



INFORMATION FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION

COLUMBUS CONSOLIDATED GOVERNMENT
OCCUPATION TAX SECTION
P. O. BOX 1397
COLUMBUS, GA 31902-1397
PHONE: (706) 653-4100 FAX: (706) 653-4091

1. Please read the Alcoholic Beverage ordinance in Chapter 3 of the Columbus Code of Ordinances before attempting to complete the application.
 2. The application must be completed in its entirety and each question answered in full before being accepted by the Occupation Tax Section. The application and all attachments **must be typed or legibly written in black or blue ink**. The use of any liquid paper correction fluid will not be permitted on the application. The Occupation Tax Section reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible or incomplete. All dated material submitted must not bear a date more than 30 days prior to submission
 3. The applicant, manager, owner, partners, and all stockholders (owning 25% or more of the stock), must meet the requirements as outlined in Chapter 3-6 of the Columbus Code. The location must meet the distance requirements as outlined in Chapters 3-5 and 3-7 of the Columbus Code.
 4. **NEW APPLICATIONS AND ALCOHOL UPGRADES:**
COMPLETE PAGES 1, 2, 3, 4, 5 AND 7. MIXED DRINKS APPLICANTS MUST COMPLETE PAGE 8 AS WELL. EACH PERSON REQUIRING A CRIMINAL HISTORY BACKGROUND CHECK MUST COMPLETE THE WAIVER(S) FOR POLICE RECORDS CHECK FORM AND THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) AFFIDAVIT.
- LICENSE AND LOCATION TRANSFERS:**
COMPLETE PAGES 1 THROUGH 7. MIXED DRINKS APPLICANTS ON LOCATION TRANSFERS MUST COMPLETE PAGE 8 AS WELL. EACH PERSON REQUIRING A CRIMINAL HISTORY BACKGROUND CHECK MUST COMPLETE THE WAIVER(S) FOR POLICE RECORDS CHECK FORM AND THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) AFFIDAVIT.
5. Upon completion of the application, the applicant shall pay a nonrefundable **\$50.00** application fee and a **\$20.00** fee for **each** Waiver For Police Records Check. The fees must accompany this application at the time it is submitted for processing. The applicant must also submit a valid Georgia State Driver's License or valid Georgia State Identification card to be photocopied and attached to the application.
 6. For **ON PREMISE** locations only, the following additional actions must be completed, if application is approved:
 - A. A Certificate of Occupancy must be obtained from the Inspection and Codes office, located at 420 10th Street, Columbus, GA, (706) 653-4126.
 - B. A Health Marshall Slip must be obtained from the Columbus Health Department Environmental Division, located at 2100 Comer Avenue, (706) 321-6170.
 - C. A Fire Permit must be obtained from the Columbus Fire Department, located at the Public Safety Building, 510 10th Street, (706) 653-3520.
 7. For **OFF PREMISE** locations, the following additional actions must be completed if application is approved:
 - A. A Certificate of Occupancy must be obtained from the Inspection and Codes office, located at 420 10th Street, Columbus, GA, (706) 653-4126.
 - B. An Agriculture Slip must be obtained from the Georgia Department of Agriculture, the contact number is (229) 430-4245 (not required for Retail Liquor)..
 8. For **TRANSFERS** only. No alcoholic beverage license will be transferred without all prior city taxes being paid in full.
 9. For **RETAIL LIQUOR** only:
O.C.G.A 3-4-49 restricts new locations of retail liquor business from being within 1500 feet of another retail liquor establishment already in operation, or has ceased operation within the last twelve (12) months.
 10. For the State of Georgia licensing requirements, please contact the Georgia Department of Revenue Alcohol & Tobacco Division at (706) 649-7328.

Department of Finance - Revenue Division
Occupation Tax Section
P. O. Box 1397
Columbus, Georgia 31902-1397



_____ NEW
_____ TRANSFER
_____ UPGRADE
_____ LOCATION
TRANSFER

APPLICATION TO SELL ALCOHOLIC BEVERAGES

1. **BUSINESS TITLE:**

- a. Legal name of business _____
- b. Trade name _____
- c. Business location _____
- d. Business telephone number _____

2. **APPLICANT:**

- a. Name _____
- b. Social Security No. _____ Date of birth _____
- c. Home Address _____
City _____ State _____ Zip Code _____
- d. Home telephone number _____
- e. U. S. Citizen by (please check one): Birth _____ Naturalization _____
If naturalized, number of: Years _____ Months _____
Please include a copy of the **original** certificate of naturalization with this application.
- f. Have you, your spouse, or an immediate family member either owned or managed a business that sold or served alcoholic beverages? YES _____ NO _____
If yes, please submit all details below or on an attached sheet that includes the individual's name(s), date of birth(s), and social security number(s). State each individual's relationship to the applicant.

- g. What is the applicant's relationship to the business?

3. TYPE OF OWNERSHIP (please select one):

Sole Proprietor ()	Partnership ()	Corporation ()
LLP ()	LLC ()	Other () _____

A. If Sole Proprietor - (Police criminal history background check will be conducted on sole proprietor)

Owner's Name: _____

Social Security No. _____ Date of Birth: _____

Home Address _____

City _____ State _____ Zip Code _____

Home telephone number _____

Have you ever applied for an alcoholic beverage license before?

YES _____ NO _____

If yes, please submit all details.

B. If Partnership or LLP -

Partnership or LLP Name: _____

Federal Identification No.: _____ Date Formed: _____

Partnership or LLP Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

Please provide a list of all persons owning interest in the business. Please include the name residential address, date of birth, Social Security Number and percentage of interest held.

PARTNERS NAME	RESIDENTIAL ADDRESS (No P.O. boxes)	DATE OF BIRTH	SOCIAL SECURITY NO.	INTEREST %

(*Police criminal history background check will be conducted on all partners/members*)

Has the Partnership or the LLP or any of the partners ever applied for an alcoholic beverage license before? YES _____ NO _____

If yes, please submit all details (include additional information on a separate attachment).

C. If Corporation or LLC -

Corporation or LLC Name: _____

Federal Identification No.: _____

Date Incorporated or Formed: _____

Corporation Street Address: _____

City _____ State _____ Zip Code _____

Telephone number _____

Please provide a list of all persons owning interest/stock in the business. Please include the name, residential address, date of birth, Social Security Number and percentage of interest held.

SHAREHOLDER/MEMBER S NAME & TITLE	RESIDENTIAL ADDRESS (No P.O. boxes)	DATE OF BIRTH	SOCIAL SECURITY NO.	INTEREST %

(*Police criminal history background check will be conducted on all stockholders/members with 25% or more interest*)

Has the Corporation or the LLC or any of the shareholders or members ever applied for an alcoholic Beverage license before? YES _____ NO _____

If yes, please submit all details (include additional information on a separate attachment.

4. Are there any other individuals or firms owning any interest in or receiving any funds from or having loaned funds to the operation of this business? YES _____ NO _____

If yes, list those firms or individuals to include the names, addresses, Social Security Numbers, and loan amounts.

5. Is the applicant or any individual listed as having interest in this business or their spouse, a law enforcement officer? YES _____ NO _____. If yes, please provide the specific details.

6. Has the applicant, or any individual listed as having an interest in this business, ever been convicted, pleaded nolo contendere or forfeited bond for any of the disqualifying conditions listed in Section 3-6 of the Columbus Code? YES _____ NO _____. If yes, please provide details for each instance.

7. Please list the active manager's name, date of birth, and social security number.
(Police criminal history background check will be conducted on active manager)

Has the active manager, ever been convicted, plead nolo contendere or forfeited bond for any of the disqualifying conditions listed in Section 3-6 of the Columbus Code?
YES _____ NO _____. If yes, please provide details for each instance.

8. I, _____(Applicant), being duly sworn according to law, do swear that the facts stated in the above application are true and correct. I will promptly notify the Director of Finance, through the Tax Supervisor of any changes to the above information. I have read and understand, and also agree to abide by the City of Columbus's Ordinance, and any State or Federal Laws or regulations governing the sale of alcoholic beverages. I further swear that this application is made in order to procure an alcoholic beverage license in the City of Columbus, GA.

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this _____ day of _____, _____.

NOTARY PUBLIC

MY COMMISSIONS EXPIRES _____

PLEASE NOTE: All questions must be answered.

TYPE OF APPLICATION (Indicate type and category with an "X")

New License: _____

License Transfer: _____

Location Transfer: _____

Alcohol Upgrade: _____

A. Manufacturer

Liquor _____

Beer _____

Wine _____

B. Wholesaler

Liquor _____

Beer _____

Wine _____

FOR RETAIL OFF PREMISE APPLICATIONS ONLY

Liquor _____

Beer _____

Wine _____

Convenience Store _____ Grocery Store _____ Package Store _____ Other _____

FOR CONSUMPTION ON PREMISE APPLICATIONS ONLY

Please check: Mixed Drinks _____ Beer _____ Wine _____

PLEASE CHECK YOUR SPECIFIC TYPE OF BUSINESS (indicate one only):

TRADITIONAL RESTAURANT: _____

RESTAURANT: _____

BAR/PUB: _____

NIGHT CLUB: _____

ADULT ORIENTED ESTABLISHMENT: _____

HOTEL/MOTEL: _____

SMALL MULTI-PURPOSE THEATRE: _____

MULTI-PURPOSE THEATER: _____

PRIVATE CLUB (NON-PROFIT): _____

RIVERBOAT: _____

MULTI-PURPOSE FACILITY: _____

MUNICIPAL GOLF COURSE: _____

MUNICIPAL SPORTS FACILITY: _____

DINNER THEATER: _____

BOWLING CENTER: _____

I hereby certify that I have read and understand the provisions of Chapter 3, Section 1, Definitions of the Columbus Code. I further certify that my business meets the required specifications and qualifications for the type of business as indicated above.

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires: _____

THIS IS TO CERTIFY THAT EFFECTIVE THIS DATE, I HAVE:
(indicate appropriate condition by a circle or an underline)

- (A) SOLD MY BUSINESS
- (B) PENDING SALE OF BUSINESS
- (C) TRANSFERRED ALCOHOL LICENSE
- (D) MOVED BUSINESS TO NEW LOCATION

1. _____
NAME OF BUSINESS AS CURRENTLY LICENSED
2. _____
ADDRESS OF BUSINESS AS CURRENTLY LICENSED
3. _____
NAME OF LICENSEE AS CURRENTLY LICENSED
4. _____
NAME OF APPLICANT LICENSE BEING TRANSFERRED TO
5. _____
NEW BUSINESS NAME IF DIFFERENT FROM ORIGINAL NAME
6. _____
NEW LOCATION IF DIFFERENT FROM ORIGINAL LOCATION
7. _____
ALCOHOLIC BEVERAGE LICENSE NUMBER
8. _____
ALCOHOLIC BEVERAGE LICENSE NUMBER
9. _____
ALCOHOLIC BEVERAGE LICENSE NUMBER

I RESPECTFULLY REQUEST THAT THE ABOVE LISTED LICENSE BE TRANSFERRED WITH THE APPROVAL OF THE DIRECTOR OF FINANCE.

ORIGINAL LICENSEE SIGNATURE

sworn to and subscribe before me this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires _____

PLEASE ATTACH A COPY OF THE APPLICANTS VALID GEORGIA STATE DRIVER'S LICENSE
OR A VALID GEORGIA STATE IDENTIFICATION CARD.

NEW MIXED DRINK APPLICANTS ONLY

ALL APPLICANTS FOR NEW MIXED DRINK LICENSEES SHALL GIVE NOTICE OF THEIR INTENT TO MAKE SUCH APPLICATION BY ADVERTISING AT LEAST (5) TIMES ON DIFFERENT DAYS IN THE DAILY PAPER PUBLISHED IN THE CITY IN WHICH THE LEGAL ADVERTISEMENTS OF THE CITY ARE CARRIED. SUCH NOTICE SHALL CONTAIN A PARTICULAR DESCRIPTION OF THE LOCATION OF THE PROPOSED BUSINESS AND SHALL GIVE THE NAME OF THE APPLICANT, AND IF THE BUSINESS IS A PARTNERSHIP, THE NAME OF THE PARTNERS, AND IF A CORPORATION, THE NAMES OF THE CORPORATE MANAGER OR ASSOCIATE MANAGER TO WHOM ISSUED AND THE DATE THAT SUCH APPLICATION WOULD BE CONSIDERED BY THE DIRECTOR OF FINANCE. THE ADVERTISEMENT REFERRED TO HEREIN SHALL NOT BE SMALLER THAN TEN-POINT CAPITAL AND LOWER CASE AND SHALL BE AT LEAST A ONE-INCH, TWO-COLUMN ADVERTISEMENT.

ATTACH RECEIPT FROM LOCAL NEWSPAPER HERE

APPLICANT _____ DATE _____



COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government

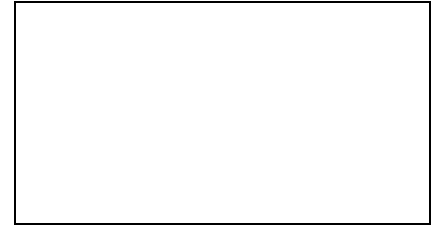
0101-099-1999-4869

FINANCE DEPARTMENT

REVENUE DIVISION - Occupation Tax Section

100 Tenth Street, P.O. Box 1397 Columbus, Georgia 31902-1397

706-653-4100, Fax 706-653-4091



Amount To Be Validated: 20.00

WAIVER FOR POLICE RECORDS CHECK

I understand that in order for the Finance Department to approve my application for an **alcoholic beverage license**, the Columbus Police Department will have to perform a criminal record check on myself. I hereby authorize the Columbus Police Department to conduct such a criminal record check locally and statewide, and release the information to the Finance Department, or it's authorized agent.

Full Name: _____

Maiden Name: (if applicable) _____

Any Aliases Used: (if applicable) _____

Social Security Number: _____

Date of Birth: _____ Gender: _____ Race: _____

Signature of Applicant/Principal

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

Notary Public My Commission Expires: _____

(For Office Use Only)
Subject does / does not have felonies on his or her record
Subject does / does not have misdemeanors relating to moral turpitude, drugs, or alcohol.
Subject does / does not have ordinance violations relating to moral turpitude, drugs, or alcohol.
_____ Columbus Police Department
(Please attach applicable records.)

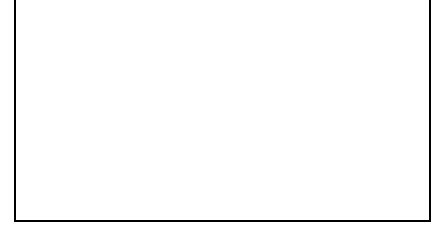


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Full Name: _____

Maiden Name: (if applicable) _____

Any Aliases Used: (if applicable) _____

Social Security Number: _____

Date of Birth: _____ Gender: _____ Race: _____

Signature of Applicant/Principal

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Date of Birth: _____ Gender: _____ Race: _____

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