



INSTRUCTIONS – ALCOHOLIC BEVERAGES LICENSE APPLICATION

Unified Government of Athens-Clarke County, Georgia

1. APPLICATION COMPLETION:

Every question must be fully, correctly and legibly answered. Do not use initials -- spell out all names. Incomplete applications will be returned to the applicant for proper completion. If the space provided is not enough for a full and complete answer, use a separate sheet of paper and indicate that a separate sheet is attached. The Athens-Clarke County Alcohol Beverage Ordinance is available for review on the website at www.accgov.com/code (Code of Ordinances – Title 6: Licenses and Business Regulations)

2. REQUIRED FEES:

The required investigative fee of **\$400.00** must be paid when the initial application is submitted to the Department of Finance. Upon approval of the application, all additional fees must be paid prior the issuance of the license. These fees must be paid by **CREDIT CARD, CERTIFIED CHECK, OR MONEY ORDER**. A **\$100.00** investigative fee must be paid for each additional investigation during the year due to an ownership or managerial change. (Code Section 6-3-3 (b))

3. LICENSE NON-TRANSFERABLE:

If during the life of the license, the identity of the interest owners or their percentage of ownership should change, that information shall be sent to the Director of Finance or his designated representative for processing. A change in ownership shall require a new application. (Code Section 6-3-3 (c))

4. DISTANCES:

The applicant is responsible for determining the distance from the proposed licensed location for each of the following:

- **A school – defined in OCGA Section 20-2-690, for A, B, C, D, E, F licenses – restaurants exempted**
 - **College distance exemption applies to square footage/size of a grocery store**
- **A private residence (street address and name required), for A, D, E, F licenses – restaurants exempted**
- **A church, for A, D, E, F licenses – restaurants exempted**
- **An alcohol treatment center, applies to all licenses, no exemptions**
- **Housing Authority defined in OCGA 3-3-21 (e) (1) (2), for D, E, F licenses – no exemptions**
- **Retail liquor package store (Class A license)**

A current certified plat from a registered surveyor is required to confirm the distance requirements and must accompany the application. The plat must show straight line measurements from point to point that certify the distances required (Code Section 6-3-5(c)).

5. ZONING:

No License shall be issued except in the zones as defined by applicable local zoning ordinances in Code Section 6-3-5 (c). For zoning questions, contact the Planning Department located at 120 Dougherty Street, Athens, GA 30601, by phone at **(706) 613-3515** or email planning@accgov.com.

6. FACILITY INSPECTION:

The applicant shall be responsible for filing plan reviews with the Building Inspections Department. For occupancy requirements, contact the Building Inspections Department located at 120 Dougherty Street, Athens, GA 30601, by phone at **(706) 613-3520** or email buildinginspection@accgov.com.

7. CRIMINAL HISTORY CONSENT FORMS:

Georgia Crime Information Center (GCIC) Council rules require that the [consent form on page 18](#) of the application be completed, signed, and notarized prior to any criminal history investigation by the Police Department.

- A separate form must be completed for each individual required to be listed on the application, including but not limited to sole proprietor, partners, members, managers, corporate officers and stockholders (See Code Section 6-3-3(c) for exception for certain stockholders) and authorizes Athens-Clarke County to use such information in determining whether the license applied for shall be issued (Code Section 6-3-3(e)).
- Information requested concerning race and sex is for investigative purposes only.



The additional page is added
at the end of the application.

LIST CORPORATE STOCKHOLDERS: (attach list if necessary) **Note – If Officer and Stockholder are the same person, list Full Legal Name and % of Stock Owned. Otherwise, complete all requested information.**

Unless the corporate stock or other ownership interest is listed on a public stock exchange (Code Section 6-3-3(c)), all corporate applicants shall list the names and addresses of the corporate stockholders and the percentage of stock owned by each (Code Section 6-3-3(f)(1)). If a named stockholder therein is another corporation, the same information shall be given for the Stockholding Corporation.

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

% OF STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

% OF STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

% OF STOCK OWNED: _____ OFFICE HELD: _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

% OF STOCK OWNED: _____ OFFICE HELD: _____



14. **SOLE PROPRIETOR APPLICANT:** A change of ownership requires a new application (Code Section 6-3-3(c)). Complete below if different from information on page 3, otherwise write in "Same" by Full Legal Name.

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

15. **PARTNERSHIP APPLICANT:** A change of ownership requires a new application and a % change of ownership requires notification to the Finance Department (Code Section 6-3-3(c)).

DATE PARTNERSHIP FORMED: _____

LIST ALL PARTNERS: (attach list if necessary)

The additional page is added at the end of the application.

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ % OF OWNERSHIP _____

FULL LEGAL NAME: _____ PHONE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OFFICE HELD: _____



Secure and Verifiable Documents under O.C.G.A. § 50-36-2

Issued October 28, 2016 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- **An unexpired United States passport or passport card** [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- **An unexpired United States military identification card** [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- **An unexpired driver’s license issued** by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired identification card issued** by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired tribal identification card of a federally recognized Native American tribe**, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired United States Permanent Resident Card or Alien Registration Receipt Card** O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Employment Authorization Document that contains a photograph of the bearer** O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2] *Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law*
- **An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Free and Secure Trade (FAST) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired NEXUS card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired driver’s license issued by a Canadian government authority** [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- **A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS)** (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS)** (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Report of Birth issued by the United States Department of State** (FormDS-1350) O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Birth Abroad issued by the United States Department of State** (FormFS-545) O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Consular Report of Birth Abroad issued by the United States Department of State** (FormFS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



The additional page is added at the end of the application.

<p style="text-align: center;">ATHENS-CLARKE COUNTY POLICE DEPARTMENT RELEASE OF CRIMINAL HISTORY CONSENT FORM</p>	<p><u>ACP-F-140</u> Form Number</p> <p><u>091007</u> Revision Date</p>
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LLC's should complete a form for each member/manager and the designated manager. Corporations should complete a form for each officer and the designated manager. Sole Proprietor's should complete a form for the license holder and designated manager. Partnerships should complete a form for each partner and the designated manager.

I, _____

LAST NAME	FIRST NAME	MIDDLE NAME	DOB	RACE	SEX
_____	_____	_____	_____	_____	_____
SOCIAL SECURITY NUMBER	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	
_____	_____	_____	_____	_____	
STREET ADDRESS	CITY	STATE	ZIP CODE		
_____	_____	_____	_____		

AUTHORIZE: Athens-Clarke County Police Alcohol and Drug Unit to receive my criminal history record from the Athens-Clarke County Police Department.

SIGNATURE OF SUBJECT

SWORN AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC SEAL

My Commission Expires: _____

- i. (Note: Unless all blanks are completed on this form and the form is notarized, no information will be released.)
- ii. Rules of Georgia Crime Information Center Council Chapter (GCIC) 140-02 Code Section 140-02 04 Criminal Justice Information Exchange and Discrimination Amended.
- iii. Criminal justice agencies may disseminate criminal history records to private persons, businesses, public agencies, political subdivisions, authorities and instrumentalities, including state or federal licensing and regulatory agencies, or to their designated representatives. For dissemination purposes, criminal history records include all available criminal history record information; except information relating to any arrest or charges disposed of under the provisions of the Georgia First Offender Act shall not be provided after the person has been discharged from First Offender status and exonerated of the charge. At the time of each request requestors shall provide the fingerprints or the signed and notarized consent of the person whose record is requested. The signed and notarized consent must be in a format approved by GCIC and must include the person's full name, address, social security number, race, sex and date of birth. Criminal justice agencies which disseminate criminal history records to private individuals and to public and private agencies shall advise all requestors that if an employment or licensing decision adverse to the record subject is made, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. This disclosure must include information that a criminal history record check was made, the specific contents of the record, and the effect the record had upon the decision.
- iv. Athens-Clarke County requires an annual investigation of all licensees. The Athens-Clarke County Police Department through the State of Georgia and GCIC information does the background investigation.



Unified Government of Athens-Clarke County
Finance Department
PO Box 1748
Athens, GA 30601

ALCOHOLIC BEVERAGE SALES AFFIDAVIT
(Class D1, Retail Liquor by the Drink, Low Alcohol Sales Restaurant)

ESTABLISHMENT _____

I. ALCOHOLIC BEVERAGE SALES. CPA certification must be completed attesting to the total reported beer, wine and liquor alcoholic beverage sales. This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open.

(NEW BUSINESS MUST PROVIDE A 12 MONTH ESTIMATE)

Gross Receipts from Alcoholic Beverage Sales this period: \$ _____

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

CPA NAME (PRINTED)

NAME OF CPA FIRM

CPA SIGNATURE

BUSINESS ADDRESS/PHONE NUMBER

SWORN UNDER OATH THIS _____ DAY OF _____, 20____

SIGNATURE OF NOTARY PUBLIC

II. I hereby affirm that I understand that records of alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of alcoholic beverage sales is cause for denial or revocation of a Class D1 Retail Liquor by the Drink Low Alcohol Sales Restaurant license. I further affirm that I understand that the Athens-Clarke County Finance Department may audit our records to verify same at its discretion.

SIGNATURE LICENSEE

SWORN UNDER OATH THIS _____ DAY OF _____, 20____

SIGNATURE OF NOTARY PUBLIC

****THIS FORM MUST BE COMPLETED IN FULL BEFORE A CLASS D1 LICENSE WILL BE ISSUED**



Georgia Applicant Processing Services can be accessed at : www.aps.gemalto.com

Applicants can choose a site in the State of Georgia to be fingerprinted at during the online registration with Georgia Applicant Processing Service (GAPS)

Out of State Applicants will follow the same on-line registration and complete the additional instructions on how to mail in the completed fingerprint cards for processing.

Applicants will need to use the following ORI number and Verification when registering on line:

ORI# GA923035Z process under Alcohol Liquor License

Step 1: Go to the website: www.aps.gemalto.com click on **Applicant Registration Page**.

Step 2: Click on block **CITY/COUNTY GOVERNMENT AND LAW ENFORCEMENT AGENCIES**. This will begin your registration and payment process (located in last column).

Step 3: Click on: **Alcohol/Liquor License**.

Step 4: Check box and continue.

Step 5: Reviewing Agency ID **GA923035Z** (Please note that this field is case sensitive, so use **CAPITAL LETTERS**.)

Step 6: Go to UPS Store at Alps Rd., to complete actual printing process

**Athens-Clarke County Alcoholic Beverage License
Fingerprint Affidavit**

By executing this affidavit under oath, as an applicant for an Athens-Clarke County Alcoholic Beverage License for _____, (name of business)

I _____ (name of applicant) have submitted fingerprints to the Georgia Bureau of Investigation through GAPS in compliance with O.C.G.A. Code Section 3-3-2.

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Print Name

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____, 20_____

Notary Public

My Commission Expires: _____