



P.O. BOX 348 • 110 STATE STREET • COMMERCE, GA 30529
(706) 336-3288 • FAX (706) 335-6879 • www.commercega.gov

ALCOHOLIC BEVERAGE APPLICATION

Application Requirements

- Business Location and Business Type must meet ordinance requirements.
- All applicants must be a United States citizen or legal permanent resident.
- Anyone who owns 20% or more of the business must be identified and complete license forms.
- If a Manager is appointed, they must also complete all license forms.

Additional Items to be Submitted with Application

- ☐ Copy of lease or property closing documents
- ☐ Copy of Driver's License for all applicants

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 GAPS LiveScan location
5. Application will be processed and reviewed by city staff
6. If approved, all license fees must be paid and City License will be issued.
7. Business must apply and receive a state alcohol license.

Submit Applications To:

City Clerk's Office

110 State Street

Commerce, GA 30529

State of Georgia Alcohol License must be acquired online at:

<https://dor.ga.gov> at the Alcohol License Portal

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

Phone: **(877) 423-6711**

SCHEDULE OF FEES

Please check all that apply.

- ☐ Wine Package Sales\$500.00
- ☐ Wine Consumption\$300.00
- ☐ Malt Beverage Package Sales\$500.00
- ☐ Malt Beverage Consumption\$500.00
- ☐ Malt Beverage Manufacturer\$750.00
- ☐ Distilled Spirits Package Retail Sales\$5,000.00
- ☐ Distilled Spirits Consumption.....(CBD) \$1,500.00
- ☐ Distilled Spirits Consumption.....\$4,000.00

Total Due City of Commerce _____

All licenses must be approved by the City Council, which meets each third Monday.

Applicant Signature

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

Mailing Address City State Zip

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?

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

What is the distance from
nearest church?

_____ Feet

_____ Feet

_____ 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)

Name (if corporation, partnership or other)

- ☐ Single Proprietor
 ☐ Corporation
- ☐ 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 date _____ Applicant _____ Name of Licensee _____

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 Commerce 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 Commerce 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. ☐ NONE

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 P.O. Box No. City County State Zip Code

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. ☐ YES ☐ NO

9. Does the applicant hold a valid Occupational Tax Certificate for:

(a) Restaurant? ☐ 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 COMMERCE 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 Commerce 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 the 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 made 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 forms as well as applicable and License Fee in the form of CHECK or CASH, and other required documents to:

IF BY MAIL

City of Commerce
P.O. Box 348
Commerce, GA 30529

IF BY PHYSICAL DELIVERY

City of Commerce
110 State Street
Commerce, GA 30529

Alcohol Licensee Identification Cover Sheet

Business Name (DBA): _____

Street Address: _____

Insert Photo

Applicant Name: _____

☐ **Owner**

☐ **Manager**

Start Date: _____

End Date: _____

City of Commerce

Alcohol Licensee Requirements and Oath

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

(Business Name & Address)

And I hereby swear and affirm to the following license requirements: (check all that apply)

- ☐ I am the **OWNER** and/or **MANAGER**.
- ☐ 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 Commerce 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 _____

CONSENT FOR CRIMINAL HISTORY RECORD

I, hereby give the City of Commerce **CONTINUING** permission and authority to receive any criminal history record information pertaining to me, which may be in the files of the City of Commerce, the state of Georgia, or of the United States. (See Section 6-66, Paragraph 17, Subsections (2), (3) and (40 of the Code of Ordinances.)

In the event of the termination of my association with the business with which this documnt 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

O.C.G.A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for: ☐ 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 Commerce, 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 and back copy of driver's license.)
- ☐ _____ (2) I am a legal permanent resident of the United States. (Include front and back 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: _____

ALCOHOLIC BEVERAGE INFORMATION SHEET

Application: ☐ NEW ☐ RENEWAL

Amended: _____ Reason: _____

Business Name: _____

Licensee Name: _____

Business Location: _____

Owner/Manager's Name: _____

Type of License

☐ Malt Beverage Package Retail

☐ Wine Package Retail

☐ Malt Beverage Consumption Retail

☐ Wine Consumption Retail

☐ Distilled Spirits Consumption Retail

☐ Off-Premise Catering

☐ Distilled Spirits Package Retail

Business Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number () _____

This Information Sheet is on:

Signature _____ ☐ Owner ☐ Manager _____ Date _____

CITY USE ONLY

Reasons for Denial: _____

Signatures For Approval

Chief of Police _____ Date _____ ☐ Approval ☐ Denied

City Clerk _____ Date _____ ☐ Approval ☐ Denied

City Manager _____ Date _____ ☐ Approval ☐ Denied

City of Commerce 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 Commerce 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 Commerce website, www.commercega.org; 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

☐ Pickup

Staff initials: _____ Date: _____

Registering for Fingerprints Through Cogent for Alcohol License

Go to <https://www.aps.gemalto.com/ga/index.htm> or Call 1-888-439-2512

Select **Applicant Registration**

Select **City/County Government and Law Enforcement Agencies**

Select **Alcohol and Liquor License**

Select **Agree to the Terms** and **Continue**

Agency ID/ORI: GAC8974

Reason: **Alcohol/Liquor Licensee**

Complete registration with Applicant's information.

Bring Registration and Photo Identification to fingerprint Scan Location.

Inform City Clerk that fingerprints have been completed for the Alcohol Application.