

STATE OF GEORGIA
COUNTY OF PULASKI
CITY OF HAWKINSVILLE

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
IN THE CITY OF HAWKINSVILLE

Date: _____

Business Name: _____

Business Address: _____

License Applied For: (Check All that Apply)

<u>License</u>	<u>Cost</u>
____ Beer on Premise	\$288.00\year
____ Beer, PACKAGE only	\$288.00\year
____ Beer and Wine, PACKAGE only	\$988.00\year
____ Liquor and Wine, PACKAGE only	\$5,000.00\year
____ Pouring License	\$2,000.00\year
____ Special Event Alcohol Beverage Permit	\$50.00\per occasion

To view the City of Hawkinsville's Alcoholic Beverage Ordinance in its entirety please visit
https://www.municode.com/library/ga/hawkinsville/codes/code_of_ordinances?nodeId=PTIICOOR_CH3ALBE.

Name and address of the owner of the property where business is located:

***A copy of the lease must be provided if the applicant is not the owner of the property.**

The following information should be filled out with the information of the applicant(s) that are to be "registered agent(s)"

Full Legal Name and Mailing Address:

How long has the applicant(s) been a resident of the City of Hawkinsville:

Date of Birth: _____

Phone number(s): _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

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Present Occupation:

Occupation for the preceding 10 years:

List five references of Hawkinsville-Pulaski County (references shall not include any city employee or city commissioner):

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Do you have any kind of record other than traffic violations? If so, explain:

Have you previously held an alcohol license in the City of Hawkinsville? If so, state when and where:

Give the names, addresses, and relationship of relatives in the sale of alcoholic beverages:

Give the name and address of anyone having 20% or more interest in this business:

Has any partner had any kind of record other than traffic violations? If so, explain:

List the employees that will work in connection with this business:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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If my application is approved, I certify: (PLEASE INITIAL EACH ONE)

- _____ I will abide by all of the requirements of the City of Hawkinsville code as well as the laws of the State of Georgia and also the regulations of the State Department of Revenue.

- _____ I will abide by the opening and closing hours and days on which sales are prohibited and set forth in the City of Hawkinsville code.

- _____ I have never been convicted of any felony involving moral turpitude, any felony not involving moral turpitude (within the last ten years preceding the filing of this application) or the violation of any law involving alcoholic beverages, gambling or tax violations.

- _____ The business in which I propose to sell alcoholic beverages to be consumed on the premises is not within 100 yards of a church, school ground or college campus.

- _____ If a license is granted, I will allow my business premises to be open to inspection at any time by City officials authorized to conduct inspections of businesses within the City of Hawkinsville.

- _____ I understand that if I fail to comply with City Code, laws of the State of Georgia or regulations of the Department of Revenue that my license can be suspended and that no license fees paid will be refunded.

The required annual license fee or fees is \$_____.

By signing below I agree that the information here is true and correct to my best knowledge:

Applicant (Signature Must be Notarized)

Printed Name of Applicant

Date: _____

Notary Public:

Signature

My Commission Expires: _____

(Seal)

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a **City of Hawkinsville**, Georgia Business Occupation Tax Certificate, Alcohol License or other public benefit as referenced in O.C.G.A. Section 50-36-1, the undersigned applicant verifies one of the following with respect to his/her application for a public benefit:

- 1) _____ I am a United States citizen
(Must include copy of either a current State Driver's License, Passport or Military ID)

- 2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

- 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**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

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

The undersigned applicant also verifies that he/she is 18 years of age or older and has provided at least one secured 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 in _____ (City), _____ (State).

Signature of Applicant

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

Notary Public _____

My Commission Expires: _____

Private Employer / E-Verify Affidavit

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:

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

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

On January 1st of the below-signed year, the individual, firm, or
(B) _____ 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:

E-Verify Number
(Federal Work Authorization User Identification Number)

/_____/_____
Date of Authorization

THIS FORM MUST BE NOTARIZED

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

Executed on this _____ **day of** _____, _____ **in** _____, _____ **State**.
Day Month Year City

Name of Employer

X_____
Signature of Authorized Officer or Agent

X_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ **day of** _____, _____.
Day Month Year

Notary Public
My Commission Expires: _____

¹ To determine 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.

**GEORGIA BUREAU OF INVESTIAGION
GEORGIA CRIME INFORMATION CENTER**

CONSENT FORM

I HEREBY AUTHORIZE THE CITY OF HAWKINSVILLE TO RECEIVE ANY GEORGIA CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA:

FULL NAME (PRINT)

ADDRESS

CITY

ST

ZIP

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY

SIGNATURE

DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____.

Notary Public:

Signature

My Commission Expires: _____

(Seal)