

CITY OF ST. MARYS, GEORGIA
418 Osborne Street
St. Marys, GA 31558
(912) 510-4039

**ITEMS TO BE SUBMITTED WITH THE
APPLICATION FOR A NEW ALCOHOL LICENSE**

- (1) Complete and accurate application form. NOTE: Incomplete applications or applications lacking the necessary attachments such as articles of incorporation, partnership agreements, criminal history, etc., will not be processed. Council will not act upon incomplete or inaccurate applications. Applications filed with the Clerk may not be amended.

- (2) Current plat of **survey** prepared by a Georgia registered land surveyor. The survey must be dated within 90 days of the date of application. The survey must depict or show the proximity of the location to be licensed to:
 - (a) **church;**
 - (b) **school building, college campus, public or private;**
 - (c) **Housing Authority** properties;
 - (d) establishments **other than** eating establishments within 600 feet of any church building, school building, education building, school ground, college campus or public housing;
 - (e) eating establishment within the C1 **Central Business District** where meals are actually regularly served within 100 feet of any church building, school building, education building, school ground, college campus or public housing;
 - (f) **eating establishment** serving a part of the meal or restaurant where meals are served regularly shall lie within 150 feet of any church building, educational building, school ground, or college campus;
 - (g) **existing establishment** or business within 600 feet holding or possessing alcohol beverage license for on-premises consumption shall be measured from the front entrance of the existing licensed establishment to the front entrance of the proposed location along the nearest practical street route;
 - (h) all **dwellings or residences** within 100 feet of the location sought to be licensed.

Survey must also verify the **street address** of the property to be licensed.

Please review the entire Alcoholic Beverage Ordinance for requirements before making application. The Alcoholic Beverage Ordinance is available at www.municode.com.

- (3) Complete and detailed **plans of the building and outside premises** of the location to be licensed.
- (4) Copy of **lease agreement** if location to be leased by applicant.
- (5) Copy of **franchise agreement** if business to be licensed is subject to a franchise agreement.
- (6) **Criminal history** record information consent form and copy of driver's license. (Form obtained from the City Clerk's Office.)
- (7) Copy of **certificate of incorporation and articles of incorporation** and/or **partnership agreement**.
- (8) Completed Affidavit Verifying Status for City Public Benefit Application (Form obtained from the City Clerk's Office.)
- (9) Completed Private Employer Affidavit for Federal Work Authorization (Form obtained from the City Clerk's Office.)
- (10) If **applicant is not a city resident**, all licensed establishments must designate and continuously maintain a resident of Camden County upon whom any process, notice or demand required or permitted by law or under Chapter 10 Alcohol Beverages Ordinance to be served upon the licenses or owner may be served. The applicant shall file the name of such representative, along with the written consent of such person, if different from applicant, with the City Clerk and shall be in the form of a letter, witnessed and notarized.
- (11) **GAPS live scan fingerprints:** (Record information must be provided to the City Clerk's Office prior to scanning) A Credit Card or Money Order in the amount of \$50.15 for live scan fingerprints at the following location:

Camden County CASA
700 North Charles Gilman Jr. Boulevard
Kingsland, GA 31548
912-882-3119
(Mon-Thru 8:30 am-4:30 pm)
- (12) A Money Order or Cashier's Check in the amount of \$150.00, payable to the "City of St. Marys" for the application processing fee, advertising costs and criminal history record.
- (13) All ad valorem and personal property taxes must be current. The City Charter provides that the City may deny and/or revoke an alcohol license in the event that ad valorem or any other fees due the City are not paid.

(14) **Occupational Tax** (business license) requirements must be current.

PLEASE NOTE: The actual license fee (\$1,100.00 for beer/wine and \$1,650.00 for spirituous liquor) does not have to be paid until the license has been granted by City Council.

