



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. ORIGINAL APPLICATION MUST BE SUBMITTED TO THE OFFICE, NO DIGITAL COPIES PERMITTED.

I. REQUIREMENTS:

- Non-refundable application fee of \$250 plus \$25 administrative fee due upon submittal**
- Non-criminal history background check & fingerprinting will need to be completed with **IDENTOGO** by visiting <https://ga.state.identogo.com> The ORI that you will enter is: **GA923224Z service code 2TGR22**
- Copy of the state of GA alcohol license must be submitted to our office prior to issuing the local license
- Please remit a copy of your menu with no less than fifteen (15) food items, being defined as an entrée dish. A seating chart is required 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-premises 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 or had his or her probation or parole revoked in a prosecution for any felony or any other offense related to the sales 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; within the ten (10) years next preceding the date of his or her license application. The applicant shall be active in and solely responsible for the management of the business for which the license is granted. If the applicant is a partnership, all members thereof must meet the foregoing requirements. 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:

License holder Name: _____ Email: _____

Home address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Cell phone: _____ Business phone: _____



City of Covington

ALCOHOLIC BEVERAGES PERMIT APPLICATION NEW APPLICANT

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"/> |



City of Covington

ALCOHOLIC BEVERAGES PERMIT APPLICATION NEW APPLICANT

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 the 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 the applicant a resident of Newton County.? Yes No

Sale for On-premises Consumption. In addition to the requirements of subsection A applicants for licenses for the sale of alcoholic beverages by the drink for on-premises consumption shall meet the following requirements:

1. Residency. Applicant (the owner, if a sole proprietorship; a partner, if a general partnership; or a designated office or local general manager, if a corporation or limited liability company) shall designate a resident of Newton County who shall be responsible for any matter related to the license. Such residency shall not be a requirement if the applicant is a corporation authorized to do business in Georgia which designates an officer of the corporation or a general manager at the applicant's location in the city shall be responsible for any matter related to the license.



City of Covington

ALCOHOLIC BEVERAGES PERMIT APPLICATION NEW APPLICANT

BUSINESS NAME (dba):

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

For licensing information, please contact Planning and Development 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 years 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