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. 5-9*)
◯ 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 like 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

For Office Use Only
Account No: _____

Date Rec: _____

City of Tifton
130 E. 1st Street – P.O. Box 229 – Tifton, GA 31793-0229
Ph. (229) 382-6231 Fax. (229) 391-4722
Website: www.tifton.net Email: cityclerk@tifton.net

NEW ALCOHOL LICENSE APPLICATION

Business Name:			
Corporation:			
Business Address:			
Mailing Address:			
Business Phone:		**Email:**	
Ownership Type:	◯ Sole Proprietor ◯ Partnership ◯ Corporation ◯ Other: _____		
Full Name of All Owners/Officers/Partners If additional space is needed, please attach a full listing	1.	Title:	% of Ownership:
	2.	Title:	% of Ownership:
	3.	Title:	% of Ownership:
	4.	Title:	% of Ownership:
Type of Business (Check One)	◯ Restaurant ◯ Convenience Store ◯ Grocery Store ◯ Bar ◯ Lounge ◯ Private Club ◯ Recreation Facility ◯ Caterer ◯ Other _____		

Application Type	◯ New Application $100 ◯ Amended Application $100	If Amending Application Describe Changes
License Classification	◯ Malt Beverage/Beer Package $500 ◯ Wine Package Retail $500 ◯ Liquor Package Retail $5,000 ◯ Malt Beverage/Beer Consumption $500 ◯ Wine Consumption Retail $500 ◯ Liquor Consumption Retail $3,000 ◯ Complimentary Service License $50 ◯ Bottlehouse License $250 ◯ Alcohol Catering $500 ◯ Brewery $1,500 ◯ Brewery w/Taproom $2,000 ◯ Brew Pub $1,500 ◯ Wholesale Malt Beverage $250 ◯ Wholesale Wine $250 ◯ Wholesale Liquor $250	
Total Fees	$	

BUSINESS INFORMATION

Does the Business or Applicant Own the Property in which the Business will be Operated? *(Attach Lease or Property Closing Documents)*	◯ Yes ◯ No
Has an Alcohol License Been Previously Issued For This Location? **(***New locations require a survey to ensure the location meets the distance requirements)*	◯ Yes ◯ No
Type of Consumption	◯ On Premises ◯ Off Premises
Days and Hours of Operations:	
Will Food / Meals Be Served? *(Attach Menu & Seating Plan)*	◯ Yes ◯ No
Will Alcohol Sales Exceed 50% or More of the Total Business Revenue?	◯ Yes ◯ No
Will The Location Have a Separate Lounge Area for Alcohol Sales and/or Consumption?	◯ Yes ◯ No If Yes, Explain Below _____
Will Coin Operated Machines, Games, or Other Amusements Be Available at the Location? *(Separate Application Required)*	◯ Yes ◯ No Describe Activities Below: _____ _____

APPLICANT INFORMATION

Name of Licensee		**Name of Manager**	

Additional Information to be Submitted with Application

- ◯ Corporation Operating Agreement or Shareholder Transfer Ledger
- ◯ Copy of Lease or Property Closing Documents
- ◯ Completed Applicant Packet for Each Licensee or Owner/Officer/Partner with 20% + Business Interest
- ◯ Completed Applicant Packet for Manager *(if Applicable)*
- ◯ Property Survey Verifying the Location Meets the Distance Requirements *(if required)*
- ◯ Copy of Menu, Seating Plan Layout, and/or Coin Operated Amusement Form *(if required)*
- ◯ $100 Application Fee

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 all answers or statements herein shall be answered truthfully and any false information shall constitute cause for denial. By signing below the applicant affirms that the information contained and submitted in this application are true and complete and that no false or fraudulent statement is made herein.*

Signature of Applicant: _____ Date: _____

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

_____ (SEAL)
Notary

City of Tifton
Alcohol Beverage License Applicant Packet

Business Name: _____

Business Address: _____

Insert

Applicant Photo

Applicant Name: _____

◯ Owner/Licensee ◯ Manager

Required Information To Be Attached or Submitted

◯ Recent Photo
◯ Copy of Driver's License or Resident Identification Card *(front & back)*
◯ Register & Complete Fingerprinting *(see attached instructions)*

Approvals

◯ Approved ◯ Denied	◯ Approved ◯ Denied	◯ Approved ◯ Denied
_____	_____	_____
Police Chief	City Clerk	City Manager

Comments: _____

_____

Alcoholic Beverage License Personal Statement

Applicant Information

Applicant Full Name					
Date of Birth		**Social Security No.**			
Home Address					
City		**State**		**Zip**	
Mailing Address (if different)					
Phone		**Email**			

1. Current County of Residence? _____	Time at Current Address: _____
2. List any previous addresses in the past 10 years: **(Address)**	**(Years at Address)**
	From _____ to _____
	From _____ to _____

3. Have you had any prior interest or do you currently hold any interest in any other business which is licensed to sell alcoholic beverages? List below or attach details

License No.	Business Name	Address	Type of Interest	License Status

4. Have you ever held any interest in any alcoholic beverage license issued by any governmental entity which has been suspended or revoked? ◯ Yes ◯ No If "Yes" provide sufficient detail below:

_____

_____

_____

5. Have you ever been arrested, convicted, entered a plea of nolo contendere, or forfeited a bond on any crime other than minor traffic violations? ◯ Yes ◯ No If "Yes" provide sufficient detail below:

_____

_____

_____

6. Do you owe any taxes, fees, or other charges to the City of Tifton? ◯ Yes ◯ No

Alcohol Applicant Requirements & 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)

Do hereby swear and affirm to the following license requirement statements:

	I am the **OWNER** and/or **MANAGER** of the Business (circle all that apply)			
	I am a **Citizen of the United States** or **Legal Permanent Resident** *(circle one)*			
	I am 21 years of age or older and my current age is **_____**			
	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. ◯ **TRUE** ◯ **FALSE**			
	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. ◯ **TRUE** ◯ **FALSE**			
	Average Number of Weekly Work Hours at the Business Location?		**Salary** or **% of Business Profit**	
	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 that the City's Ordinance can be amended at any time and any amendments, changes, and updates are available on the City of Tifton's Website (www.tifton.net) 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 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: