

# ALCOHOL LICENSE RENEWAL

**Licensee Information:** *The Licensee on file with our office must be the person to sign the renewal form.* Do not complete this renewal form if there has been a change of Licensee or Ownership. Please contact the Business License Office at 706-746-2204 or by email at [www.skyvalleyga@windstream.net](mailto:www.skyvalleyga@windstream.net).

Licensee Full Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Licensee Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Bus. Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **Account/Permit Number:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**License Fee:**

(Check the types of Alcohol Licenses, and add Fees due.)

**\*\*COP (Consumption on Premise)**

<u>License(s)</u>	<u>Annual Fee(s)</u>	<u>Administration Fee(s)</u>	<u>License Fee Due</u>
<input type="checkbox"/> Beer, Wine, Liquor, Sunday Sales: COP	\$1,200.00	\$150.00	_____
<input type="checkbox"/> Beer, Wine, Liquor, Sunday Sales: Package	\$1,400.00	\$150.00	_____
<input type="checkbox"/> Beer Only: Package	\$ 200.00	\$150.00	_____
<input type="checkbox"/> Beer Only: COP	\$ 100.00	\$150.00	_____
<input type="checkbox"/> Wine Only: Package	\$ 200.00	\$150.00	_____
<input type="checkbox"/> Wine Only: COP	\$ 100.00	\$150.00	_____
<input type="checkbox"/> Beer & Wine Combination: Package	\$ 400.00	\$150.00	_____
<input type="checkbox"/> Beer & Wine Combination: COP	\$ 200.00	\$150.00	_____
<input type="checkbox"/> Liquor: Package	\$1,000.00	\$150.00	_____
<input type="checkbox"/> Liquor: COP	\$1,000.00	\$150.00	_____
<input type="checkbox"/> Sunday Sales	\$ 0.00		_____
<input type="checkbox"/> Additional Fixed Bar(s) #_____ x	\$ 0.00 each		_____
<input type="checkbox"/> Additional Movable Bar(s) #_____ x	\$ 0.00 each		_____
<input type="checkbox"/> Wholesaler/Importer: Beer	\$ 200.00	\$150.00	_____
<input type="checkbox"/> Wholesaler/Importer: Wine	\$ 200.00	\$150.00	_____
<input type="checkbox"/> Wholesaler/Importer: Liquor	\$1,000.00	\$150.00	_____

**Subtotal Due:** \_\_\_\_\_

Renewals Postmarked After November 30<sup>th</sup> will be charged Eleven Percent (11%) penalty and interest.

**Penalty** (10% x Subtotal Due) \_\_\_\_\_

**Interest** (1% x Subtotal Due) \_\_\_\_\_

**Total Due:** (Subtotal Due + Penalty + Interest) \_\_\_\_\_

**\*\*\*Make payment payable to City of Sky Valley\*\*\***



# ALCOHOL LICENSE RENEWAL

## CITY OF SKY VALLEY SUNDAY SALES APPLICATION

**Only Complete if you participate in Sunday Sales**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

**This affidavit must be fully completed, signed by licensee and notarized.** Renewals are due by November 30<sup>th</sup> for the next calendar year. Renewals submitted after November 30 will be charged a ten (10) percent late payment penalty and interest charges of one (1) percent per month or fraction of a month.

**The following information must be provided for the last twelve months that the business was open.** If the business has been open less than twelve (12) months, please provide actual sales for time open.

1. Period for which information is provided. \_\_\_\_\_
2. Gross receipts/sales from food and food service. \$ \_\_\_\_\_ = (\_\_\_\_) %
3. Gross receipts/sales from beer, wine and/or liquor. \$ \_\_\_\_\_ = (\_\_\_\_) %
4. Total of food and beverage sales (lines 2 & 3) for this period. \$ \_\_\_\_\_ = (100)%

Briefly describe how the sales are totaled or divided into the food and beverage service amounts:

\_\_\_\_\_  
I certify that I have a working knowledge of the books and records of the above establishment and to the best of my knowledge that these figures are true and correct. I hereby affirm in accordance with City of Sky Valley Alcoholic Beverage Ordinance **that at least 50% of this establishment's food and beverage service for the last 12 months (365 days) is derived from the sale of food and food products.** I further affirm that City of Sky Valley may request an audit, at any time, at the licensee's expense to verify these figures.

**THIS FORM MUST BE FULLY COMPLETED, SIGNED AND NOTARIZED. INCOMPLETE FORMS WILL BE RETURNED TO YOU.**

\_\_\_\_\_  
Name of Preparer (please print or type)

\_\_\_\_\_  
Name of Licensee (please print or type)

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

Sworn under oath on this \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year Notary Signature and Seal

**Return the original application with payment for the exact amount due to:**

City of Sky Valley, 3444 Highway 246, Sky Valley, GA 30537

# ALCOHOL LICENSE RENEWAL

## O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit

**\*\*This form is required for ALL LICENSES/PERMITS/CONTRACTS by State Law\*\*  
(This form must be signed by the individual who signs the renewal form)**

By executing this affidavit under oath, as an applicant for an ALCOHOLIC BEVERAGE LICENSE, as referenced in O.C.G.A. § 50-36-1, from the City of Sky Valley, 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  
(Must include copy of either current State Driver's License, Passport, or Military ID)
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States\*\*  
(Must include a copy of your current State Driver's License and a copy of your Permanent Resident Card or Employment Authorization 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.\*\*  
(Must include a copy of your current State Driver's License and a copy of your Permanent Resident Card or Employment Authorization 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

My Commission Expires: \_\_\_\_\_