

**TOWN OF BRASELTON, GEORGIA
APPLICATION FOR NEW, RENEWAL OR TRANSFER OF
TOWN ALCOHOLIC BEVERAGE LICENSE**

For Office Use Only

Business Name: _____			
For License Year _____	License Fees	\$	_____
Issued, renewed or transferred	Application Fee	\$	150.00
License Number _____	Total Fee	\$	_____

INSTRUCTIONS: Every question shall be fully answered (typewritten or printed in ink). If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed it must be dated, signed and verified under oath by the applicant and filed in the Town Clerk's office, together with all supporting papers and certified check, cashier's check or cash for the exact fee.

1. This application is for:

- | | |
|--|------------------|
| _____ Wine Package | Fee - \$500 |
| _____ Wine Consumption | Fee - \$500 |
| _____ Wine Wholesale | Fee - \$250 |
| _____ Wine Manufacturer | Fee - \$250 |
| _____ Wine Importer | Fee - \$200 |
| | |
| _____ Malt Beverage Package Retail | Fee - \$500 |
| _____ Malt Beverage Consumption | Fee - \$500 |
| _____ Malt Beverage Wholesale | Fee - \$250 |
| _____ Malt Beverage Manufacturer | Fee - \$750 |
| | |
| _____ Distilled Spirits Package Retail | Fee - \$5,000 |
| _____ Distilled Spirits Consumption | Fee - \$4,000 |
| _____ Distilled Spirits Wholesale | Fee - \$1,000 |
| _____ Distilled Spirits Manufacturer | Fee - \$1,000 |
| | |
| _____ Distilled Spirits Sunday Sales | Fee - \$500 |
| _____ Malt Beverage Sunday Sales | Fee - \$100 |
| _____ Wine Sunday Sales | Fee - \$100 |
| | |
| _____ Moveable Bars | Fee - \$100 each |
| _____ Hotel/Motel Room Service | Fee - \$100 |

2. (Applicant) License Holder's Name: (No initials; spell out all names):

Home Address: _____

Date of Birth: _____ Social Security Number: _____

3. This license is for the use of:

Name (Owner of Business): _____

Address: _____

County: _____ Telephone: _____

Date of Birth: _____ Social Security Number: _____

4. Trade Name of Business: _____

Business Address: _____

Business Phone: _____

GA Sales Tax #: _____ FEI #: _____

Mailing Address (if different from business address):

5. Has any person with an interest in this application ever made an application at any previous time? Yes _____ No _____
(if yes, give disposition of application)

6. Has this place of business or anyone connected therewith ever been convicted at any time with any violation of State or federal law or regulation or any rule or regulation of the Town (other than for minor traffic violation)? Yes _____ No _____
(if yes, give details on separate sheet)

7. Has a previous license issued to any person with an interest in this application ever been revoked by any state or subdivision thereof or by the Federal government at any previous time? Yes _____ No _____
(if yes, give reason therefor)

8. List all pertinent information for each person, firm or corporation having any interest in this application and the type and percent of that interest:

<u>Name</u>	<u>Address</u>	<u>Birthdate</u>	<u>SS#</u>	<u>Interest</u>
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9. List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms or corporations are associated with in any way whatsoever:

10. List the full name and address and other pertinent information of the owner of the building, the owner of the land and the name and address of all lessors or sublessors:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Payments</u>
_____	_____	_____	_____
_____	_____	_____	_____

11. Full name and other pertinent information of the manager of this business and state how he/she is compensated:

Name: _____

Address: _____

Home Phone: _____ SS #: _____

Date of Birth: _____ Compensation: _____

OATH

I (We) do hereby solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing question in this application for a Town license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issues pursuant to this application. Should any additional 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, such change must be reported as a written amendment to this application on file with the Council within five (5) days of the change. The failure to make such amendment shall be a cause for the suspension or revocation of any license issued.

SWORN TO and subscribed
before me this _____ day
of _____.

Signature of Applicant
under oath

Notary Public

d/b/a

Title

U.S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath pursuant to O.C.G.A. 50-36-1(e), as an applicant for a Town of Braselton ALCOHOLIC BEVERAGE LICENSE, I swear or affirm under oath the following with respect to my application for a Town of Braselton Alcoholic Beverage License for:

_____ Business Name

Check (X) One of the Following:

A _____ I am a United States citizen and 18 years of age or older.
A copy of a valid and verifiable ID must be presented as part of this affidavit.

OR

B _____ I am either a legal permanent resident of the United States or qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age or older and lawfully present in the United States of America.

Alien Registration number for non-citizens: _____ (Required)

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

Signature of Applicant

Print Name

Before me this ____ day
Of _____, 20__:

(SEAL)

Notary Public
My Commission Expires:

PLEASE EXECUTE THE APPLICABLE AFFIDAVIT BELOW FOR E-VERIFY COMPLIANCE. IF YOUR BUSINESS MEETS ONE THE EXEMPTION CRITERIA(see next page), PLEASE EXECUTE THE EXEMPTION AFFIDAVIT

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

OR

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

Signature of Applicant

Print Name

Before me this ____ day
Of _____, 20__:

(SEAL)

Notary Public

My Commission Expires:

Private Employer Exemptions for E-Verify

If your business falls into one of the below categories, it is exempt.

- After January 1, 2012 – Employers of 500 or more on January 1
- After July 1, 2012 – Employers of 100 to 499 as of January 1
- After January 1, 2013 – Employers of 11 to 99 as of January 1
- Never – Employers of 10 or less on January 1