



# City of Covington

## ALCOHOLIC BEVERAGES PERMIT APPLICATION NEW APPLICANT

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

BL # \_\_\_\_\_ Year \_\_\_\_\_

M/C meeting: \_\_\_\_\_

Registration approved: \_\_\_\_\_

Registration ID: \_\_\_\_\_

GA DOR ALP: \_\_\_\_\_

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

### **I. REQUIREMENTS:**

Non-refundable application fee of \$250.00 when submitting this application

Non-criminal history check & fingerprinting will need to be completed with

Fieldprint. The ORI that you will enter is: **GA923224Z.**

<https://www.fieldprintgeorgia.com>

Please remit a copy of your menu and a seating chart if you are applying for an "On Premise Consumption License". Any items marked with asterisks, please provide copies upon submittal.

**BUSINESS ADDRESS:**

Location alcohol will be sold \_\_\_\_\_

**BUSINESS NAME (dba):**

Legal Business Name: \_\_\_\_\_

### **PLEASE CHOOSE TYPE OF LICENSE APPLYING FOR:**

### **LICENSE FEES:**

#### **Off Premises Consumption**

- |   |  |
|---|--|
| <input type="checkbox"/> Beer or <input type="checkbox"/> Wine  | \$ 750 each                                |
| <input type="checkbox"/> Beer and Wine (both)   | \$1,000                                    |
| <input type="checkbox"/> Beer <input type="checkbox"/> Wine Only with Ancillary On-Premises Tasting of Same | \$ 750 each + \$125 ancillary tasting      |
| <input type="checkbox"/> Beer and Wine (both) with Ancillary On-Premises Tasting of Same                    | \$1,000 for both + \$125 ancillary tasting |
| <input type="checkbox"/> Distilled Spirits Only   | \$ 5,000                                   |
| <input type="checkbox"/> Beer, Wine, & Spirits  | \$ 6,000                                   |
| <input type="checkbox"/> Annual Alcohol Caterer   | \$ 500                                     |

#### **On Premises Consumption**

- |   |             |
|---|-------------|
| <input type="checkbox"/> Beer or <input type="checkbox"/> Wine Only | \$ 750 each |
| <input type="checkbox"/> Beer and Wine (both)                       | \$ 1,000    |
| <input type="checkbox"/> Beer, Wine, & Spirits                      | \$ 4,000    |
| <input type="checkbox"/> Distilled Spirits Only                     | \$ 3,000    |
| <input type="checkbox"/> Beer and/or Wine Personal Service Amenity  | \$ 25       |
| <input type="checkbox"/> Beer and/or Wine Retail Amenity            | \$ 25       |
| <input type="checkbox"/> Art Shop                                   | \$ 25       |



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### Wholesale

- Beer & Wine Only \$ 100
- Distilled Spirits Only \$ 1,500
- Wholesaler – Beer & Wine only \$ 1,000
- Wholesaler – Distilled Spirits only \$ 1,000
- Manufacturer of any alcoholic beverage \$ 1,000

### Brewery/Brewpub

- Micro-brewery production, wholesales, and tastings license \$ 1,250
- Brewpub production, wholesales with on-premise consumption \$ 5,000

### II. APPLICANT INFORMATION:

Individual Applicant must be at least 21 years of age. If Applicant is a partnership, all members of the partnership must be at least 21 years of age. If Applicant is a corporation of limited liability company, all managers must be at least 21 years of age.

The applicant, all partners of any partnership which is an applicant, and all managers, directors and officers of any corporation or limited liability company which is an 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.

Provide names and information for each individual applicant or, for any entity applicant, all partners, managers, directors and officers, as applicable:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_



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Attach additional sheets as needed for each additional applicant, partner, manager, director or officer.

Has any named party 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 all named parties 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: \_\_\_\_\_

\*Does business do business as another name (dba)? \* If yes, please provide by attaching proof of recording.  yes  no

Please select business type (\*):

Corporation,  Sole proprietorship,  Partnership,  Other:

\* Employer Identification Number: \_\_\_\_\_ \* GA Sales & Use tax ID

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. The owner & applicant understands that this license is subject to revocation, suspension or annulment by the City of Covington Mayor and Council, and further that the license is subject to laws, ordinances and regulations hereafter adopted? | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the owner or applicant have a financial interest in any distillery or wholesale liquor business?  | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The owner(s)/applicant will be active in and responsible for the management and daily operation of the business for which this application is being made.  | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The owner /applicant fully understands Chapter 5.12 ( <b>Alcoholic Beverages</b> ) of the Covington Municipal Code.  | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |



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5. Does the owner/applicant understand that City of Covington law enforcement officers, have the right to enter the premises of a licensee for sale of alcoholic beverages at any time for the purpose of determining compliance with the City's Alcoholic Beverages Ordinance? Yes No
6. Does Applicant consent to fingerprinting and criminal history check? Yes No
7. Has the owner/applicant 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, sex crimes or crimes against children? Yes No
8. Does the owner/applicant have any financial interest in more than one (1) retail package liquor business? Yes No
9. Has applicant or any person having a direct or indirect beneficial interest in this license ever had any license relating to alcoholic beverages issued by State of Georgia revoked? Yes No
10. Will license be for On Premise Consumption?  
If yes and business is not a corporation or LLC authorized to do business in Georgia, applicant must be a resident of Newton County. Yes No
11. Is applicant a resident of Newton Co.? Yes No



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BUSINESS NAME (dba):

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License fees will not be due until license is approved by Mayor & Council. Please see the associated information sheet regarding the finger printing and criminal history requirements and instructions.

For licensing information, please contact Planning and Development at 770-385-2174.

Notary services are provided for your convenience at no charge.

As the party responsible for this application for an Alcoholic Beverage Permit, I swear that all information provided is true and accurate. Should the information I provided prove to be falsified this request will be denied or license revoked.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

NOTARY SEAL:

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:



# City of Covington

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### CITY OF COVINGTON, GEORGIA AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

I, \_\_\_\_\_ am applying to the City of Covington, GA for a  
(Name)

1) Alcohol

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

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:



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Provide names and information for each individual applicant or, for any entity applicant, all partners, managers, directors and officers, as applicable:

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Business phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Business phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Business phone:** \_\_\_\_\_

Attach additional sheets as needed for each additional applicant, partner, manager, director or officer.

**For office use only:**

Name	TCN #	Registration Approved	Appointment Scheduled	Background Approval	Staff & Date