The City of St. Marys mandatory Alcohol Servers Training Program has been suspended until further notice. **A background check and servers permit must be obtained from the St. Marys Police Department prior to individual serving alcohol.** Application information for a State alcohol license may be made at the following location:

Georgia Department of Revenue
Alcohol and Tobacco Division
1800 Century Center Blvd., NE
Suite 1530
Atlanta, Georgia 30345
(404) 417-4477

Darlene M. Roellig
City Clerk

License # _____

City of St. Marys, Georgia
20_____

APPLICATION FOR ALCOHOL BEVERAGE LICENSE

TYPE OF LICENSE

		<u>ON-PREMISE</u>		<u>OFF-PREMISE</u>	
BEER & WINE	\$ 1,100.00	<input type="checkbox"/> With Food	<input type="checkbox"/> Without Food	<input type="checkbox"/> With Food	<input type="checkbox"/> Without Food
SPIRITUOUS LIQUOR	\$ 1,650.00	<input type="checkbox"/> With Food	<input type="checkbox"/> Without Food	<input type="checkbox"/> With Food	<input type="checkbox"/> Without Food
BEER/WINE/LIQUOR	\$ 2,750.00	<input type="checkbox"/> With Food	<input type="checkbox"/> Without Food	<input type="checkbox"/> With Food	<input type="checkbox"/> Without Food
PRIVATE CLUBS	\$ 550.00	<input type="checkbox"/> With Food	<input type="checkbox"/> Without Food		
TEMPORARY - DAILY	\$ 110.00	<input type="checkbox"/> With Food	<input type="checkbox"/> Without Food	(Two days per year.)	

Before the undersigned attesting officer, duly authorized by law to administer oaths, personally appeared the undersigned applicant for a license or permit for the sale of alcoholic beverages in the City of St. Marys, Georgia, and, being first duly sworn, on oath, states that the information given, statements made, and questions answered in this application are true and correct:

1. State the official name under which the business or establishment to be licensed will be conducted:

2. State the business name under which the business or establishment to be licensed will be conducted:

3. If natural person(s), state the name(s), Social Security number(s), telephone number(s), mailing address (es), and birth date(s) of all applicant(s) and/or owner(s) of business licensed:

4. If applicant is a partnership of any kind, state the names, Social Security numbers, telephone numbers and mailing addresses of all members of the partnership:

5. Attached a copy of partnership Agreement or Articles of Partnership to this Application.

6. If Applicant is a corporation, state the following:

(a) Shareholders' names, Social Security numbers, telephone numbers, and addresses:

(b) Officers' names, Social Security numbers, telephone numbers, and addresses:

President: _____

Vice President:

Secretary:

Treasurer:

(c) Members of Board of Directors names, Social Security numbers, telephone numbers and addresses:

Board Member:

7. If applicant is a corporation, attach a copy of the Articles of Incorporation and Certificate of Incorporation.

8. State the name(s), Social Security number(s), telephone number(s), and mailing address (es) of any persons or entities, other than those named above, who have any financial interest or beneficial ownership interest in the establishment or business to be licensed:

9. State the name(s), Social Security number(s), and mailing address (es) and birth date(s) of each person who manage the establishment or business licensed:

10. State whether or not the above-named manager(s) has ever been convicted of a crime or has ever been the subject of an alcoholic beverage license suspension or revocation by the State of Georgia or any other city or jurisdiction:

11. If the response to the preceding was in the affirmative, state the date, nature, and name of said revoking or suspending body or agency:

12. State whether or not the applicant and/or any of the officials, entities, or persons named above have ever been convicted of violating any ordinance, regulation, or law of any jurisdiction with regard to the sale or distribution of alcoholic beverages:

13. If your response to the preceding was in the affirmative, give a detailed description of such violation, including the name of the jurisdiction where the violation occurred:

14. State whether or not the applicant and/or any of the officials, entities or persons named above have ever been the subject of a suspension or revocation proceeding which regard to any alcoholic beverage license or permit:

15. If the answer to the preceding was in the affirmative, state a detailed description of such adverse administrative action and the name of the jurisdiction wherein such action occurred:

16. State whether or not any of the individuals or entities identified above have been convicted of any crime and, if so, state a detailed description which includes the nature of the offense, date of conviction, and name of the jurisdiction:

17. If applicant or any of the individuals or entities named above holds an alcohol beverage license from any other jurisdiction or from the State of Georgia, state the name of each such jurisdiction and of the licensed location for any State license or attach a copy of each such license to this application:

