



City of Covington

ALCOHOLIC BEVERAGES RENEWAL APPLICATION

Date Received: _____

Received By: _____

BL # _____ Year _____

M/C meeting: _____

DUE ON OR BEFORE NOVEMBER 1ST

PLEASE COMPLETE THE FOLLOWING THE BELOW INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

I. REQUIREMENTS:

- A non-refundable application fee of \$150.00
- Non-criminal history check & fingerprinting will need to be completed with Fieldprint at <https://www.fieldprintgeorgia.com>. The agency ORI is **GA923224Z**. **Please call 770-385-2174 after you have registered so approval can be completed.**

BUSINESS NAME:

DBA: _____

BUSINESS ADDRESS (Location alcohol will be sold):

MAILING ADDRESS (if different):

PLEASE CHOOSE TYPE OF LICENSE APPLYING FOR:

LICENSE FEES:

Off Premises Consumption

- | | |
|--|-------------|
| <input type="checkbox"/> Beer & Wine Only | \$ 500.00 |
| <input type="checkbox"/> Beer & Wine Only with Ancillary On-Premises Tasting of Same | \$ 750.00 |
| <input type="checkbox"/> Distilled Spirits Only | \$ 5,000.00 |
| <input type="checkbox"/> Beer, Wine, & Spirits | \$ 5,500.00 |

On Premises Consumption

- | | |
|--|-------------|
| <input type="checkbox"/> Beer & Wine Only | \$ 500.00 |
| <input type="checkbox"/> Beer, Wine, & Spirits | \$ 3,000.00 |
| <input type="checkbox"/> Beer and/or Wine Personal Service Amenity | \$ 50.00 |
| <input type="checkbox"/> Beer and/or Wine Retail Amenity | \$ 50.00 |
| <input type="checkbox"/> Art Shop | \$ 50.00 |

Wholesale

- | | |
|--|-------------|
| <input type="checkbox"/> Beer & Wine Only | \$ 100.00 |
| <input type="checkbox"/> Distilled Spirits Only | \$ 1,500.00 |
| <input type="checkbox"/> Wholesale – Beer, Wine, & Spirits | \$ 1,500.00 |
| <input type="checkbox"/> Manufacturer | \$ 5,000.00 |

Brewery/brewpub

- | | |
|--|-------------|
| <input type="checkbox"/> Brewery/brewpub production & sales | \$ 5,500.00 |
| <input type="checkbox"/> Brewery/brewpub production, sales & wholesale license | \$ 5,600.00 |



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II. APPLICANT INFORMATION:

Applicant Name: _____ Email: _____

Owner Name: _____ Email: _____

This is the primary person responsible for Alcohol License (not a business name).

Applicant must be at least (21) years of age.

The applicant shall not have been convicted, pled guilty or nolo contendere to any felony or to any other offense related to the sale, manufacture or use of alcoholic beverages or any Georgia controlled substance, as that term is defined in O.C.G.A. Section 16-13-21, sex crimes or crimes against children; provided, however, that if the applicant has had any such conviction and has successfully completed five years of any probation or parole imposed upon said conviction then this disqualification shall be removed.

Applicant's home address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Business phone: _____

Social Security Number: _____ Date of Birth: _____

Has applicant ever been convicted of a felony or crime involving children or a controlled substance?

yes no

(This does not automatically disqualify applicant, please refer to City Ordinance 5.12.060)

Are you at least 21 years or older? yes no

III. BUSINESS INFORMATION:

What type of business does the applicant operate?

Convenience Store Grocery Store Restaurant Package Store Wholesaler Distiller

Other: _____

License fees will not be due until license is approved by Mayor & Council. For licensing information, please contact Planning and Development at 770-385-2174. **Please return all required documents by November 1st, to allow adequate time to process before current license expires.**

Notary services are provided for your convenience at no charge.

CITY OF COVINGTON, GEORGIA

Department of Planning & Development ♦ 2194 Emory Street, NW ♦ Covington, Georgia 30014
P.O. Box 1527 ♦ Covington, Georgia 30015
Phone: (770) 385-2020 Fax: 770 385-2060



City of Covington

ALCOHOLIC BEVERAGES RENEWAL APPLICATION

AFFADAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

I, _____ am applying to the City of Covington, Georgia for a
(Name)

1) Alcohol (I am authorizing the City of Covington to receive any criminal history record or information pertaining to me which may be in the files of any local and/or state criminal justice agency.)

2) Other public benefit as referenced in O.C.G.A. 50-36-1.
(Please describe:)

I hereby state, under oath, with respect to my application for

(Name of business, corporation, partnership, or other private entity)

that:

1) I am a United States citizen or a legal permanent resident

OR

2) I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 year of age or older, lawfully present in the United States. *

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

Alien Registration Number for Non-Citizens*

NOTARY SEAL:

Sworn to and subscribed before me on this ____ day of _____, 20____

Notary Public

My Commission Expires:

*Note: O.C.G.A. 50-36-1 (e) (2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number, because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration numbers. Qualified aliens that do not have an alien registration number may supply another identifying number below: