Served time in prison, or other correctional institution? ☐ Yes ☐ No

If Yes, describe circumstances: _____

Applicant/Licensee Information

Full Name: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

SSN: _____ Date of Birth: _____ Age: _____

Ever held a similar license: _____ Year: _____

Describe the interest owned or held by the applicant in the business: _____

Will the applicant operate the business in person? ☐ Yes ☐ No

If No, list the name of the manager: _____

Brief personal history of applicant:

(Include education, previous jobs, businesses owned, and any place of residence during last five years.)

Criminal history of applicant (if any): _____

Fingerprints of applicant shall be required with the initial application.

List five character references that will vouch for the applicant:

| Name | Address |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

***ALL OF THE FOREGOING INFORMATION IS HEREBY GIVEN AND ALL OF THE FOREGOING STATEMENTS ARE HEREBY MADE ON OATH, WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND THE SAME IS AND ARE HEREBY SWORN TO BE TRUE UNDER PENALTY FOR FALSE SWEARING AS PROVIDED BY LAW.**

Applicant's Signature

Sworn to and subscribed before me this

_____ day of _____, 20 _____.

Notary Public

THIS PAGE FOR OFFICE USE ONLY

Application received by: _____ Date: _____

POLICE DEPARTMENT REVIEW

Fingerprinted by: _____ Date: _____

Separate report submitted to the City Administrator:

Police Chief Date: _____

Public Hearing held on: _____

Date advertised in Savannah Morning News: _____

Action of Council: ☐ Approval ☐ Denial

License(s) Issued: _____ Date: _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

| | | | |
|-------------------|------|---------------|------------------------|
| Full Name (print) | | | |
| Address | | | |
| Sex | Race | Date of Birth | Social Security Number |
| | | | |

- ☐ This authorization is valid for _____ days from date of signature.
- ☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

Attorney for Individual (Pur E and U Only)

Bar Number

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

| | |
|--|--|
| NON-CRIMINAL JUSTICE PURPOSES | |
| <input type="checkbox"/> | E - Employment |
| <input type="checkbox"/> | M - Working with Mentally Disabled |
| <input type="checkbox"/> | N - Working with Elderly |
| <input type="checkbox"/> | W - Working with Children |
| <input type="checkbox"/> | P - Public Records (no consent required) |
| PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) | |
| <input type="checkbox"/> | U - Personal Copy |
| CRIMINAL JUSTICE EMPLOYMENT | |
| <input type="checkbox"/> | J - Civilian Criminal Justice Employment (State & III Info Received) |
| <input type="checkbox"/> | Z - Sworn Criminal Justice Employment (State & III Info Received) |

The inquiry resulted in the following: (check all that apply)

| | |
|--------------------------|--|
| <input type="checkbox"/> | No Criminal Record Available |
| <input type="checkbox"/> | Criminal Record (Attached/Released) |
| <input type="checkbox"/> | No NCIC/GCIC Warrant |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant (List Wanting Agency Below) |

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title



SAVE Public Benefits Affidavit
PURSUANT TO O.C.G.A §50-36-1 (e) (2)

THIS AFFIDAVIT MUST BE NOTARIZED

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1 (e) (2)). The applicant shall execute this affidavit in front of a Notary and return it to the City along with the associated application, renewal form, contract, bid packet or other applicable document.

By executing this affidavit under oath, as an applicant for (circle one) an **Occupational Tax Certificate** or **Alcohol License**, referenced in O.C.G.A. § 50-36-1, from the **City of Garden City, Georgia**, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

1. _____ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)
2. _____ I am a legal permanent resident of the United States.
3. _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant has also hereby verified that he or she is 18 years of age or older and has provided at least one secure and verifiable document.

REQUIRES VERIFICATION AT SUBMISSION: Which type secure and verifiable document was provided with this affidavit?: _____

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 as allowed by such statute.

I hereby declare under penalty of perjury that the foregoing is true and correct.

I, _____ (representative for) _____
(Printed name of individual) (Name of business, corporation, LLC, partnership, etc.)

Signature of Applicant

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____

Executed in _____ (City), _____ (State)

NOTARY PUBLIC

MY COMMISSION EXPIRES