



ALCOHOL LICENSE RENEWAL APPLICATION

YEAR: _____

Amended Application: _____ Yes _____ No

BUSINESS INFO

Business Name (dba): _____ Account No: _____

Corporation: _____

Physical Address: _____

Mailing Address (If Different): _____

Phone: _____ Email: _____

FEIN: _____ Sales Tax No. _____ State Alcohol License No. _____

LICENSEE/APPLICANT INFO

Name of Licensee (Applicant): _____ Phone: _____

Name of Manager: _____ Phone: _____

ALCOHOL LICENSE TYPES & FEES

- | | |
|--|--|
| <input type="radio"/> Manufacturer \$500 | <input type="radio"/> Malt Beverage - Package Sales \$500 |
| <input type="radio"/> Distribution of Wine \$1,000 | <input type="radio"/> Wine - Package Sales \$500 |
| <input type="radio"/> Malt Beverage Consumption on Premise \$400 | <input type="radio"/> Growler Shop for Off Premise Consumption \$150 |
| <input type="radio"/> Wine Consumption on Premise \$400 | <input type="radio"/> Ancillary Wine Tasting \$150 |

TOTAL FEES DUE: _____

1. Are all answers, statements and responses contained in the initial application and subsequent renewals still true and correct? () Yes () No.
2. Are all responses contained in the personnel statements attached to the initial application or any subsequent personnel statements on file still true and correct? () Yes () No. If **No**, it is required to submit an updated personnel statement with the renewal application.
3. All principle officers, directors, partners, owners, manager etc. as disclosed in the previous application or subsequent renewal(s) and on file are still correct? () Yes () No. If **No**, it is required to submit updates including new licensee/manager packet forms with the renewal application.
4. Has the business, licensee, agent, or manager violated or been cited for any criminal charges, gambling offences, alcohol related charges, or violated any regulation, law, or rule of alcohol distribution/sale regulation () Yes () NO. If **Yes**, Attach a listing of all violations received in the past year.

Note: Before signing the application, check all answers to ensure they were answered fully & correctly. If any changes were made additional documentation may be required. Any false statements provided or not disclosed could result in denial, suspension, or revocation of the alcohol license. The Town of Tallulah Falls reserves the right to request additional written information relative to this application, applicant, any principal officer, and any manager. Should any changes occur during the year which make this application false; such as a change in licensee or manager the applicant must file an amended application within 30 days of such change.

By signing below the applicant affirms that the statements and answers in the application (including all statements, personal disclosures on file or attached hereto) are true and complete and that no false or fraudulent statement or answer is made herein. It is further understood that any false answer or statement or failure to amend this application when necessary shall be grounds for suspension or revocation of any license pursuant to this application. The applicant further affirms that he/she will abide by all laws and regulations of the Tallulah Falls Alcohol Beverage Ordinance and Laws of the State of Georgia.

Applicant Signature

Date

Sworn and Subscribed before me this _____ day of _____, _____

Notary

NOTARY SEAL

Public Benefit Affidavit

O.C.G.A § 50-36-1 (e)(2)

I, _____ on behalf of _____
(Applicant) (Business Name)
submits and verifies the following with respect to my application for a public benefit

1. _____ I am a United States Citizen
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.

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 criminal statute.

Executed in _____ (City), _____ (State)

Signature of Applicant

Sworn and Subscribed before me on this
_____ day of _____, _____

Printed Name

Notary

SEAL

Office Use Only

Business Address: _____ **Acct #:** _____

Renewal Application Complete Amended Application: YES NO

Processed Background Check on _____

Fees Paid: _____ Check/MO# _____ Cash Credit Card

Licensed Issued on _____

Notes:

-

-

Approvals

Approved Denied

Approved Denied

City Council

City Clerk