



ALCOHOLIC BEVERAGE APPLICATION

Application Requirements:

- Business Location and Business Type Must Meet Ordinance Requirements
- All Applicants Must Be A US Citizen or Legal Permanent Resident
- Anyone That Owns 20% or More of the Business Must Be Identified and Complete Licensee Forms
- If a Manager is Appointed, They Must Also Complete All Licensee Forms

Additional Items to be Submitted with Application

- ☐ Copy of Lease or Property Closing Documents
- ☐ Application Forms for All Owners & Manager (*pgs. 7-13*)
- ☐ Copy of Driver's License for All Applicants
- ☐ Recent Photo of Each Applicant

Application Process

1. Complete Alcohol Beverage Application Packet and Submit to City Hall
2. Each Owner/Licensee and Manager Must Register for Fingerprints
3. Inform the City Clerk the Applicants Have Registered for Fingerprints and Need to be Approved for Fingerprinting.
4. Complete Fingerprinting at a Fieldprint LiveScan Location
5. Application will be Processed & Reviewed by City Staff
6. If Approved, All License Fees Must be Paid & City License Will Be Issued
7. Business Must Apply and Receive a State Alcohol License

Application Fee:

\$ 100.00 NON REFUNDABLE Application Fee

Submit Applications To
City Clerk's Office
130 E. 1st Street
Tifton, GA 31794

State of Georgia Alcohol License Must Be Acquired Online at:

<https://gtc.dor.ga.gov/>

(229) 420-1221 or (229) 420-1220

<https://dor.georgia.gov/alcohol-tobacco/alcohol-licenses-permits>

Registering For Fingerprints

- 1.) Visit the below link to create an account and register for fingerprinting.

<https://fieldprintgeorgia.com/>

Select: City/County Government & Law Enforcement Agencies

Select: Alcohol and Liquor License

Reason for Fingerprinting: Alcohol Licensee

Reviewing Agency ID/ORI: GA923090Z

- 2.) Once registered, submit completed alcohol license application to Tifton City Hall for fingerprinting approval.
- 3.) Our staff will review your application and approve applicants for fingerprinting. Once approved, you will receive a confirmation email from Fieldprint and can schedule an appointment to be fingerprinted.
- 4.) Go to scheduled appointment for fingerprinting.

View the [Fieldprint User Guide](#) for additional help with registration

**Business Department**

130 E. 1st Street - Tifton, GA 31794

(229) 391-3970 - Fax (229) 391-3990

Website: <http://www.tifton.net> Email: cityclerk@tifton.net

For Calendar Year _____		Office Use Only	
ALCOHOLIC BEVERAGE LICENSE APPLICATION		Date Applied _____	
TYPE OF APPLICATION ☐ Initial Application ☐ Amended Application ☐ Renewal Application		Application No. _____	
		License No. _____	
		No. of Personal Statements Attached _____	
CLASSIFICATION OF LICENSE			
☐ Distilled Spirits Consumption \$3,000 Late Charge \$100.00	☐ Malt Beverage and Wine Wholesale \$250.00 (each) Late Charge \$100.00 (each)	☐ Malt Beverage Package Retail \$500.00 Late Charge \$100.00	☐ Wine Package Retail \$500.00 Late Charge \$100.00
☐ Malt Beverage Consumption Retail \$500.00 Late Charge \$100.00	☐ Wine Consumption Retail \$500.00 Late Charge \$100.00		
APPLICATION FEES			
☐ Off - Premises Catering \$500.00	☐ Bottle House License \$250.00	☐ Initial / Amended Application \$100.00	☐ Renewal Application \$0.00
			TOTAL License & Application Fees \$

**APPLICATION SHOULD BE TYPEWRITTEN OR PRINTED IN INK.
IF THE APPLICATION CANNOT BE READ, IT WILL BE RETURNED
CAUSING DELAY IN PROCESSING AND CONSIDERATION.
ATTACH EXTRA SHEETS AS NECESSARY TO FILE COMPLETE APPLICATION.**

Name of Proposed Licensee (Applicant)		Social Security Number	Home Phone
Business Name		Trade Name (if any)	Business Phone
Business Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Federal Employer Identification Number	Georgia Sales Tax Number	State Withholding Number	

LOCATION AT WHICH LICENSE WILL BE USED

Street Address _____

What is the distance from
nearest school or college?

_____ Feet

What is the distance from nearest government
owned and operated alcohol treatment center?

_____ Feet

What is the distance from
nearest church?

_____ Feet

TYPE OF BUSINESS (Check One)	☐ Restaurant	☐ Tavern / Pub	☐ Private Club	☐ Other
	☐ Convenience Store	☐ Grocery Store	☐ Food Caterer	

TYPE OF CONSUMPTION ☐ On Premises ☐ Off Premises

TYPE OF OWNERSHIP (Check One)	☐ Single Proprietor	☐ Corporation	Name (if corporation, partnership or other) _____
	☐ Partnership or Assoc.	☐ Other	

Date of Incorporation or Date Partnership Formed	Place of Incorporation or County where Partnership Agreement Recorded	Registered Agent's Name or Name of Managing Partner (last, first, middle initial)	Date Last Annual Report Filed
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1. Has a City Alcoholic Beverage License ever been issued for the location applied for? ☒ Yes ☐ No
☐ Unknown - If yes, state Year _____ LICENSE NO _____
NAME OF LICENSEE _____

Previous Licensee's Name Date Discontinued Sales Tax No. Social Security No.

2. Has a City Alcoholic Beverage License ever been denied, suspended or revoked to or for anyone for the location applied for? Yes ☐ No ☐ Unknown ☒ - If yes, indicate the date, applicant, licensee and reason for denial, suspension or revocation.

3. Does the applicant, any principal officer or any manager presently hold any interest in any other business which is licensed by the City of Tifton to sell any alcoholic beverage either as an employee, licensee, owner, partner, shareholder, property owner or otherwise? Yes ☐ No ☐
If yes, complete the following:

Name of Business	Address Licensed	City License No.	Type of License	Name of Person Interested	Type of Interest	% of Interest

4. Has the applicant, any principal officer or any manager in the past held any interest which has not been previously described herein in any business which was then licensed by the City of Tifton or any other governmental entity to sell any alcoholic beverage as an employee, licensee, owner, partner, shareholder, property owner or otherwise? Yes ☐ No ☐

Name of Business	Address Licensed	City License No.	Type of License	Name of Person Interested	Type of Interest	% of Interest

5. Does the applicant own the property in which this business will be operated? ☒ Yes ☐ No
If No, list below the name and address of property owners.

Name	Address	Monthly Rent

- a. If answer is no, list below any interest the landlord has in any business licensed to sell alcoholic beverages. (If none, or you do not know, so state, do not leave unanswered.)

Name	Name of Business	Business Address	Type of and % of Interest

- b. If you are applying for a Retail Malt Beverage, Retail Wine and/or Distilled Spirits License and do not own the property, attach a copy of your current lease, if any, and if none mark here ☐

6. Applicant Home Address (Street) (City) (State) (Zip Code)

7. If business is to be managed by someone other than Applicant, STATE:

Name of Manager _____ Social Security Number _____

Date of Birth _____ Sex (F) (M) Height _____ Weight _____

Address _____
Street PO Box No. City County State Zip Code

*Manager must complete personnel statement to be filled with application.

8. You must attach a copy of your application for a State of Georgia Alcoholic Beverage License for the subject location together with all required personal statements and other attachments to the State application. Check here to indicate that a copy of the state's application and all statements and attachments thereto is attached.
9. Does the applicant hold a valid Occupation Tax Certificate for:
(a) Restaurant? (permanent seating capacity for 30 persons, excluding bar stools) ☒ Yes ☐ No
(b) Food Caterer? ☐ Yes ☐ No
10. If applicant answered "Yes" to either question 9a or question 9b above, then does the applicant derive a minimum of 50% of the gross income of the business subject to the alcoholic beverage license application (excluding tips and gratuities) from the sale of food prepared, served and consumed on the premises? Yes ☐ No ☐

NOTE: BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT ALL QUESTIONS HAVE BEEN ANSWERED FULLY AND CORRECTLY. THIS APPLICATION MUST BE EXECUTED UNDER OATH SUBJECT TO THE PENALTIES OF FALSE SWEARING. THIS APPLICATION INCLUDES ALL ATTACHED SHEETS SUBMITTED HERewith, ALL PERSONAL STATEMENTS SUBMITTED HERewith AND THE COPY OF THE STATE APPLICATION AND ALL ISSUED PURSUANT TO THIS APPLICATION IS CONDITIONED UPON THE TRUTH OF ALL ANSWERS OR STATEMENTS HEREIN SHALL CONSTITUTE CAUSE FOR THE DENIAL, SUSPENSION, OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. SHOULD ANY CHANGE OCCUR DURING THE YEAR COVERED BY THIS APPLICATION (INCLUDING SUPPORTING DOCUMENTS) WHICH MAKES ANY STATEMENT CONTAINED HEREIN FALSE, THEN THE APPLICANT MUST IMMEDIATELY FILE AN AMENDED APPLICATION. THE FAILURE TO MAKE SUCH AMENDMENT SHALL CONSTITUTE CASE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION.

NOTE: THE CITY OF TIFTON RESERVES THE RIGHT TO REQUEST ADDITIONAL WRITTEN INFORMATION RELATIVE TO THIS APPLICATION, THE APPLICANT, ANY PRINCIPAL OFFICER AND ANY MANAGER.

GEORGIA, _____

COUNTY

I, _____, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application, (including all statements, attachments and applications attached hereto or made a part hereof) for a City of Tifton Alcoholic Beverage License 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 the suspension or revocation of any license issued pursuant to this application.

APPLICANT'S SIGNATURE (FULL NAME IN INK) LS

SIGNATURE OF PRINCIPAL OFFICER OR
OFFICIAL OF APPLICANT LS

I hereby certify that _____
FULL NAME

is personally known to me, that he/she signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers make therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

_____, 20 ____
Notary Execution Date

NOTARY PUBLIC

_____, 20 ____
Notary Expiration Date

Return this application, together with any necessary personnel statements as well as applicable and License Fee in the form of CERTIFIED CHECK or CASH, and other required documents to:

(IF BY MAIL)

City of Tifton
P.O. Box 229
Tifton, GA 31973
Attn: City Clerk

OR

(IF BY PHYSICAL DELIVERY)

City of Tifton
City Hall
130 E. 1st Street
Tifton, GA 31794
Attn: City Clerk

THIS APPLICATION MUST BE ACCOMPANIED BY THE CITY OF TIFTON'S PERSONNEL STATEMENT OF THE APPLICANT/LICENSEE, OF ALL PRINCIPALS OF THE APPLICANT AND OF THE MANAGER OF THE BUSINESS IN WHICH THE ALCOHOLIC BEVERAGE LICENSE WILL BE UTILIZED AS WELL AS A COPY OF THE APPLICATION OF THE APPLICANT FOR A STATE OF GEORGIA, ALCOHOLIC BEVERAGE LICENSE FOR THE SUBJECT LOCATION INCLUDING ALL ATTACHMENTS AND STATEMENTS THERETO.

City of Tifton
Alcohol Beverage License Applicant Packet

Business Name: _____

Business Address: _____

Insert
Applicant Photo

Applicant Name: _____

☐ Owner

☐ Manager

Required Information To Be Attached or Submitted

- ☐ Recent Photo
- ☐ Copy of Driver's License or Photo Identification
- ☐ Register & Complete Fingerprinting (GAPS)

Approvals

☐ Approved ☐ Denied

☐ Approved ☐ Denied

☐ Approved ☐ Denied

Police Chief

City Clerk

City Manager

Comments: _____

City of Tifton
Alcohol Licensee Requirements and Oath

I, _____, applicant for a license to engage in the sale of alcohol beverages in the City of Tifton, Georgia at the following address:

(Business Name & Address)

And I hereby swear and affirm to the following license requirements:

- ☐ I am the **OWNER** and/or **MANAGER** (circle all that apply)
- ☐ I am a Citizen of the United States or Legal Permanent Resident
- ☐ I am **21** years of age or older
- ☐ I have not been convicted, entered a plea of nolo contendere, or forfeited a bond with respect to any felony within the past ten years or with respect to any misdemeanor within the past five years
- ☐ I will actively be in charge and manage the day to day operations of the business in which such license is being applied for or designate a manager to supervise the operations of the business if I am unable to meet the manager requirements.
- ☐ If a manager is appointed, such person shall be physically present at the business location at least **35 hours** per week or at least **90%** of the hours such business is open to the public, whichever is less.
- ☐ I, the undersigned, hereby understand that it is my responsibility as the alcohol beverage licensee to ensure compliance with all rules and regulations set forth in O.C.G.A Title 3 and the City of Tifton's Alcohol Ordinance.
- ☐ I further understand it is my responsibility to train all staff on the laws and regulations for selling/serving alcohol beverages

Signature of Applicant

Sworn and subscribed before me this

_____ day of _____, 20____

{SEAL}

Notary Public



City Clerk's Office- Business Licensing Division

130 E. 1st Street - Tifton, GA 31794

(229) 382-6231 - Fax (229) 391-3990

Website: <http://www.tifton.net> Email: cityclerk@tifton.net



City Use Only
Application No. _____

ALCOHOLIC BEVERAGE LICENSE PERSONAL STATEMENT

Name of Business _____

Name of Person Submitting Statement _____

Date of Birth _____ Social Security #: _____

INSTRUCTIONS: This Personal Statement must be executed, under oath, by every applicant, every principal of an applicant, and the manager of the place of business in which the license applied for from the City of Tifton will be utilized. Use of a typewriter is suggested. Each question must be fully answered. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached hereto. A Personal Statement, including a passport size photograph and 2 fingerprint cards obtained from the City of Tifton Customer Service Office are required for each of the above persons and must be submitted with every license application.

1. Full Name of Undersigned: _____

2. Trade name and address of business relative to which this Personal Statement is a part.

3. Position of undersigned in business: _____
State ownership, or profit-sharing interest, if any, in this business: _____
Salary \$ _____. Annual profit or compensation derived from this business \$ _____

4. How many consecutive years and months have you been a legal resident of Tift Co.?
Years ____ Months ____ If less than 10 years please list. _____

5. Do you owe the City of Tifton any taxes or other fees or charges? If so, give full details.

6. Has any alcoholic beverages business in which you hold, or have held, any financial interest, or are employed or have been employed, ever been cited for any violation of the rules and regulations of the Georgia State Revenue Commissioner or the Ordinances of the City of Tifton or any other governmental entity relating to the sale or distribution of alcoholic beverage? () Yes () No
If Yes, give full details. _____

7. Have you ever been arrested or indicted by Federal, State or other law enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances other than traffic violations? [As used herein traffic violations do not include any charge(s) or driving under the influence or related charges are specifically required to be reported herein.]
() Yes () No [Describe all charges even if they were dismissed and give reason charged, date and place charged, and disposition.] _____

8. There must be submitted with this Personal Statement your fingerprints which can be obtained from the City of Tifton Customer Service Office.

Check here to indicate that such fingerprint information has been applied for. _____

9. There must be submitted with the Personal Statement a passport size photo of yourself.

Check here to indicate that such photo is attached hereto. _____

NOTE: BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS, STATEMENTS AND RESPONSES TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY, SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HERewith.

VERIFICATION

Georgia, _____ County.

I, _____, do solemnly swear, subject to the penalties of the false swearing, that the answers, statements and responses made by me in the foregoing Personal Statement are true and correct. I further hereby certify that I am fully qualified in all respects under Chapter 6 of the ordinances for the City of Tifton to be the holder of an alcoholic beverage license issued by the City of Tifton. Furthermore, I certify that the location for which an alcoholic beverage license is sought meets all conditions, qualifications and criteria established by the ordinances for the City of Tifton therefore.

Signature
(Full Name in Ink)

I hereby certify that _____
(the above-named person)

is personally known to me, that he/she signed his/her name to the foregoing statement stating to me that he/she knew and understood all answers, statements and responses made therein, and, under oath actually administered by me, has sworn that said answers, statements and responses are true.

Notary Public

Notary Execution Date _____

Notary Expiration Date _____



City of Tifton, Georgia
Criminal History Record
Consent Form

I hereby give the City of Tifton CONTINUING permission and authority to receive any criminal history record information pertaining to me, which may be in the files of the City, Tift County, the State of Georgia, or of the United States. [See Section 6-66, Paragraph 17, Subsections (2) (3) and (4) of the Code of Ordinances.]

In the event of the termination of my association with the business with which this document is part of, my consent will automatically be rescinded.

Business Name

Full Name Printed

Home Address

City State Zip

Home Telephone Number

Sex

Race

DOB

SSN

Signature

Notary

Date

130 E. 1st Street, P.O. Box 229, Tifton, GA 31794 fax 229-391-3990



O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for **Circle One** [*Occupation Tax Certificate, Regulatory Permit, Alcohol License, Taxi Permit*], or other public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Tifton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen. (Include front & back copy of driver's license)
- 2) _____ I am a legal permanent resident of the United States. (Include front & back copy of permanent resident card)
- 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. (Include front & back copy of resident card)

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 best be 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.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires:

City of Tifton
Alcohol Ordinance Acknowledgement

I, the undersigned, hereby understand that it is my responsibility as the Alcohol Beverage Licensee to ensure compliance with all rules and regulations set forth in O.C.G.A Title 3 and the City of Tifton's Alcohol Ordinance; and

I further understand that the City's ordinance can be amended at any time and any amendments, changes, and updates are available on the City of Tifton Website (www.tifton.net); and

I further understand it is my responsibility to train all staff on the laws and regulations for selling/serving alcohol beverages

Business Name: _____

Print Full Name (Licensee/Manager): _____

Signature: _____ Date: _____

----- Office Use Only -----

Copy of Ordinance provided to business upon issuance of Alcohol License

_____ Mail _____ Pick Up

Staff Initials: _____ Date: _____