



THE REQUIREMENTS FOR
ALCOHOLIC BEVERAGE APPLICATION

MUST BE A UNITED STATES CITIZEN

ANYONE THAT OWNS 20% OR MORE OF THE BUSINESS
+THE MANAGER

- Fingerprint record for each person
- 1 Passport Size Photo ID per person
- A Copy of Driver's License for each person
- A Personal Statement for each person
- A Consent Form for each person
- A Copy of the Lease

THE COST:

BEER-WINE:

\$ 100.00 NON REFUNDABLE Application Fee

DISTILLED SPIRITS:

\$ 100.00 NON REFUNDABLE Application Fee

Make Money Order or Check payable to:

"CITY OF TIFTON"

Please Put CITY CLERK on all correspondence.

State of Georgia Alcohol License Must Be
Acquired Online at:

[https://gtc.dor.ga.gov/ /](https://gtc.dor.ga.gov/)

For More Info Contact State of Georgia Alcohol Office
(229) 420-1221 or (229) 420-1220
Albany,GA

Registering For Fingerprints Through Cogent For Alcohol License

Go to <https://www.ga.cogentid.com/index.htm> or Call **1-888-439-2512**

Select **Applicant Registration**

Select **City/County Government and Law Enforcement Agencies**

Select **Alcohol and Liquor License**

Select **Agree to the Terms and Continue**

Agency ID/ORI: GA923090Z

Complete Registration with Applicants Information

Bring Registration and Photo Identification to fingerprint Scan Location

Inform City Clerk that fingerprints have been completed for the Alcohol Application



Business Department

130 E. 1st Street - Tifton, GA 31794
(229) 391-3970 - Fax (229) 391-3990

Website: <http://www.tifton.net> Email: cityclerk@tifton.net

For Calendar Year	Office Use Only
ALCOHOLIC BEVERAGE LICENSE APPLICATION	Date Applied _____
TYPE OF APPLICATION <input type="checkbox"/> Initial Application <input type="checkbox"/> Amended Application <input type="checkbox"/> Renewal Application	Application No. _____
	License No. _____
	No. of Personal Statements Attached _____

CLASSIFICATION OF LICENSE					
<input type="checkbox"/> Distilled Spirits Consumption \$3,000 Late Charge \$100.00	<input type="checkbox"/> Malt Beverage and Wine Wholesale \$250.00 (each) Late Charge \$100.00 (each)	<input type="checkbox"/> Malt Beverage Package Retail \$500.00 Late Charge \$100.00	<input type="checkbox"/> Wine Package Retail \$500.00 Late Charge \$100.00	<input type="checkbox"/> Malt Beverage Consumption Retail \$500.00 Late Charge \$100.00	<input type="checkbox"/> Wine Consumption Retail \$500.00 Late Charge \$100.00

APPLICATION FEES			
<input type="checkbox"/> Off - Premises Catering \$500.00	<input type="checkbox"/> Initial / Amended Application \$100.00	<input type="checkbox"/> Renewal Application \$0.00	TOTAL OF License & Application Fees \$

**APPLICATION SHOULD BE TYPEWRITTEN OR PRINTED IN INK.
IF THE APPLICATION CANNOT BE READ, IT WILL BE RETURNED
CAUSING DELAY IN PROCESSING AND CONSIDERATION.
ATTACH EXTRA SHEETS AS NECESSARY TO FILE COMPLETE APPLICATION.**

Name of Proposed Licensee (Applicant)	Social Security Number	Home Phone
Business Name	Trade Name (if any)	Business Phone
Business Address	City	State Zip Code
Mailing Address	City	State Zip Code
Federal Employer Identification Number	Georgia Sales Tax Number	State Withholding Number

LOCATION AT WHICH LICENSE WILL BE USED

Street Address

What is the distance from nearest school or college? _____ Feet	What is the distance from nearest government owned and operated alcohol treatment center? _____ Feet	What is the distance from nearest church? _____ Feet
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TYPE OF BUSINESS (Check One)	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Tavern / Pub	<input type="checkbox"/> Private Club	<input type="checkbox"/> Other
	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Food Caterer	

TYPE OF CONSUMPTION On Premises Off Premises

TYPE OF OWNERSHIP (Check One)	<input type="checkbox"/> Single Proprietor	<input type="checkbox"/> Corporation	Name (if corporation, partnership or other) _____
	<input type="checkbox"/> Partnership or Assoc.	<input type="checkbox"/> Other	

Date of Incorporation or Date Partnership Formed	Place of Incorporation or County where Partnership Agreement Recorded	Registered Agent's Name or Name of Managing Partner (last, first, middle initial)	Date Last Annual Report Filed
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1. Has a City Alcoholic Beverage License ever been issued for the location applied for? Yes No
 Unknown - If yes, state Year _____ LICENSE NO. _____
 NAME OF LICENSEE _____

Previous Licensee's Name	Date Discontinued	Sales Tax No.	Social Security No.
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2. Has a City Alcoholic Beverage License ever been denied, suspended or revoked to or for anyone for the location applied for? Yes No Unknown - If yes, indicate the date, applicant, licensee and reason for denial, suspension or revocation. _____

3. Does the applicant, any principal officer or any manager presently hold any interest in any other business which is licensed by the City of Tifton to sell any alcoholic beverage either as an employee, licensee, owner, partner, shareholder, property owner or otherwise? Yes No
 If yes, complete the following:

Name of Business	Address Licensed	City License No.	Type of License	Name of Person Interested	Type of Interest	% of Interest

4. Has the applicant, any principal officer or any manager in the past held any interest which has not been previously described herein in any business which was then licensed by the City of Tifton or any other governmental entity to sell any alcoholic beverage as an employee, licensee, owner, partner, shareholder, property owner or otherwise? Yes No

Name of Business	Address Licensed	City License No.	Type of License	Name of Person Interested	Type of Interest	% of Interest

5. Does the applicant own the property in which this business will be operated? Yes No
 If No, list below the name and address of property owners.

Name	Address	Monthly Rent

- a. If answer is no, list below any interest the landlord has in any business licensed to sell alcoholic beverages. (If none, or you do not know, so state, do not leave unanswered.)

Name	Name of Business	Business Address	Type of and % of Interest

- b. If you are applying for a Retail Malt Beverage, Retail Wine and/or Distilled Spirits License and do not own the property, attach a copy of your current lease, if any, and if none mark here

6. Applicant Home Address (Street) (City) (State) (Zip Code)

7. If business is to be managed by someone other than Applicant, STATE:

Name of Manager _____ Social Security Number _____

Date of Birth _____ Sex. (F) (M) Height _____ Weight _____

Address _____
 Street PO Box No. City County State Zip Code

And have manager complete complete personnel statement to be filled with application.

8. You must attach a copy of your application for a State of Georgia Alcoholic Beverage License for the subject location together with all required personal statements and other attachments to the State application. Check here to indicate that a copy of the state's application and all statements and attachments thereto is attached.

9. Does the applicant hold a valid Occupation Tax Certificate for:
 (a) Restaurant? (permanent seating capacity for 30 persons, excluding bar stools) Yes No
 (b) Food Caterer? Yes No

10. If applicant answered "Yes" to either question 9a or question 9b above, then does the applicant derive a minimum of 50% of the gross income of the business subject to the alcoholic beverage license application (excluding tips and gratuities) from the sale of food prepared, served and consumed on the premises? Yes No

NOTE: BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT ALL QUESTIONS HAVE BEEN ANSWERED FULLY AND CORRECTLY. THIS APPLICATION MUST BE EXECUTED UNDER OATH SUBJECT TO THE PENALTIES OF FALSE SWEARING. THIS APPLICATION INCLUDES ALL ATTACHED SHEETS SUBMITTED HERewith, ALL PERSONAL STATEMENTS SUBMITTED HERewith AND THE COPY OF THE STATE APPLICATION AND ALL ISSUED PURSUANT TO THIS APPLICATION IS CONDITIONED UPON THE TRUTH OF ALL ANSWERS OR 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 COVERED BY THIS APPLICATION (INCLUDING SUPPORTING DOCUMENTS) WHICH MAKES ANY STATEMENT CONTAINED HEREIN FALSE, THEN THE APPLICANT MUST IMMEDIATELY FILE AN AMENDED APPLICATION. THE FAILURE TO MAKE SUCH AMENDMENT SHALL CONSTITUTE CASE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION.

NOTE: THE CITY OF TIFTON RESERVES THE RIGHT TO REQUEST ADDITIONAL WRITTEN INFORMATION RELATIVE TO THIS APPLICATION, THE APPLICANT, ANY PRINCIPAL OFFICER AND ANY MANAGER.

GEORGIA, _____ COUNTY

I, _____, 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, (including all statements, attachments and applications attached hereto or made a part hereof) for a City of Tifton Alcoholic Beverage License 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 the suspension or revocation of any license issued pursuant to this application.

APPLICANT'S SIGNATURE (FULL NAME IN INK) LS

SIGNATURE OF PRINCIPAL OFFICER OR OFFICIAL OF APPLICANT LS

I hereby certify that _____
FULL NAME

is personally known to me, that he/she signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers make therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

_____, 20 ____
Notary Execution Date

NOTARY PUBLIC

_____, 20 ____
Notary Expiration Date

Return this application, together with any necessary personnel statements as well as applicable and License Fee in the form of CERTIFIED CHECK or CASH, and other required documents to:

(IF BY MAIL)

City of Tifton
P.O. Box 229
Tifton, GA 31793
Attn: City Clerk

OR

(IF BY PHYSICAL DELIVERY)

City of Tifton
City Hall
204 N. Ridge Avenue
Tifton, GA 31794
Attn: City Clerk

THIS APPLICATION MUST BE ACCOMPANIED BY THE CITY OF TIFTON'S PERSONNEL STATEMENT OF THE APPLICANT/LICENSEE, OF ALL PRINCIPALS OF THE APPLICANT AND OF THE MANAGER OF THE BUSINESS IN WHICH THE ALCOHOLIC BEVERAGE LICENSE WILL BE UTILIZED AS WELL AS A COPY OF THE APPLICATION OF THE APPLICANT FOR A STATE OF GEORGIA, ALCOHOLIC BEVERAGE LICENSE FOR THE SUBJECT LOCATION INCLUDING ALL ATTACHMENTS AND STATEMENTS THERETO.



