

City of Tifton
Business Department
130 E. 1st Street – Tifton, GA 31794
Ph. (229) 391-3970 Fax (229) 391-4722
www.tifton.net Email: cityclerk@tifton.net



ALCOHOL LICENSE RENEWAL APPLICATION

YEAR: _____

Amended Application: _____ Yes _____ No

BUSINESS INFO

Business Name (dba): _____ Account No: _____

Corporation: _____

Physical Address: _____

Mailing Address (If Different): _____

Phone: _____ Email: _____

FEIN: _____ Sales Tax No. _____ State Alcohol License No. _____

LICENSEE/APPLICANT INFO

Name of Licensee (Applicant): _____ Phone: _____

Name of Manager: _____ Phone: _____

ALCOHOL LICENSE TYPES & FEES

- | | |
|---|---|
| <input type="radio"/> Malt Beverage Package \$500 | <input type="radio"/> Distilled Spirits Consumption \$3,000 |
| <input type="radio"/> Wine Package \$500 | <input type="radio"/> Off- Premises Catering \$500 |
| <input type="radio"/> Malt Beverage Consumption \$500 | <input type="radio"/> Wholesale Malt Beverage \$250 |
| <input type="radio"/> Wine Consumption \$500 | <input type="radio"/> Wholesale Wine \$250 |

- Amended Application Fee \$100
 Late Fee (After Nov. 1st) \$100

TOTAL FEES DUE: _____

1. Are all answers, statements and responses contained in the initial application and subsequent renewals still true and correct? () Yes () No.
2. Are all responses contained in the personnel statements attached to the initial application or any subsequent personnel statements on file still true and correct? () Yes () No. If **No**, it is required to submit an updated personnel statement with the renewal application.
3. Has the business had any changes in principle officers, directors, partners, owners, manager etc. as disclosed in the previous application or subsequent renewal(s)? () Yes () No. If **Yes**, it is required to submit updates including new licensee/manager packet forms with the renewal application.
4. Has the business, licensee, agent, or manager violated or been cited for any criminal charges, gambling offences, alcohol related charges, or violated any regulation, law, or rule of alcohol distribution/sale regulation () Yes () NO. If **Yes**, Attach a listing of all violations received in the past year.

Note: Before signing the application, check all answers to ensure they were answered fully & correctly. If any changes were made additional documentation may be required. Any false statements provided or not disclosed could result in denial, suspension, or revocation of the alcohol license. The City of Tifton reserves the right to request additional written information relative to this application, applicant, any principal officer, and any manager. Should any changes occur during the year which make this application false; such as a change in licensee or manager the applicant must file an amended application within 30 days of such change.

By signing below the applicant affirms that the statements and answers in the application (including all statements, personal disclosures on file or attached hereto) are true and complete and that no false or fraudulent statement or answer is made herein. It is further understood that any false answer or statement or failure to amend this application when necessary shall be grounds for suspension or revocation of any license pursuant to this application. The applicant further affirms that he/she will abide by all laws and regulations of the Tifton Alcohol Beverage Ordinance and Laws of the State of Georgia.

Applicant Signature

Date

Sworn and Subscribed before me this _____ day of _____, _____

Notary

NOTARY SEAL

Alcohol Renewal Checklist

- Renewal Application
- Owner/Licensee(s) Background Consent Form
- Manager Background Consent Form (If Applicable)
- Public Benefit Affidavit
- New Licensee/Manager Packet for Changes (If Applicable)
- License Fees

New Licensee/Manager forms can be obtained online at www.tifton.net

<http://www.tifton.net/Business%20License/New%20Manager%20Packet%20-%202018.pdf>

Return this application together with all necessary personnel statements, other required documents, as well as applicable fees in the form of a Certified Check or Cash to:

By Mail: City of Tifton
Attn: City Clerk's Office
P.O. Box 229
Tifton, GA 31793

Physical Delivery: City of Tifton
City Hall, Room 204
130 E. 1st Street
Tifton, GA 31794

Public Benefit Affidavit

O.C.G.A § 50-36-1 (e)(2)

Licensee & Manager
Must Complete

I, _____ on behalf of _____
(Applicant) (Business Name)
submits and verifies the following with respect to my application for a public benefit

1. _____ I am a United States Citizen (Include front & back copy of driver's license)
2. _____ I am a legal permanent resident of the United States (Include front & back copy of permanent resident 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. (Include front & back copy of resident card)

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

Sworn and Subscribed before me on this
_____ day of _____, _____

Printed Name

Notary

SEAL

Office Use Only

Business Address: _____ Acct #: _____

- Renewal Application Complete Amended Application: YES NO
- Processed Background Check on _____
- Agenda Template & Resolution Completed for Council Approval on _____ (Date)
- Fees Paid: _____ Check/MO# _____ Cash Credit Card
- Updated BS&A and Scanned Licensed Issued on _____

Notes:

Approvals

Approved Denied Approved Denied Approved Denied

Police Chief

City Clerk

City Manager



Licensee & Manager
Must Complete

City of Tifton, Georgia Criminal History Record Consent Form

I hereby give the City of Tifton CONTINUING permission and authority to receive any criminal history record information pertaining to me, which may be in the files of the City, Tift County, the State of Georgia, or of the United States. [See Section 6-66, Paragraph 17, Subsections (2) (3) and (4) of the Code of Ordinances.]

In the event of the termination of my association with the business with which this document is part of, my consent will automatically be rescinded.

Business Name

Full Name Printed

Home Address

City State Zip

Telephone Number (Home/Cell)

Sex

Race

DOB

SSN

Signature

Notary

Date

----- Office Use Only -----

_____ No Record

Completed By: _____

_____ See Attachment

Date: _____