18. State the physical address of the location licensed:

19. If the location for which the license is sought has been or is now licensed, state the name of the business or establishment and the name of the license:

20. State the nature of the business conducted at or upon the location licensed (i.e., restaurant, convenience store, lounge or bar, pool hall, etc.):

The undersigned hereby stipulates and states that all statements given in this application are true and correct and made for the purpose of inducing aforesaid City to issue or renew said alcoholic beverage license(s). Applicant further states this document is sworn to and subscribed hereto with the full knowledge that any statement herein, given falsely shall constitute perjury and may result in the revocation of the license granted or the refusal to grant such license. The applicant agrees to comply and abide by the City's Alcoholic Beverage Ordinance.

Applicant further acknowledges that application must be fully completed at the time of filing and that applications may not be supplemented, amended, or revised after filing with the Clerk, except to correct misspelling or names.

APPLICANT HEREBY AGREES AND CONSENTS PURSUANT TO PUBLIC LAW 93-579 OF THE PRIVACY ACT OF 1974, THE DISCLOSURE OF INFORMATION OBTAINED IN THIS APPLICATION MAY BE SUBMITTED TO ANY AGENCY OF THE CITY, COUNTY, STATE, AND FEDERAL GOVERNMENT FOR THE PURPOSES OF OBTAINING THE NECESSARY INFORMATION TO PROCESS THE APPLICATION.

Sworn to and subscribed to this _____ day of _____, 20_____

APPLICANT(s)

WITNESS

NOTARY PUBLIC
[SEAL]

City of St. Marys, Georgia

Date application and check received City: _____ City Clerk: _____

St. Marys Police Department



563 Point Peter Road
St. Marys, Georgia 31558
912-882-4488



Timothy P. Hatch
Chief of Police

Rodger L. Wooten
Assistant Chief of Police

ALCOHOL SERVICE CONTROL CONSUMPTION ON PREMISES APPLICATION & REGISTRATION CHRI FEE: \$20.00 REGISTRATION FEE: \$5.00 TOTAL: \$25.00

[PLEASE PRINT]

NAME (LAST, FIRST, MI): _____

ADDRESS: _____

PHONE NUMBER: () _____ DOB: _____ AGE: _____ SEX: _____ RACE: _____

SSN: _____ OLN: _____ STATE: _____

ARREST RECORD

[Include all arrests, whether convicted or not. Include all arrests and/or citations regardless of nature: traffic, criminal, or ordinance. Include dates, nature of arrest(s) and/or citation(s), agency, and place of arrest.]

By my signature, I hereby certify that the above is true, correct, and complete. I understand that I may be subject to criminal penalties for providing deceptive, false, or incomplete information. I also give my consent and authorize SMPD to receive any Criminal History Record Information pertaining to me which may be in the files of any federal, state, or local criminal justice agency.

Signature of Applicant: _____ Date: _____

Notary (Print Name): _____ Date: _____

Notary Signature: _____ SEAL

GROUNDS FOR DENIAL OR REVOCATION: The conviction, plea of guilty, or nolo contendere to any offense involving the sale, or supply, or transfer of alcoholic beverages to minors.

This registration certificate must be in the possession of the employer by whom the permit holder is employed and must be available for inspection of the St. Marys Police Department.

CHRI Search Results Attached [] Authorized Registration: Approved [] Denied []

Authorizing Signature: _____ Date: _____

Expiration Date: _____

St. Marys Police Department



563 Point Peter Road
St. Marys, Georgia 31558
912-882-4488



Timothy P. Hatch
Chief of Police

Rodger L. Wooten
Assistant Chief of Police

CONSENT FORM

I hereby authorize _____

To receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose Code 'M')
 - Employment with elder care (Purpose Code 'N')
 - Employment with children (Purpose Code 'W')
 - Employment with criminal justice agency-civilian (Purpose Code 'J')
 - Employment with criminal justice agency-P.O.S.T. certified (Purpose Code 'Z')
-

Notary Signature & Stamp

Date



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

Date: _____

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____ [*name of government entity*], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 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.

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:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from _____ [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012, and June 30, 2012.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2012, and June 30, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

4. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

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 allowed by such statute.

Executed on the ___ date of _____, 201__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ___ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:
