IMPORTANT – PLEASE READ INSTRUCTIONS BEFORE PROCEEDING TO APPLICATION

CITY OF TENNILLE APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applicant(s) seeking to obtain a license to serve or sell alcoholic beverages within the city limits of the City of Tennille must submit an Alcoholic Beverage Application with accompanying documentation to City Hall.

REQUIREMENTS

- **Alcoholic Beverage Background Check.** Please contact the Washington County Sheriff's Office to schedule a State of Georgia background check at 478-552-4795.
- **Documentation.** Picture ID, evidence of SS# or Tax ID, proof of ownership or signed and dated lease, and Affidavits of Citizenship must accompany your application.
- **Processing Time.** A minimum of fourteen (14) business days from date of notice of approval. Approvals from the Police, Fire, and Zoning Departments as well as formal approval from Tennille City Council (meets on the 1st Monday of each month) must be obtained before issuance. You may be asked to attend a meeting regarding your application after all documentation is received. If so, we will notify you as to the date, time, and location.
- **State Licensing.** Upon receipt of your City of Tennille license, you must also obtain a State of Georgia license. Please visit the Georgia Department of Revenue website for additional information and FAQs. **You will be required to provide this office with evidence of your State of Georgia license within thirty (30) days of your receipt of the City license.**
- **Payment.** Payment is not required until the license is approved and ready to be issued.

THE APPLICATION

Answer each question fully and completely. Questions left unanswered could delay processing of your application. Make sure we have a way to reach you if we have questions. Add extra sheets if necessary for your response(s).

- **Documentation.** Requested documentation must also accompany the application.
- **Individual / Partnership applications.** Must be made jointly in both names of the partnership, association, or corporation with all partners, active and silent, disclosed.
- **Corporate name / Trade name of business.** The name you list on your City application must match the name you list on your State application. Corporate name dba Trade name must be indicated (if applicable). The application must be dated, signed, and notarized by the applicant(s) together with all supporting documents.
- **Signatures.** Please do not sign the application until you are before a Notary Public.

LIQUOR, BEER, OR WINE MAY NOT BE OBTAINED FROM ANY SOURCE OTHER THAN A LICENSED DISTRIBUTOR. This office receives monthly distribution reports from each distributor.

This application (and attachments) is subject to the penalties of false swearing. Any license issued pursuant to this application is conditioned upon the truth of the answers and statements provided, and anything to the contrary shall constitute cause for the suspension or revocation of any license issued.

License fees cannot be prorated, are specifically issued, are location sensitive, **AND MAY NOT BE TRANSFERRED.**

Any changes to the information contained on this application shall negate this license and be cause for a new license, both local and state, and must precede any business activity on the part of the new owner or location.

Failure to notify the city in writing of any change occurring during the licensed year, for which a license issued pursuant to this application would require a different answer, shall be cause for the revocation of this license.

Questions should be directed to Tennille City Hall:

Tanisha Ball
Assistant City Clerk / Clerk of Court
tball@tennille-ga.gov
Office: 478-552-7875 Fax: 478-552-3470

I have read and understand this information on this _____ day of _____, 20____.

_____

Applicant for Alcoholic Beverage License

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
CITY OF TENNILLE

106 PARK STREET – P.O. BOX 145 – TENNILLE, GA 31089
Phone (478) 552-7875 Fax (478) 552-3470 TBALL@TENNILLE-GA.GOV

PLACE APPROPRIATE AMOUNT ALONGSIDE LICENSE(S) REQUESTED

RETAIL SALES:	
☐ BEER & WINE	$1000.00
☐ LIQUOR	$1750.00
ON PREMISES:	
☐ BEER & WINE	$1000.00
☐ LIQUOR	$1750.00
TOTAL DUE:	

- **Sunday Sales License Needed? (Y / N)** If **YES**, then applicant must adhere to Tennille Code Chapter 6, Sections 6-10 and 6-185 for Sunday sales requirements.
- **Alcoholic Beverage Catering License Needed? (Y / N)** If **YES**, then applicant must complete a separate **Off-Premises Alcoholic Beverage Catering Event Application**.

EACH QUESTION MUST BE ANSWERED FULLY

FULL NAME OF APPLICANT (Person Applying for License) _____ **SS#** _____

ADDRESS _____

APPLICANT CONTACT NUMBERS (____) _____ (____) _____ (____) _____

EMAIL ADDRESS _____

FULL NAME OF BUSINESS – List Corporate Name first (if applicable) then d/b/a Name

_____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

BUSINESS CONTACT NUMBERS (____) _____ (____) _____ (____) _____

LOCATION ☐ LEASED **(PROVIDE COPY OF LEASE)** OR ☐ OWNED (Evidence of Ownership)

STATE OF GEORGIA TAX ID# _____

BUSINESS STATUS

☐ Single Proprietorship

☐ Partnership

☐ Corporation

☐ Limited Liability Company

Please complete required information for **EACH INDIVIDUAL** involved in the business, including "limited and silent" partners. Please use separate sheets of paper if necessary.

NAME **ADDRESS** **SS#** **% INTEREST**

_____

_____

_____

Has **Applicant** or any other person representing this business previously applied for a City of Tennille license as a dealer in alcoholic beverages? ☐ Yes ☐ No. If the answer is "Yes," please state **name of individual** and **disposition**.

_____

_____

Provide full **name** and **address of OWNER of property/building** where this business will be conducted.

_____

_____

Provide full **name** and **address of MANAGER** of this business.

_____

_____

Have you, the Applicant, or any other person having any interest in the business for which this Application is made, ever been arrested, indicted, or convicted of any offense by any State, County, City, or Federal Court? If you answer Yes, provide full details on a separate sheet and attach to this Application. ☐ **Yes** ☐ **No**

STATE OF GEORGIA, CITY OF TENNILLE

I, _____, Applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me in this Application for a license as a dealer in alcoholic beverages are true and that no false or fraudulent statement or answer is made herein to procure the granting of such license.

Sworn to and subscribed before me this

_____ day of _____, 20____.

_____

Applicant (please sign in ink)

Date of Application _____

_____

Notary Public

My Commission Expires: _____

APPROVALS – For Office Use Only – DO NOT COMPLETE THIS PAGE

Date of Meeting _____ **Applicant Notified** _____

WASHINGTON COUNTY SHERIFF'S OFFICE

Background Check. ☐ Yes ☐ No Date received by Business Office _____

☐ APPROVED ☐ DISAPPROVED

CITY CLERK: _____

COMMENTS _____

FIRE DEPARTMENT

Building meets all City Fire Code provisions. ☐ Yes ☐ No

☐ APPROVED ☐ DISAPPROVED **Chief, Fire Department** _____ Date _____

COMMENTS _____

ZONING AND BUILDING CLASSIFICATION

Current Zoning Classification of Location _____ Proper Classification ☐ Yes ☐ No

Location meets municipal and state distance requirements? ☐ Yes ☐ No

☐ APPROVED ☐ DISAPPROVED **Zoning Compliance Officer** _____ Date _____

COMMENTS _____

Building and/or premises have been inspected and approved. ☐ Yes ☐ No ☐ N/A ☐ See Comments

If applicable, copies of building plans have been submitted. ☐ Yes ☐ No ☐ N/A ☐ See Comments

☐ APPROVED ☐ DISAPPROVED **Building Official** _____ Date _____

COMMENTS _____

LICENSING OFFICIAL

Appropriate documentation, fees, and approvals received for placement on Council's agenda. ☐ Yes ☐ No

Presented to Council on _____ ☐ APPROVED ☐ DISAPPROVED

License # _____ Receipt # _____ License printed ☐ Yes ☐ No Date _____

State License Verification _____ / _____ **Licensing Official** _____

CITY CLERK

☐ APPROVED ☐ DISAPPROVED **CITY CLERK** _____ Date _____

COMMENTS _____

Affidavit Verifying Status for City of Tennille Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Tennille, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit, 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 the **(check one)**:

☐ City of Tennille Business Occupation Tax Certificate

☐ Alcohol License

If person is applying on behalf of a business, specify the **NAME AND ADDRESS** of the business:

_____

_____

I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under O.C.G.A. § 50-36-1. Such documents are defined by O.C.G.A. § 50-36-2 and made available on the State Attorney General's website.

☐ 1) I am a United States citizen

OR

Attachment “A”

☐ 2) I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

If #2 is selected above, a copy of one of the following documents must be attached to the Affidavit:

1. Unexpired foreign passport
2. Employment Authorization Card (I-766)
3. Refugee Travel Document (I-571)
4. Permanent Resident Card (I-551)
5. Reentry Permit (I-327)
6. Certificate of Citizenship
7. Naturalization Certificate
8. Machine Readable Immigrant Visa (w/Temp I-551 lang)
9. Temporary I-551 Stamp (on passport or I-94)
10. I-94 (Arrival/Departure Record) in unexpired foreign passport
11. Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)
12. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS-2019)

I am 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.

Company _____ Signature of Applicant _____ Date _____

Address _____

Printed Name _____

THIS FORM MUST BE NOTARIZED

Sworn and subscribed before me on this the _____ day of _____, 20____.

_____

Notary Public

My Commission Expires: _____