

City of Covington

ALCOHOLIC BEVERAGES RENEWAL APPLICATION

Date Received: _	
Received By:	
BL #	_Year
M/C meeting:	_

DUE ON OR BEFORE DECEMBER 1st

L #Year
I/C meeting:
agistration approved:
egistration approved:
egistration ID:
A DOR ALP:

PLEASE COMPLETE THE FOLLOWING THE BELOW INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.		
I. REQUIREMENTS:		
☐ A non-refundable application fee of \$250.00		
☐ Non-criminal history check & fingerprinting must be completed with	Fieldprint at https://www.fieldprintgeorgia.com.	
The agency ORI is GA923224Z. Please call 770-385-2174 after you h		
BUSINESS NAME:		
BUSINESS ADDRESS (Location alcohol will be sold):		
MAILING ADDRESS (if different):		
PLEASE CHOOSE TYPE OF LICENSE APPLYING FOR:	LICENSE FEES:	
Off Premises Consumption		
☐ Beer or ☐ Wine	\$ 750 each	
Beer and Wine (both)	\$1,000	
☐ Beer ☐ Wine Only with Ancillary On-Premises Tasting of Same	\$ 750.00 each + \$125 ancillary tasting	
Beer and Wine (both) with Ancillary On-Premises Tasting of Same	\$1,000 for both + \$125 ancillary tasting	
☐ Distilled Spirits Only	\$ 5,000	
Beer, Wine, & Spirits	\$ 6,000	
Annual Alcohol Caterer	\$ 500	
On Premises Consumption		
☐ Beer or ☐ Wine	\$ 750 each	
Beer and Wine (both)	\$1,000	
☐ Beer, Wine, & Spirits	\$ 4,000	
☐ Distilled Spirits Only	\$ 3,000	
☐ Beer and/or Wine Personal Service Amenity	\$ 25	
☐ Beer and/or Wine Retail Amenity	\$ 25	
☐ Art Shop	\$ 25	
Wholesale		
☐ Beer & Wine Only	\$ 100	
☐ Distilled Spirits Only	\$ 1,500	
☐ Wholesaler – Beer & Wine only	\$ 1,000	
☐ Wholesaler – Distilled Spirts only	\$ 1,000	
Manufacturer of any alcoholic beverage	\$ 1,000	



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Brewery/Brewpub				
☐ Micro-brewery production, wholesales, and tastings license \$1,250				
Brewpub production, wholesales with on-premise consumption \$5,000				
License for beer, wine and/or distilled	spirits			
II. APPLICANT INFORMATION:				
This is the primary person responsib	le for Alcohol License (not a	a business name).		
Applicant Name:	Email:			
Owners Name:	Email:			
Applicant must be at least (21) years of	age.			
the sale, manufacture or use of alcoholic O.C.G.A. Section 16-13-21, sex crimes of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale, manufacture or use of alcoholic part of the sale part of th	c beverages or any Georgia co or crimes against children; pro	ndere to any felony or to any other offense related ontrolled substance, as that term is defined in ovided, however, that if the applicant has had any pation or parole imposed upon said conviction the		
Applicant's home address:				
City:	State:Zip:			
Cell phone:	_Business phone:			
Email:Soc	ial Security #:	<u>D</u> ate 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 a	pplicant, please refer to City C	Ordinance 5.12.060)		
Are you at least 21 years or older?	/es □ no			
III. BUSINESS INFORMATION:				
What type of business does the applicar	it operate?			
☐ Convenience Store ☐ Grocery Store	e ☐ Restaurant ☐ Package	Store Wholesaler Distiller		
Other:				
License fees will <u>not</u> be due until license contact Planning and Development at 77 to allow adequate time to process beconvenience at no charge.	70-385-2174 . Please return a	all required documents by December 1st,		



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AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

I,(Name)	am app	plying to the City of Covington, Georgia for a
X1) Alcohol (I am authorizing the me which may be in the files of any loc	e City of Covington to cal and/or state crimina	receive any criminal history record or information pertaining to al justice agency.)
2) Other public benefit as refere (Please describe:)	nced in O.C.G.A. 50-3	
I hereby state, under oath, with respec	ct to my application for	
(Name of business, corporation, partners)	ership, or other private	e entity)
that:		
1) I am a United States citizen or	r a legal permanent re	sident
OR 2) I am an otherwise qualified alie age or older, lawfully present in		nder the Federal Immigration and Nationality Act, 18 years of
		d that any person who knowingly and willfully makes a false, davit shall be guilty of a violation of Code Section 16-10-20 of
Signature of Applicant	Date	
Printed Name		
Alien Registration Number for Non-Citi	izens*	
NOTARY SEAL:		
Sworn to and subscribed before me or	n thisday 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: