

Alcohol License

Contact Us

Please feel free to contact City Hall at 706-746-2204, if you have questions or concerns.

How to Obtain an Alcohol License

Businesses that sell and serve beer, wine, distilled spirits, and/or alcoholic beverages are required to obtain a City of Sky Valley alcohol license. Businesses that file for an alcohol license must pay the required fee and only the City Council may grant approval of an alcohol license at a public meeting. You may obtain the following forms to help expedite the process for obtaining your alcohol license:

- Alcoholic Beverage License Application

Alcohol Permit Application Process

- Applicants must complete the Alcohol Beverage License Application and submit the checklist with all applicable paperwork and forms.
- Applicant must then submit the application checklist, application form, attachments, and payments to the office of the City Clerk.
- The City Clerk and City Manager review the information and either accept or reject the application based on current ordinances.
- The City Clerk publishes a notice of application in the County legal organ, The Clayton Tribune. The notice must be placed once-a-week for two weeks.
- The City Council conducts a public hearing regarding the application after the second notice has been run.
- The City Council either grants or denies the application.

Alcohol License Renewal

Renewal letters are sent out in October and all renewal paperwork is due before November 30 of each year. After November 30, a 20% penalty is imposed on the account. If renewals are not received before December 31, then the license will be forfeited and the business must reapply for a new license.

CITY OF SKY VALLEY
3444 Highway 246
Sky Valley, GA 30537
706-746-2204

ALCOHOLIC BEVERAGE LICENSE APPLICATION

INSTRUCTIONS: PLEASE PRINT OR TYPE APPLICATION AND ANSWER ALL QUESTIONS.
Please fill out entire application leaving no sections blank; please mark sections that do not apply N/A.

TYPE OF LICENSE: (Check appropriate spaces)

- | | | | |
|---------------------|-----|---------------------------------|---------------------------------------|
| NEW | () | () RETAIL/PACKAGE | () Malt Beverage |
| CHANGE OF OWNERSHIP | () | () CONSUMPTION ON THE PREMISES | () Wine |
| | | () WHOLESALER | () Distilled Spirits |
| | | | () Brew Pub (on premise) |
| | | | <i>(must submit wholesale excise)</i> |

- | | | | | | |
|----------------|-----|------------------|-----|--------------------|-------|
| a. Restaurant | () | b. Bar or Lounge | () | c. Liquor Store | () |
| d. Private | () | e. Food Store | () | f. Service Station | () |
| g. Hotel/Motel | () | h. Sunday Sales | () | i. Other | () |
| | | | | Specify: | _____ |

1. Full Name of Business _____
Under what name is the Business to be operated? _____
Is the business a proprietorship, partnership or corporation? Domestic or foreign? _____

2. Address: a) Physical: _____
b) Mailing: _____

3. Phone _____ Beginning Date of Business in City of Sky Valley _____

4. [] New business _____ [] Existing business purchase _____
If change of ownership, effective date of this change _____
If change of ownership, enclose a copy of the sales contract and closing statement.

5. Federal Tax ID Number _____ Georgia Sales Tax Number _____

6. Is business within the designated distance of any of the following:

CHURCH - 300 feet

	<u>YES</u>	<u>NO</u>
Beer and Wine	()	()
Liquor	()	()

Office Use Only:	Fee: \$ _____	Amount paid: _____	Date: _____	Bal. Due: \$ _____	Date: _____
-------------------------	---------------	--------------------	-------------	--------------------	-------------

7. Full name of Applicant _____
Social Security Number _____ Date of Birth _____
Full name of Spouse, if Married _____
Are you a Citizen of the United States or Alien Lawfully Admitted for Permanent Resident? _____
Birthplace _____
Current Address _____ City _____ St _____ Zip _____
Home Telephone _____
Number of years at present address _____
Do you reside in Rabun County? _____ If yes, how long? _____
Previous address _____
Number of years at previous address _____
Driver's License Number & State _____
What has been your occupation for the past five (5) years? Give detailed list (use additional page if necessary):

8. Applicant's employment date with present business _____
If new business, date business will begin in Sky Valley _____
If transfer or change of ownership, effective date of this change _____
If transfer or change of ownership, enclose a copy of the sales contract, closing statement, and check here. _____

Previous Applicant _____
D/B/A _____

Any holder of any license under this chapter who shall for a period of three consecutive months after the license has been issued cease to operate the business and sale of the product or products authorized shall, after the three-month period, automatically forfeit the license without the necessity of any further action. Initial here _____.

9. What is the name of the person who, if the license is granted, will be the active manager of the business and on the job at the business? List address, occupation, phone number, and employer.

10. Has the applicant, spouse, or any individual having an interest either as owner, partner, or stockholder, been arrested, convicted or entered a plea of nolo contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States, or any municipal ordinance except traffic violations? If yes, describe in detail and give dates. _____

11. Do you own the land and building on which this business is to be operated? _____
Date purchased _____ Amount _____
If not, give amount paid for such land and building, the manner in which the rent is determined, to whom and at what intervals it is paid. Give the name of the owner and agent, if any.

Attach a copy of the lease and any other pertinent documents.

12. How is the proposed location zoned? _____

13. Does this establishment have a patio/open area intended to be used for consumption of alcoholic beverages?
(check one) [] Yes or [] No

14. If operating as a corporation, state name and address of corporation, when and where incorporated, and the names and addresses of the officers and directors, social security numbers and the office held by each.

15. If operating as a corporation, list the stockholders (20% or more) complete addresses, area code and telephone numbers, residential and business, and the amount of interest of each stockholder in the corporation.

16. If operating as a partnership, list the partners with complete addresses, area code and telephone numbers, residential and business, and the amount of interest or percent of ownership of each partner.

17. If partnership or individual, state names of any other persons or firms owning any interest or receiving any funds from the corporation.

18. Does applicant or spouse received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? If yes, please explain.
-
-
19. Does applicant or spouse any financial interest in any manufacturer or wholesaler of alcoholic beverages? If yes, please explain.
-
-
20. List any and all persons, corporations, partnerships, or associations who have received or will receive, as a result of your operations under the requested license, any financial gain or payment derived from any interest or income from the operation. (Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation under the license.) In the event that any corporation is listed as receiving and interest or income from this operation, show the names of the officers and director of said corporation together with the names of the principal stockholders.
-
-
21. State whether or not applicant, partner, corporation officer, or stockholder holds any alcoholic beverage license in other jurisdiction or has ever applied for a license and been denied. (Submit full details)
-
-
22. Do you or your spouse or any of the other owners, partners, or stockholders have an interest in other liquor stores? If so, state in how many stores each is interested and where stores are located. Explain fully.
-
-
-
23. Are you or any member of your family the owner, lessor and/or sublessor of any real estate which is occupied by a retail liquor store? If so, give the location information as to any lease or agreement, amounts of rents, received to whom and whether rented or leased.
-
-
-
24. Are you or any member of your family the executor or administrator or beneficiary or heir of any estate having any interest in a retail liquor store? If so, give the location, amount of interest, and your capacity with the estate.
-
-
25. Are you or any member of your family the beneficiary or trustee of any trust fund having any interest in a retail liquor store? If so, give your position, the name of the trust and the amount of income you receive.
-
-

26. Do you, your spouse, any partner or any stockholder have any financial interest in any wholesale liquor business? If so give details.
- _____
- _____
27. Give the amount of gross sales of each of the retail liquor, beer, and wine stores at the above location for the previous twelve (12) months and state the dates used in computing the gross sales. Indicate gross sales for beer, wine and liquor separately. _____
- _____
- Projected Annual Sales: Food _____ Beer _____ Wine _____ Liquor _____
- Total Sales _____
28. All beer, wine and liquor retailers shall only purchase alcoholic beverages from a State of Georgia Licensed Wholesaler as per Georgia Alcoholic Beverage Laws and Regulations, 1996 Edition, as now or hereafter amended, Chapter 560-2-2.04. Initial _____
29. Property Owner for Proposed Business Location _____
- Address _____
- City, State and Zip _____ Telephone (____) _____
- Name of Agent or Person Responsible _____
- Address and Telephone _____
30. Real Estate Firm for Proposed Business Location (if applicable) _____
- Address and Telephone _____
- _____
31. Property Management Company for Proposed Business Location (if applicable) _____
- Address and Telephone _____
32. Do you have any questions or comments regarding the ordinances, laws, regulations or application?
 Yes No
33. Are you familiar with the City of Sky Valley ordinances, state laws and, regulations, federal laws and regulations governing the operation of this type of business? Yes No
34. Have you made application for a State license? Yes No
35. Have you answered all questions? Yes No

I, _____, being duly sworn to law, do swear that the statements made by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such statements were made in order to procure the granting of such a license. I hereby authorize the City of Sky Valley or its designated agent to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the City of Sky Valley PD investigation. I further certify that I will notify the City of Sky Valley Office of the City Manager of any changes affecting my status and/or position with this company.

Print Name of Applicant

Signature of Applicant

Print Name and Title

Signature and Title of Person other than Applicant Completing this Application

Phone Number _____ Work
_____ Home

Sworn to and subscribed before me this _____ day of _____ 20_____.

Subscribed and sworn to before me

This _____ day of _____, 20_____.

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires: _____

REGISTERED AGENT INFORMATION FORM

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors of and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Sky Valley, Georgia. I understand the basic purpose is to have and continuously maintain a Registered Agent upon, which any process, notice, or demand required or permitted by law or under said ordinance to be served upon the licensee or owner may be served upon the licensee or owner may be served. I understand that the Registered Agent must be a citizen of the United States and a resident of Rabun County. I hereby authorize the City of Sky Valley or its designated agent to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the investigation by the City of Sky Valley or its designated agent. I further certify that I will notify the City of Sky Valley Office of the City Manager of any changes affecting my status and/or position with this company.

Signature of Agent

Type or Print Name of Agent

Type or Print Agent's Home Address

Type or Print City, State, and Zip Code

Type or Print Area Code and Telephone Number

Type or Print Date Moved into the Above Address

Type or Print Driver's License Number

Type or Print Date of Birth

Subscribed and sworn to before me

This _____ day of _____, 20_____.

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires: _____

CITY OF SKY VALLEY

FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT: _____
ADDRESS OF ESTABLISHMENT: _____
LICENSEE'S NAME _____ BUSINESS LICENSE #: _____

I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. Final reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals. 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.

PERIOD FOR WHICH INFORMATION IS PROVIDED: _____
(If existing business, must be 12-month period. If new business, must be 12-month estimate)

Gross Receipts from Food Sales this period: \$ _____ (_____ %)
Gross Receipts from Alcoholic Beverage Sales this period: \$ _____ (_____ %)
Total Food Sales and Alcoholic Beverage Sales this period: \$ _____ (_____ %)

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:

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 _____
City _____ Phone # _____

Sworn under oath this _____ day of _____, 20_____. _____
Notary Public Signature

II. I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 12:00 a.m. (Monday) requires a valid alcoholic beverage pouring license, valid Sunday Sales pouring license, and that at least 50% of the license establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food. I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the City of Sky Valley or its designee may audit our records to verify the same at its discretion.

_____, Signature, Licensee/Owner
Sworn under oath this _____ day of _____, 20_____. _____
Notary Public Signature

**AUTHORIZATION FOR
BACKGROUND INVESTIGATION**
(Alcoholic Beverage Licensee)

I hereby authorize the City of Sky Valley or its designee to request and receive any criminal history records, driver history records information, previous employment records and other pertinent information pertaining to me which may be in the files of any federal, state, or local criminal justice agency to be used for the purpose of my background investigation.

Last Name First Name Middle Social Security Number

Have you ever used or are you known by any other names? (Including: maiden, married, alias, etc.) YES/NO

(Circle One)

If yes, provide all full names used: _____

Employment information over the past ten (10) years: (If more space is needed, please attach on a separate sheet)

Employer Phone Number Supervisor

Dates of Employment Street Address City State Zip

Employer Phone Number Supervisor

Dates of Employment Street Address City State Zip

List all home addresses over the past ten (10) years: (If more space is needed, please attach on a separate sheet)

Current Street Address City State Zip Phone Number

Previous Street Address City State Zip Phone Number

Sex: M/F Race Date of Birth Driver's License Number & State Issued

Applicant Signature

Date

Date

Witness Signature

CITY OF SKY VALLEY ALCOHOLIC BEVERAGE LICENSE FEES

✓ **APPLICATION FEE:** \$ 150.00

✓ **TYPE OF LICENSE:**

LICENSE FEE:

_____ **CONSUMPTION ON THE PREMISES:**

_____ Wine	\$ 100
_____ Malt Beverages	\$ 100
_____ Distilled Spirit	\$ 1,000
_____ Special Event	\$ _____
_____ Sunday Sales	\$ included
_____ Brewpub	\$ included (must pay excise tax)
_____ Farm Winery Tasting	\$ included

_____ **PACKAGE:**

_____ Wine	\$ 200
_____ Malt Beverages	\$ 200
_____ Distilled Spirits	\$ 1,000

_____ **WHOLESALE:**

_____ Wine	\$ 200
_____ Malt Beverages	\$ 200
_____ Distilled Spirits	\$ 1,000

✓ **TEMPORARY LICENSE ONLY**

LICENSE FEE:

_____ **CONSUMPTION ON THE PREMISES:**

_____ Wine and Malt Beverages	\$ 200
_____ Distilled Spirits	\$ 1,000

_____ **PACKAGE:**

_____ Wine and Malt Beverages	\$ 400
_____ Distilled Spirits	\$ 1,000