City Clerk's Office- Business Licensing Division

130 E. 1st Street - Tifton, GA 31794

(229) 382-6231 - Fax (229) 391-3990

Website: http://www.tifton.net Email: cityclerk@tifton.net

City Use Only Application No.

ALCOHOLIC BEVERAGE LICENSE PERSONAL STATEMENT

Name of License Applicant _____

Name of Person Submitting Statement _____

Date of Birth _____

INSTRUCTIONS: This Personal Statement must be executed, under oath, by every applicant, every principal of an applicant, and the manager of the place of business in which the license applied for from the City of Tifton will be utilized. Use of a typewriter is suggested. Each question must be fully answered. 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 hereto. A Personal Statement, including a passport size photograph and 2 fingerprint cards obtained from the City of Tifton Customer Service Office are required for each of the above persons and must be submitted with every license application.

1. Full Name of Undersigned: _____ Social Security No. _____

2. Trade name and address of business relative to which this Personal Statement is a part. _____

3. Position of undersigned in business: _____ State ownership, or profit-sharing interest, if any, in this business: _____ Salary \$ _____ Annual profit or compensation derived from this business \$ _____

4. How many consecutive years and months have you been a legal resident of Tift Co.? Years ____ Months ____ If less than 10 years please list. _____

5. Do you owe the City of Tifton any taxes or other fees or charges? If so, give full details. _____

6. Has any alcoholic beverages business in which you hold, or have held, any financial interest, or are employed or have been employed, ever been cited for any violation of the rules and regulations of the Georgia State Revenue Commissioner or the Ordinances of the City of Tifton or any other governmental entity relating to the sale or distribution of alcoholic beverage? () Yes () No If Yes, give full details. _____

7. Have you ever been arrested or indicted by Federal, State or other law enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances other than traffic violations? [As used herein traffic violations do not include any charge(s) or driving under the influence or related charges are specifically required to be reported herein.] () Yes () No [Describe all charges even if they were dismissed and give reason charged, date and place charged, and disposition.] _____

- 8. There must be submitted with this Personal Statement your fingerprints which can be obtained from the City of Tifton Customer Service Office.
Check here to indicate that such fingerprint information has been applied for. _____
- 9. There must be submitted with the Personal Statement a passport size photo of yourself.
Check here to indicate that such photo is attached hereto. _____

NOTE: BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS, STATEMENTS AND RESPONSES TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY, SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.

VERIFICATION

Georgia, _____ County.

I, _____, do solemnly swear, subject to the penalties of the false swearing, that the answers, statements and responses made by me in the foregoing Personal Statement are true and correct. I further hereby certify that I am fully qualified in all respects under Chapter 6 of the ordinances for the City of Tifton to be the holder of an alcoholic beverage license issued by the City of Tifton. Furthermore, I certify that the location for which an alcoholic beverage license is sought meets all conditions, qualifications and criteria established by the ordinances for the City of Tifton therefore.

Signature
(Full Name in Ink)

I hereby certify that _____
(the above-named person)

is personally known to me, that he/she signed his/her name to the foregoing statement stating to me that he/she knew and understood all answers, statements and responses made therein, and, under oath actually administered by me, has sworn that said answers, statements and responses are true.

Notary Public

Notary Execution Date _____

Notary Expiration Date _____



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ALCOHOLIC BEVERAGE INFORMATION SHEET

Application: New () Renewal ()

Amended: _____ Reason: _____

Business Name: _____

Licensee Name: _____

Business Location: _____

Owner/Manager's Name: _____

Type of License

- | | |
|---|--|
| <input type="checkbox"/> Malt Beverage Package Retail | <input type="checkbox"/> Wine Package Retail |
| <input type="checkbox"/> Malt Beverage Consumption Retail | <input type="checkbox"/> Wine Consumption Retail |
| <input type="checkbox"/> Distilled Spirits Consumption Retail | <input type="checkbox"/> Off-Premise Catering |

Business Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number () _____

This Information Sheet is on:

Signature _____ Date _____

Owner () Manager ()

CITY USE ONLY			
Criminal History Record No Record () See Attachment ()			
The information submitted in the application has been investigated and/or reviewed by me and I recommend:			
Reasons For Denial: _____			
Signatures For Approval			
Chief of Police _____	Approval ()	Denied ()	Date _____
City Clerk _____	Approval ()	Denied ()	Date _____
City Manager _____	Approval ()	Denied ()	Date _____



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

Home Telephone Number

Sex

Race

DOB

SSN

Signature

Notary

Date



O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for **Circle One** [*Occupation Tax Certificate, Regulatory Permit, Alcohol License, Taxi Permit*], or other public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Tifton, Georgia, the undersigned applicant verifies one of 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)*

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 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: