



Alcoholic Beverage License Application (New)

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Updated **SEPT 2023**

NOTICE TO APPLICANT

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 General Manager charged with the regular operation of said business on the premises for which the license is issued. License applicants, as well as every owner having 10% or more ownership, must submit to fingerprinting prior to submitting the application. Instructions are attached.

- Complete the Application.** The application must be completed in its entirety including the Private Employer Affidavit, Affidavit Verifying Status, and, if applicable, the Sunday Sales Affidavit, including notarization. Notary services are available in our office if needed; an appointment is required. Do not enter "same", "N/A", "see below" or use white-out on this application.
- Complete the Background Check.** Applicants must register for criminal background fingerprints using the Georgia Applicant Processing Service(GAPS) through the Fieldprint website. Once registered, contact the Business Registration Office at finance@pooler-ga.gov to request approval of your registration. Provide your Registration ID# _____ and date of fingerprinting: _____.
- Provide Identification.** Attach a copy of at least one (1) secure and verifiable document (driver's license, passport, or I-551 permanent resident card). See the link for a complete list of acceptable forms of identification: <https://law.ga.gov/immigration-reports>.
- State of Georgia Registration.** Every new application (except wholesalers and manufacturers) must also apply through the Georgia Department of Revenue website. Please visit <https://dor.georgia.gov/alcohol-tobacco/alcohol-licenses-permits/apply-alcohol-permit> to apply for your state license.
No sales are allowed until the business has obtained both a state and local license.
- Submit the Application.** You have the option of emailing your application to finance@pooler-ga.gov or calling (912) 748-7261 to schedule an appointment to submit your application in person.
- Make Payment.** Application payment can be made in person, via mail, or over the phone with a debit/ credit card. Please refer to the fee schedule page to determine the amount due. If applying after July 1 of any calendar year, note that the retail fees only are prorated for the remainder of the year.
- Await Review.** Once the application is submitted and fee is paid, your application will be reviewed by the Planning & Development Department and your criminal history report will be forwarded to the Chief of Police. Both departments will review the application and provide recommendations for approval or denial. Applicants will receive an email with their recommendations.
- Await Approval.** The application will be placed on the upcoming council agenda. You will be notified of the meeting via email so a representative can be present. Final approval is given by Mayor and Council only. Upon approval, all licenses will be emailed to the applicant's email provided in the application, a copy uploaded to the state's website, and a mailed copy will also be sent out to the mailing address on file. Please allow at least 3-5 business days for processing.

OFFICE USE ONLY

Date Received: _____ Received by: _____ Fee Paid: \$ _____

License: _____ Date Issued: _____



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Business Information

Business Type (select one):

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

Legal Structure of Entity: Sole Proprietor Corporation LLC Partnership

Legal Business Name

DBA (if applicable)

FEIN

GA Tax ID Number (STIN)

Applicant Information

Applicant Full Legal Name

Driver's License & State

Date of Birth & Place of Birth (City, State, Country)

SSN

Business Mailing Address (if different)

Business Email

Race

Sex

Height

Weight

Hair Color

Eye Color

Physical Home Address

NAICS

Mailing Address (if different)

Email

Home Phone

Mobile Phone

Owner Information (if other than applicant)

Owner Full Legal Name

Driver's License & State



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Date of Birth & Place of Birth (City, State, Country)

SSN

Physical Home Address

NAICS

Mailing Address (if different)

Email

Home Phone

Mobile Phone

Additional Owner Information

List all owners, if greater than one, who have an ownership interest of 10% or more in the business. Use additional paper if needed.

Owner Name

Address

Phone

Owner Name

Address

Phone

Owner Name

Address

Phone

Owner Name

Address

Phone

Criminal History

Warning: Failure to make full disclosure in responses to these questions may result in denial or subsequent revocation of the license. 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, attach a written explanation describing the circumstances in detail for each person.

Has the applicant or any person with or having an interest in said business:

1. Ever been convicted of any criminal violation or city ordinance violation other than a traffic violation?
 No Yes
2. Ever served time in prison or other correctional institution?
 No Yes
3. Ever had an alcoholic beverage license suspended or revoked at any time in any locality?
 No Yes



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4. Ever previously or currently held/hold a license to sell wine, beer and/or distilled spirits/liquor? (If yes, complete question 5. If no, skip question 5.)
 No Yes
5. If yes to question 4, were there any violations of any law, regulation or ordinance relating to such business?
 No Yes

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.

Applicant Name

Applicant Signature

Date

Notary Public

Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Seal



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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 an 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				



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PLANNING & DEVELOPMENT USE ONLY

The Planning & Development 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: _____

Approved Denied Reviewed by: _____ Date: _____

Comments: _____

POLICE DEPARTMENT USE ONLY

The Police Department has reviewed the application, disclosure, and criminal histories of the applicant(s). Based on the findings and the requirements of the Code of Ordinances of the City of Pooler, the application is therefore recommended for:

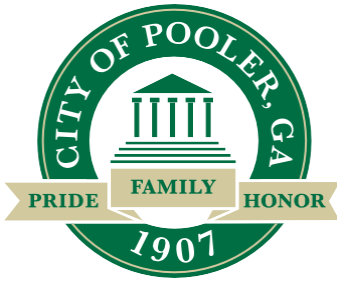
Approved Denied Reviewed by: _____ Date: _____

Comments: _____

MAYOR & COUNCIL USE ONLY

Approved Denied Mayor Signature: _____ Date: _____

Comments: _____



Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-G(d) (E-Verify)

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Affidavit

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

Check One: On January 1st of the below-signed year, the individual, firm, or corporation employed **greater than ten** (10) employees.

The employer has registered with an 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 User Identification Number

Authorization Date

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

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

Authorized Officer or Agent Name

Applicant Signature

Date of Execution

Notary Public

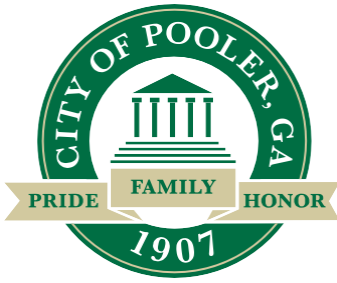
Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Seal



Affidavit Verifying Status for City Public Benefit Application (SAVE)

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Updated **SEPT 2023**

Affidavit

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.

Check One: I am a United States citizen.

I am a legal permanent resident.

Alien Number Issued by the Department of Homeland Security or Other Federal Agency

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.

Alien Number Issued by the Department of Homeland Security or Other Federal Agency

The undersigned applicant also hereby verifies that they are 18 years of age or older and have 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:

Type of Document

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.

Authorized Officer or Agent Name

Applicant Signature

Date of Execution

Name of Business

Notary Public

Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Seal



Sunday Sales Affidavit (New)

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NOTICE TO APPLICANT

The City of Pooler permits eating establishment (restaurants) and hotels 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, an establishment must:

- A. Be licensed by the City to sell alcoholic beverages by the drink for consumption on the premises;
- B. Be a licensed establishment that derives at least 50 percent of its annual gross income from the rental of rooms for overnight lodging; or
- C. Be an eating establishment whose primary business is the sale of prepared meals, Derive at least 50 percent of its total annual gross food and beverage sales from the sale of prepared meals or food;
- D. 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 inappropriate stove, refrigerator, food preparation area, sink and other items required by the county health department and city inspections department for the preparation of food;
- E. Have a printed or posted menu from which selections of prepared meals can be made;
- F. Provide full food service to the public during its entire operating hours, including Sunday; and
- G. Include the following certified affidavit from your certified public accountant (CPA) or Registered public accountant (RPA) and submit it along with the required Sunday sales renewal payment.

ACCOUNTANT'S CERTIFICATION OF REVENUES

I hereby certify that I have reviewed and attest to the accuracy of the financial records supplied to me from the food serving establishment described above; and further attest that the establishment derived at least 50 percent of its gross revenues for the last 12 months of business under present or previous ownership, from the sale of prepared meals.

Public Accounting: _____ Firm Date: _____

Accountant Printed Name: _____ Certifying Signature: _____

License Number: _____ Notary Public: _____

Sworn to and subscribed before me this _____ day of _____, 202_

Business Information

Business Name

Business Location

Business Phone