Alcohol License Amendment - New Manager/Licensee

1. Complete Required Forms
2. Complete Fingerprints (See Attached Instructions)
3. Passport Size Photo
4. Copy of Driver's License
5. $100.00 Amendment Fee

IdentoGO by IDEMIA

CITY OF TIFTON LICENSE APPLICANTS -USE ONLY

Fingerprint Service Code Form

Service Name: City of Tifton

To Schedule your fingerprint appointment, simply visit

https://ga.state.identogo.com/ and enter the following Service Code

2TGR22

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

When prompted, enter the appropriate Reviewing Agency ORI below:
Reviewing Agency ORI: GA923090Z
Reviewing Agency Name: City of Tifton
Additionally, enter the below optional information if provided:
Requesting Agency ORI: GA923090Z

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- ✓ Driver's License issued by a State or outlying possession of the U.S.
- ✓ Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ✓ Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- ✓ Enhanced Driver's License (EDL)
- ✓ Commercial Driver's License issued by a State or outlying possession of the U.S.
- ✓ Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S
- ✓ ID card issued by a federal, state, or local government agency or by a Territory of the United States
- ✓ Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- ✓ Department of Defense Common Access Card
- ✓ Uniformed Services Identification Card (Form DD-1172-2)
- ✓ U.S. Military Identification Card
- ✓ U.S. Coastguard Merchant Mariner Card
- ✓ Military Dependent's Identification Card
- ✓ U.S. Passport
- ✓ Foreign passport
- ✓ Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- ✓ Employment Authorization Card/Document (I-766) that contains a photograph
- ✓ Canadian Driver's License
- ✓ Foreign Driver's License (Mexico and Canada Only)
- ✓ U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

Don't have access to the Internet? You can still schedule an appointment by calling 833-542-9283

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: