



ALCOHOLIC BEVERAGE LICENSE APPLICATION IN THE CITY OF HAWKINSVILLE

Date:

Business Name:

Business Address:

City:

State:

Zip:

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 Event Date: _____	\$50.00\per occasion

To view the City of Hawkinsville Alcoholic Beverage Ordinance in its entirety please visit:

https://library.municode.com/ga/hawkinsville/codes/code_of_ordinances?nodeId=PTIICOOR_CH3ALBE

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

First Name:

Last Name:

Address:

City:

State:

Zip:

*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 information the applicant(s) that are to be "registered agent(s)"

Full Legal Name & Mailing Address:

First Name:

Last Name:

Address:

City:

State:

Zip:

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

Date of Birth:

Email Address:

Phone Numbers:

Home Phone Number:

Mobile Phone Number:

Work Phone Number:

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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? Yes No If so, explain:

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Have you previously held an alcohol license in City of Hawkinsville? Yes No If so, state when and where:

Date:	Location Address:
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Give the names, addresses, and relationship of relatives in the sale of alcohol beverages:

NAME	ADDRESS	RELATIONSHIP

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

NAME	ADDRESS

Has any partner had any kind of record other than traffic violations? Yes No If so, explain:

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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 business 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 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 :**

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

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) employees¹.

** 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 an 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 City

Name of Employer

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

Notary Public Signature: _____

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.

