



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://ga.state.identogo.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

☐ Beer or ☐ Wine

\$ 750 each

☐ Beer and Wine (both)

\$1,000

☐ Beer ☐ Wine Only with Ancillary On-Premises Tasting of Same

\$ 750 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 Only

\$ 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



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Wholesale

- | | |
|---|----------|
| <input type="checkbox"/> Beer & Wine Only | \$ 100 |
| <input type="checkbox"/> Distilled Spirits Only | \$ 1,500 |
| <input type="checkbox"/> Wholesaler – Beer & Wine only | \$ 1,000 |
| <input type="checkbox"/> Wholesaler – Distilled Spirits only | \$ 1,000 |
| <input type="checkbox"/> Manufacturer of any alcoholic beverage | \$ 1,000 |

Brewery/Brewpub

- | | |
|---|----------|
| <input type="checkbox"/> Micro-brewery production, wholesales, and tastings license | \$ 1,250 |
| <input type="checkbox"/> 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, ☐ LLC ☐ 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 (Alcoholic Beverages) of the Covington Municipal Code. https://library.municode.com/ga/covington Chapter 5.12 | 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does Applicant consent to fingerprinting and criminal history check? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the owner/applicant have any financial interest in more than one (1) retail package liquor business? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is applicant a resident of Newton Co.? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |



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BUSINESS NAME (dba):

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:



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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