



NEW ALCOHOLIC BEVERAGE LICENSE APPLICATION

Finance Department 100 US Hwy 80 SW, Pooler, GA 31322 P: 912-748-7261

This application must be filled out for processing. Please answer all questions in black or blue ink.
Do not enter "Same", "N/A", "See below" or use white-out on this application.

Type of Business (please select appropriate one):

- Restaurant Bar/Lounge Hotel/Motel Caterer Event Venue
 Convenience/Gas/Drug Store Manufacturer/Distillery/Brewery Super Market/Grocery
 Wholesale/Distributor Package/Liquor Store Specialty Shop Special Event Permit
(Dispensing Alcohol)

BUSINESS INFORMATION			
LEGAL STRUCTURE OF ENTITY: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership			
LEGAL BUSINESS NAME:		DOING BUSINESS AS (DBA) NAME (if applicable)	
FEDERAL EMPLOYMENT ID NUMBER (FEIN):		GEORGIA SALES TAX ID NUMBER (STIN):	
BUSINESS ADDRESS (Physical Location):		CITY:	STATE: ZIP CODE:

APPLICANT INFORMATION					
APPLICANT FULL LEGAL NAME (Last, First, Middle):				ISSUING STATE/DRIVER LICENSE NUMBER:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH (mm/dd/yyyy):	PLACE OF BIRTH (City, State, Country):	
RACE:	SEX:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
PHYSICAL HOME ADDRESS:		CITY:	STATE:	ZIP CODE:	
MAILING ADDRESS: (if different)		CITY:	STATE:	ZIP CODE:	
HOME PHONE NUMBER:		MOBILE NUMBER:		EMAIL ADDRESS:	

OWNER INFORMATION (if other than applicant)					
OWNER FULL LEGAL NAME (Last, First, Middle):				ISSUING STATE/DRIVER LICENSE NUMBER:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH (mm/dd/yyyy):	PLACE OF BIRTH (City, State, Country):	
PHYSICAL HOME ADDRESS:	CITY:		STATE:	ZIP CODE:	
MAILING ADDRESS: (if different)		CITY:	STATE:	ZIP CODE:	
HOME PHONE NUMBER:		MOBILE NUMBER:		EMAIL ADDRESS:	

ADDITIONAL OWNERS' INFORMATION <small>Please list all owners, if more than one, who have an ownership interest of 10% or more in the business. Use additional paper if needed.</small>		
BUSINESS OWNER NAME:	BUSINESS OWNER'S ADDRESS:	BUSINESS OWNER'S TELEPHONE NUMBER:



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CRIMINAL HISTORY		
WARNING - Failure to make full disclosure in responses to these questions may result in denial or subsequent revocation of the license.		
Has the applicant or any person connected with or having an interest in said business:		
a.	Ever been convicted of any criminal violation or city ordinance violation? <i>(Other than a traffic violation)</i>	___Yes ___No
b.	Ever served time in prison or other correctional institution?	___Yes ___No
c.	Ever had an alcoholic beverage license suspended or revoked at any time in any locality? <i>If yes, list details on separate sheet of paper.</i>	___Yes ___No
d.	Ever previously or currently held/hold a license to sell wine, beer and/or distilled spirits/liquor? <i>(If yes see question f, if no skip question f)</i>	___Yes ___No
e.	If yes to question d, were there any violations of any law, regulation or ordinance relating to such business?	___Yes ___No
NOTE: If the answer to any question in this section is "yes" for the applicant or any person connected with or having an interest in said business, describe circumstances in detail for each person. Please provide and attach a written explanation.		

Before the undersigned attesting officer duly authorized to administer oaths, personally comes the applicant for a license to conduct the sale of alcoholic beverages in the City of Pooler, says that the information given, and the statements made in this application are true, correct, and complete under penalty of law.

Executed this _____ day of _____, 20_____.

Applicant's Signature

Applicant's Printed Name

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

Notary Public/Seal

My Commission Expires: _____

NOTICE: The applicant for an alcoholic beverage license shall be the owner of the business. If this is a corporation, partnership or other legal entity, the applicant must be a substantial and major stockholder, or the applicant may be the General Manager charged with the regular operation of said business on the premises for which the license is issued. Applicant for an alcoholic beverage license, as well as every owner having 10% or more ownership, must submit to fingerprinting by using the GAPS system prior to submitting the application. Instructions for fingerprinting are attached.



NEW ALCOHOLIC BEVERAGE LICENSE APPLICATION

CLASSIFICATIONS					
RETAIL					
(new applications received after July 1 st rates are prorated to 50% off)					
CLASS	CLASSIFICATION	LIQUOR, BEER & WINE	BEER & WINE	BEER ONLY	TOTAL
A	Retail Package	<input type="checkbox"/> 1 \$1850	<input type="checkbox"/> 2 \$800	<input type="checkbox"/> 3 \$600	
B	Consumption On-Premises	<input type="checkbox"/> 1 \$2150	<input type="checkbox"/> 2 \$1000	<input type="checkbox"/> 3 \$750	
WHOLESALE					
CLASS	CLASSIFICATION	PRICE		TOTAL	
C	Liquor	<input type="checkbox"/> \$3200			
D	Beer & Wine	<input type="checkbox"/> \$1900			
MANUFACTURERS					
CLASS	CLASSIFICATION	PRICE		TOTAL	
E	Brewer, manufacturer of malt beverages	<input type="checkbox"/> \$1075			
G	Manufacturer of wine	<input type="checkbox"/> \$2250			
H	Distiller, manufacturer of distilled spirits	<input type="checkbox"/> \$2250			
HOTELS, EVENT VENUES, & CATERERS					
CLASS	CLASSIFICATION	PRICE		TOTAL	
F1	Hotel	<input type="checkbox"/> \$2500			
F2	Special event venue	<input type="checkbox"/> \$2000			
L	Consumption off-premises, Caterer	<input type="checkbox"/> \$1500			
SPECIAL EVENTS & COMPLIMENTARY ALCOHOL					
CLASS	CLASSIFICATION	PRICE		TOTAL	
I	Temporary/Private Event (max 2 days)	<input type="checkbox"/> \$100/day			
J	Home Brew Special Event (max 2 days and 6 days per annum)	<input type="checkbox"/> \$100/day	OUT-OF-CITY CATERERS <input type="checkbox"/> \$50/day (+ 3% excise tax)		
K	Complimentary Beer & Wine	<input type="checkbox"/> \$250			
ADD-ON LICENSES					
CLASS	CLASSIFICATION	APPLICABLE LICENSES	PRICE	TOTAL	
A	Brewpub	B1, B2, B3, E	<input type="checkbox"/> \$850		
C1	Sunday Sales (Retail)	A1, A2, A3, C, D, E, F1, F2, G, H	<input type="checkbox"/> \$750		
C2	Sunday Sales (11:00 a.m.)	B1, B2, B3, F1, F2	<input type="checkbox"/> \$1000		
D	Tasting Event (must notify 5 days prior and 52 max events per annum)	A1, A2, A3	<input type="checkbox"/> No fee		
NEW APPLICATION FEES					
CLASS	FEES		GRAND TOTAL		
			(add all above selections and application fees)		
A1 - H & L	<input type="checkbox"/> \$290				
I, J & K	<input type="checkbox"/> \$20				

FOR OFFICE USE ONLY:				
Rcvd:	By:	Amt Paid:	Lic#	Issued:



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

STAFF RECOMMENDATIONS – CITY OF POOLER USE ONLY

<u>BUILDING & ZONING DEPARTMENT</u>		
The Building & Zoning Department has reviewed and examined the application. Based on the findings and the requirements of the Zoning Ordinance of the City of Pooler, the application is therefore recommended for:		
PIN#:	Zoning District:	Approval: <input type="checkbox"/> Denial: <input type="checkbox"/>
Reviewed By:		Date:
Comments: _____		

<u>POLICE DEPARTMENT</u>		
The Police Department have reviewed the application and the disclosures and criminal histories of the applicant(s). Based on their findings and the requirements of the Code of Ordinances of the City of Pooler, the application is therefore recommended for:		
Reviewed by:	Date:	Approval: <input type="checkbox"/> Denial: <input type="checkbox"/>
Comments: _____		

COUNCIL APPROVAL:

Scheduled for City Council Meeting Date: _____

<u>COUNCIL APPROVAL</u>		
Mayor's Signature:	Date:	Approval: <input type="checkbox"/> Denial: <input type="checkbox"/>
Comments: _____		



**PRIVATE EMPLOYER
AFFIDAVIT
PURSUANT TO
O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for an Alcohol License required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Name of Private Employer

Please check only one:

On January 1st of the below-signed year, the individual, firm or corporation employed more than ten (10) employees.

The employer has registered with and utilizes the federal work authorization program (E-Verify) in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization (E-Verify) user identification number and date of authorization are as follows:

Federal Work Authorization (E-Verify) User Identification Number

Date of Authorization

On January 1st of the below-signed year, the individual, firm or corporation employed less than ten (10) employees.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed this _____ day of _____, 20_____.

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

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

NOTARY PUBLIC/SEAL

My Commission Expires: _____



AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for an Alcohol License (type of public benefit), as referenced in O.C.G.A. § 50-36-1, from the City of Pooler, Georgia, the undersigned applicant verifies one of the following with respect to my application for public benefit.

1.) I am a United States citizen.

OR

2.) I am a legal permanent resident.

OR

3.) I am 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.

If you chose #2 or #3, my alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can be best classified as:

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.

Signature of Applicant

Date

Printed Name of Applicant

Name of Business

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

Notary Public/Seal

My Commission Expires: _____



AFFIDAVIT TO DISPENSE ALCOHOLIC BEVERAGES ON SUNDAY

The City of Pooler permits eating establishments (restaurants) holding a license to dispense alcoholic beverages for consumption on the premises under certain conditions.

To be authorized to dispense alcoholic beverages for consumption on Sunday, your establishment must:

- (1.) Be licensed by the City of Pooler to sell alcoholic beverages by the drink for consumption on the premises; and
- (2.) Be an eating establishment whose primary business is the sale of prepared meals; and
- (3.) Derive at least 50 percent of its total annual gross food and beverage sales from the sale of prepared meals or food; and
- (4.) Have its primary floor area specifically designed, set aside, set up and operating to serve meals and food on the premises and shall have a fully-equipped commercial kitchen to include an appropriate stove, refrigerator, food preparation area, sink and other items required by the county health department and city inspections department for the preparation of food; and
- (5.) Have a printed or posted menu from which selections of prepared meals can be made; and
- (6.) Provide full food service to the public during its entire operating hours, including Sunday; and
- (7.) Complete the below affidavit and submit along with the required Sunday Sales permit fee of \$150.00.

Name of Business

Location

Telephone Number

I certify that the establishment named above: (1) is a bona fide public eating establishment which will actually and regularly prepare and serve food on the premises; (2) fully intends to derive at least 50% of its total annual gross food and beverage sales from the sale of prepared meals or food; and (3) will provide full food service along with a printed or posted menu to the public during operating hours. Further, I understand that I must submit a certified affidavit from my certified public accountant (CPA) or registered public accountant (RPA) upon my request for renewal each year if Sunday Sales of alcoholic beverages is to be continued.

Executed this _____ day of _____, 20_____.

Signature

Printed Name

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

Notary Public/Seal

My Commission Expires: _____

INSTRUCTIONS FOR REGISTERING FOR FINGERPRINTING:

1. Go to the following webpage:

<http://cogentid.com>

2. Select 'Georgia'.



3. Select 'Applicant Registration'.



4. Select 'City/County Government and Law Enforcement Agencies (CCGC)'.



Applicant Fingerprinting Online Services



To register for a background check, please select one of the options below:

- | | | |
|--|--|--|
| GEORGIA COURT SERVICES (CS) | DEPARTMENT OF EARLY CARE & LEARNING (DECAL) | EDUCATION AGENCIES (EA) |
| DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD) | SECRETARY OF STATE (SOS) | GEORGIA STATE-ONLY BACKGROUND CHECKS (SABG) |
| DEPARTMENT OF COMMUNITY HEALTH (DCH) | DEPARTMENT OF DRIVER SERVICES (DDS) | CITY/COUNTY GOVERNMENT AND LAW ENFORCEMENT AGENCIES (CCGC) |
| DEPARTMENT OF PUBLIC HEALTH (DPH) | REAL ESTATE COMMISSION APPRAISERS BOARD (RECAAB) | DEPARTMENT OF BANKING AND FINANCE (DBF) |
| OFFICE OF INSURANCE SAFETY FIRE COMMISSIONER (OISFC) | DEPARTMENT OF HUMAN SERVICES (DHS) | GEORGIA BUREAU OF INVESTIGATION (GBI) |
| DEPARTMENT OF JUVENILE JUSTICE (DJJ) | GEORGIA VOCATIONAL REHABILITATION AGENCY (GVR) | DEPARTMENT OF DEFENSE |
| DEPARTMENT OF COMMUNITY SUPERVISION (DCS) | GEORGIA DEPARTMENT OF REVENUE | |

Close

5. Select 'Alcohol and Liquor License'.



Applicant Fingerprinting Online Services



City/County Government and Law Enforcement Agencies

To register for a background check, please select one of the options below:

- | | |
|-------------------------------|--------------------------|
| ALCOHOL AND LIQUOR LICENSE | COURTS |
| FIREFIGHTER | LAW ENFORCEMENT AGENCIES |
| LOCAL COUNTY HEALTH DISTRICTS | ORDINANCES |
| OTHER | |

Back

6. Read the 'Non-Criminal Justice Applicant's Privacy Rights' and 'Privacy Act Statement'. Once read, check the box beside 'I have read and accepted these items'. Then select 'Continue'.

Select Language

Non-Criminal Justice Applicant's Privacy Rights

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below:

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR) Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor (O.C.G.A. §35-3-34(b) and §35-3-35(b)).

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history records should be obtained at the FBI website (<http://www.fbi.gov/subjects/criminal/criminal-history-record-information>).

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 25 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544 Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary, however failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent and may be disclosed without your consent as permitted by the Privacy Act of 1974.

I have read and accepted these terms. Print | Download

Cancel

7. Fill in the information. Please use **GA923329Z** in the 'Reviewing Agency ID' field.

gemalto Applicant Fingerprinting Online Services

Applicant Registration Step 1 - Please Enter Your Information

Select Language

Transaction Information

Reviewing Agency ID: Reason:

Requesting Agency ID: Position Applied for:

Payment: Fingerprint Card User:

Personal Information

Last Name: First Name:

Middle Name: Suffix:

Social Security #: Re-enter SSN:

Date of Birth: Weight:

Sex: Race:

Eye Color: Hair Color:

Height: Place of Birth:

Country of Citizenship: State Driver's License:

Drivers License #:

Address Information

Address: Address 2:

City: APT:

State: Zip:

Phone #: Email:

Reset Continue

Note: * Fields in yellow are required

Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.

DO NOT CHECK THIS BOX!

8. For the 'Reason', select 'Alcohol/Liquor License'.



Applicant Fingerprinting Online Services



Select Language ▼

Applicant Registration
Step 1 - Please Enter Your Information

Transaction Information

Receiving Agency ID: [REDACTED] Reason: SELECT

Requesting Agency ID: [REDACTED] (Work location Reason)

Payment: Credit Card [REDACTED]

Personal Information

Last Name: [REDACTED]

Middle Name: [REDACTED]

Social Security #: No SSN [REDACTED]

Date of Birth: MM/DD/YYYY [REDACTED]

Sex: SELECT

Eye Color: SELECT

Height: SELECT

Country of Citizenship: SELECT

Driver's License #: Don't include 3A [REDACTED]

Address Information

Address: [REDACTED] Address 2: [REDACTED]

City: [REDACTED] APT: [REDACTED]

State: SELECT Zip: [REDACTED]

Phone #: [REDACTED] Email: [REDACTED]

Reset Continue

*Note: * Fields in yellow are required.*

Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.

9. Once information is entered, select 'Continue'.
10. Verify information and select 'Submit'.
11. Enter payment information.
12. Print receipt and take with you to have fingerprinting done.
13. To find a fingerprinting location, visit <http://cogentid.com>, then select Georgia. On the left hand side of the screen, the first selection is 'Find a Fingerprint Location'. When this is selected, you can find a location nearest you for fingerprinting.