

CITY OF HELEN
ALCOHOLIC BEVERAGE LICENSE/RENEWAL
The City of Helen is an equal opportunity employer and provider.

DATE OF APPLICATION: _____

NAME OF BUSINESS: _____

STREET ADDRESS OF BUSINESS: _____

Yearly renewals are due by November 15 to avoid penalty. Sec. 6-26b.

LICENSE FEE: Please place a check beside all applying for or renewing

BEER PACKAGE	\$1000.00	<input type="checkbox"/>
WINE PACKAGE	\$ 500.00	<input type="checkbox"/>
LIQUOR PACKAGE	\$5000.00	<input type="checkbox"/>
ANCILLARY TASTING LICENSE (Available only with Qualifying Beer and Wine Package Licenses)	\$ 100.00	<input type="checkbox"/>
GROWLERS LICENSE (Sec 6-71 in the City Code on regulations)	\$ 100.00	<input type="checkbox"/>
BEER ON PREMISES	\$1000.00	<input type="checkbox"/>
WINE ON PREMISES	\$ 500.00	<input type="checkbox"/>
LIQUOR POURING ON PREMISES	\$2500.00	<input type="checkbox"/>
FARM WINERY LICNESE FARM WINERY – INCLUDING ON PREMISES CONSUMPTION OF NON-FARM WINERY PRODUCTS MUST PAY SAME ON PREMISES FEES AS THE ON PREMISES CONSUMPTION FEES IDENTIFIED ABOVE (example +Beer on Premises = \$1000.00)	\$ 600.00	<input type="checkbox"/>
SUNDAY SALES (Available only with qualifying food sales.) Not required for Package sales.	\$ 600.00	<input type="checkbox"/>
BREWERY LICENSE (Must comply with all Federal & State regulations as well.)	\$1000.00	<input type="checkbox"/>
IN ROOM SERVICE LICENSE (HOTELS ONLY) (Available only with additional Package or On Premises License)	\$ 600.00	<input type="checkbox"/>
ADMINISTRATION FEE (required with all license)	\$15.00	<input type="checkbox"/>

TOTAL DUE \$ _____

All Alcohol License fees must be paid by CERTIFIED CHECK ONLY.

APPLICANT INFORMATION

Name of Applicant: _____

Social Security# _____ Phone (cell) _____ (home) _____

Home Mailing Address: _____

Operating Name: _____

Business Address(physical) _____

Business Mailing Address: _____

(Please include City, State and Zip Code on all addresses)

Employer ID #: _____

Type of Ownership: _____ Single Proprietor
 (Check One) _____ Partnership or Association
 _____ Corporation (Name of Corporation if applicable)

Date and State Incorporation: _____ Date last registered in Georgia: _____

Persons listed below are Required to Complete the Background/Fingerprinting consent requirement prior to Alcohol License Issue or Renewal if listed as the Registered Agent. Anyone that has already completed the Background/Fingerprinting requirement shall not be required for renewal. Any person listed below that has not completed the Background/Fingerprinting or is added new to the license and is listed as the Registered Agent will be required to do so before Alcohol License is Issued or Renewed.

Partner(s)/Corporate officer's names and resident address, plus % interest:

NAME	COMPLETE ADDRESS	% INTEREST

REGISTERED AGENT INFORMATION

(There must be a registered agent if the applicant is an entity and not a person)

Registered Agent: _____

Social Security # _____

Home Phone #: _____

Mailing Address: _____

Business Phone #: _____

City, State and Zip: _____

employer ID#: _____

Drivers License # _____

State of Issue _____ (provide copy)

ALL APPLICANTS MUST ANSWER AND COMPLETE ALL COMPONENTS OF THE APPLICATION BELOW:

Have you, the applicant or any other person having any interest in business for which this application has been made, ever been arrested, indicted or convicted for any offense, by any State, County or Foreign Officer, or any other Governmental authority? Yes No.

If yes please state charges, date _____.

Applicant is aware that if applying for a Liquor pouring license that remittance of a Mixed Drink report is due and payable by the 20th of the following month on which report is given. A copy of the current form is included with application and is also available at the front counter or on the City's website under forms. Yes _____ initials.

Applicant has received and/or read a copy of the City of Helen Alcohol Ordinance Yes, _____ initials.

NOTE: Before signing this application, check all answers and explanations to see that all questions are answered fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the denial, suspension or revocation of any license issued pursuant to this application. Should any change occur during the year, for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, or any personnel statement which is made a part of this application, such change must be reported as an amendment to the application. The failure to make such change or amendment shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood.

STATE OF GEORGIA, _____ COUNTY

I, _____ applicant, do solemnly swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license. That I have received a copy of the Noncriminal Justice Applicant's Privacy Rights and a copy of the Privacy Act Statement. I also realize and give consent for my fingerprints to be taken by the Helen Police Department and my Criminal History Record Information (CHRI) will be obtained from the FBI for an Alcohol License under ORI "GA923270Z and the reason fingerprinted as to the Official Code of Georgia Annotated (OCGA), Section 3-3-2."

This ___ day of _____, 20 _____.

SIGNATURE OF APPLICANT

Signature of Notary

NOTARY PUBLIC

Commission Expires: _____

SUNDAY SALES OF ALCOHOL BY THE DRINK

Georgia Law provides that in order to sell alcoholic beverages by the drink on Sunday, a licensed establishment must derive at least 50 percent of its total annual gross sales from the sale of prepared meals or food. Helen Municipal Code Section Sec. 6-5 provides that with regard to Sunday Sales Licenses: The sale of distilled spirits, wine and malt alcoholic beverages for consumption on the premises shall be permitted with food service at tables and booths in dining facilities at specially licensed establishments between the hours of 11:30 p.m. and 12:00 midnight on Sundays. The applicant for Sunday Sales licenses shall submit such documentation as may be required by the city manager to satisfy the city that the statutory mandate respecting food sales has been met at the establishment for the preceding 12 months collectively or, in the alternative, such applicant may elect to submit within 20 days following the conclusion of each calendar quarter after issuance of such special license, a certificate from a certified public accountant that said statutory mandate was obtained within the preceding calendar quarter; the failure to submit as aforesaid being grounds sufficient for refusal or revocation.

For New Applicants for Sunday Sales License ONLY: (Additional Information may be required)

The applicant certifies, under penalty of perjury, and penalty of revocation of all applicable licenses as issued by the City of Helen, that Applicant will meet the requirement of state and municipal law at his establishment that at least 50% of total gross sales will be from the sale of prepared meals or food, and that the requirements of Municipal Code Section 6-5 will be met. Upon request, Applicant understands that he will be required to submit documentation in the first year of his license, following each calendar quarter, as may be required by the City Manager, or applicant may submit certification from applicant's CPA that such statutory mandate was met.

_____(SEAL)
Signature of Applicant

For Renewal of Sunday Sales License ONLY: (Additional Information may be required)

The following information **must** be provided for the last twelve months the business was open. If the business has been open less than twelve months, please provide actual sales for time open.

1. Period for which information is provided. _____
2. Gross receipts/sales from food and food service. \$ _____ = ()%
3. Gross receipts/sales from beer, wine and/or liquor.\$ _____ = ()%
4. Total of food and beverage sales (lines 2 + 3) for this period \$ _____=()%

Briefly describe the method by which sales are totaled daily into the food and beverage service amounts.

FOR ANCILLARY TASTING LICENSE ONLY

Available only to qualified beer and/or wine package licensees pursuant to Chapter 6 of the Helen Municipal Code. (Additional Information may be required)

Ancillary Beer, Wine & Malt Beverage Tasting License Affidavit

Applicant agrees to operate their business according to the law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another. The applicant agrees to notify the City of Helen of any change as it applies to this application within 30 days of the change. Failure to make such notice shall be cause for the revocation of any license issued pursuant to this application.

Further, the applicant agrees to abide by all laws, rules and regulations of the United States, the State of Georgia and the City of Helen tasting provisions. The applicant understands that the granting of and issuing of this license constitutes only a privilege and not a right. Therefore, this license may be revoked or suspended by the City Commission of Helen, Georgia. All license fees are nonrefundable.

The undersigned, swears under oath, and says that he/she is the person named in the foregoing application; that the applicant must also have a license to sell beer and wine by the package. The undersigned further avers that he or she has read Sections 6-72 and 6-126 of the Municipal Code regarding Ancillary Tasting Licenses, meets the requirements therein, and will comply therewith.

The undersigned further understands that any license issued contrary to state law and/or city ordinance shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statement and affidavits in connection with this application.

_____ (Sign only if Ancillary Tasting License applied for)

Applicants Signature

.....
FOR OFFICAL USE ONLY-DO NOT WRITE BELOW THIS LINE

DOCUMENT	DATE RECEIVED	DOCUMENT	DATE COMPLETED	DOCUMENT	DATE APPROVED
Drivers License		Background		Hearing Date	
Registered Agent		Fingerprints		Comm Approval	
Corporation Name		Newspaper Ad x2		Occupational Tax Pd	
Corporation Number		SAFE verification		CO Certificate Issued	

FOR IN ROOM SERVICE LICENSE

Available only to hotels, inns, or other establishment which offers overnight accommodations to the public for hire and intend to provide for in-room service of alcohol to guests. In order to obtain a license to provide "in-room service" of alcoholic beverages, the licensee must also hold a valid city retail package or a valid city consumption on the premises license. The State Department of Revenue will also require a separate license for "in room service".

The applicant agrees to notify the City of Helen of any change as it applies to this application within 30 days of the change. Failure to make such notice shall be cause for the revocation of any license issued pursuant to this application.

Further, the applicant agrees to abide by all laws, rules and regulations of the State of Georgia and the City of Helen which apply to the service of alcohol, including, but not limited to, the room license provisions. The applicant understands that the granting of and issuing of this license constitutes only a privilege and not a right. Therefore, this license may be revoked or suspended by the City Commission of Helen, Georgia. All license fees are nonrefundable.

The applicant acknowledges that for purposes of this license, "in-room service" consists of:

- (1) The delivery of alcoholic beverages in unbroken packages by an employee of the hotel to a registered guest's room when such alcoholic beverages have been ordered by the guest and when the guest shall be billed for the cost of such alcoholic beverages at the time of delivery and when the sale of such alcoholic beverages is completed at the time of delivery; and
- (2) The provision of a cabinet or other facility located in a hotel's guest room which contains alcoholic beverages and which is provided upon request of the guest and which is accessible by lock and key only to the guest and for which the sale of alcoholic beverages contained therein is final at the time requested except for a credit which may be given to the guest for any unused portion.

The undersigned, swears under oath, and says that he/she is the person named in the foregoing application; that he or she has read Sections 6-176 of the Municipal Code regarding In Room Service Licenses, meets the requirements therein, and will comply therewith. The undersigned further understands that any license issued contrary to state law and/or city ordinance shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statement and affidavits in connection with this application.

Signature of Affiant for In Room Service License
(Sign only if In Room Service License applied for)

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, __, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

My Commission Ex **O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT**

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States Citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

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 O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the ___ day of _____, 20___ in _____ (city), _____ (state).

*Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires:

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*