



City of Covington

ALCOHOLIC BEVERAGES PERMIT APPLICATION NEW APPLICANT

Date Received: _____

Received By: _____

M/C meeting: _____

PLEASE COMPLETE THE FOLLOWING:

BUSINESS ADDRESS:

Location alcohol will be sold

BUSINESS NAME (dba):

Legal Business Name: _____

A non-refundable application fee of \$100.00 is required when submitting this application.

Non-criminal history check & fingerprinting will need to be completed with GEMALTO.
The ORI that you will enter is: **GA923224Z**. <https://www.aps.gemalto.com/index.htm>

Please remit a copy of your menu and a seating chart if you are applying for an “On Premise Consumption License”.

<u>PLEASE CHOOSE TYPE OF LICENSE APPLYING FOR:</u>	<u>LICENSE FEES:</u>
<input type="checkbox"/> Off Premises Consumption – Beer & Wine Only	\$ 500.00
<input type="checkbox"/> Off Premises Consumption – Beer & Wine Only With Ancillary On-Premises Tasting Of Same	\$ 750.00
<input type="checkbox"/> Off Premises Consumption – Distilled Spirits Only	\$ 5,000.00
<input type="checkbox"/> Off Premises Consumption – Beer, Wine, & Spirits	\$ 5,500.00
<input type="checkbox"/> On Premises Consumption – Beer & Wine Only	\$ 500.00
<input type="checkbox"/> On Premises Consumption – Beer, Wine, & Spirits	\$ 3,000.00
<input type="checkbox"/> Wholesale – Beer & Wine Only	\$ 100.00
<input type="checkbox"/> Wholesale – Distilled Spirits Only	\$ 1,500.00
<input type="checkbox"/> Wholesale – Beer, Wine, & Spirits	\$ 1,500.00
<input type="checkbox"/> Manufacturer	\$ 5,000.00
<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



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I. APPLICANT INFORMATION

Applicant 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: _____

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

Cell phone: _____ Business phone: _____

II. 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: _____ Zip: _____

Email: _____



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If business is a corporation or LLC please list all officers and shareholders. If a partnership, please list all partners.		
Name / Title	Address	Phone
Name / Title	Address	Phone
Name / Title	Address	Phone
Name / Title	Address	Phone
Name / Title	Address	Phone

Attach, if more space is needed.

No director or officer shall 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.

Has any director, officer, or owner ever pleaded guilty to any of these offenses? yes no

If yes, please explain:

Use additional supplementation, if needed.



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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. | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 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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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 Zoning 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, Georgia 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

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: