

CHATHAM COUNTY ALCOHOLIC BEVERAGE LICENSE APPLICATION

1117 Eisenhower Drive, Suite D, Savannah, Georgia 31406
P.O. Box 8161, Savannah, Georgia 31412
Phone: 912.201.4302 Fax: 912.201.4301



ACCEPTANCE OF PAYMENT BY THE COUNTY DOES NOT CONSTITUTE FINAL APPROVAL OF THE LICENSE APPLICATION. THIS APPLICATION IS SUBJECT TO ALL NECESSARY APPROVALS. SAID LICENSE FEE SHALL BE REFUNDED IN THE EVENT THAT FINAL APPROVAL IS NOT GRANTED (\$25 ADMIN. & \$15 AD FEES ARE NON-REFUNDABLE.) *ALL RENEWALS ARE DUE ANNUALLY, ON OR BEFORE JANUARY 31ST

THIS ALCOHOLIC BEVERAGE APPLICATION IS FOR: [] NEW [] RENEWAL [] SPECIAL EVENT

THIS LICENSE IS FOR: [] RETAIL [] POURING [] WHOLESALE TYPE: [] BEER [] WINE [] LIQUOR [] ALL

TYPE OF ESTABLISHMENT: [] RESTAURANT [] SERVICE STATION [] LOUNGE [] PACKAGE SHOPS [] PRIVATE CLUB
[] GROCERY STORE [] CONVENIENCE STORE [] OTHER:

*REQUIRED: NAME, ADDRESS & CONTACT NUMBER OF WHOLESALE DISTRIBUTOR (ATTACH TO APPLICATION)

P.I.N. #: - - - -

- 1. BUSINESS NAME (AS ADVERTISED)
2. CORPORATION NAME:
3. BUSINESS LOCATION: CITY ST ZIP (PHYSICAL STREET ADDRESS)
4. APPLICANT'S NAME: PHONE ()
5. HOME ADDRESS: CITY ST ZIP
6. SOCIAL SECURITY/FED. TAX I.D.# SEX RACE DATE OF BIRTH
7. DRIVER'S LICENSE #: STATE ISSUED: GA. SALES TAX #:
8. HAVE YOU EVER BEEN ARRESTED? [] YES [] NO IF YES, GIVE DATE AND OFFENSE:

BY SIGNING BELOW, I HEREBY AUTHORIZE ANY AGENT OF CHATHAM COUNTY TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY.

DATE LICENSE APPLIED FOR: SIGNATURE OF APPLICANT

NOTARY PUBLIC:
SUBSCRIBED TO AND SWORN BEFORE ME THIS DAY OF , 20 SEAL

NOTARY SIGNATURE COMMISSION EXPIRES:

*****OFFICE USE ONLY*****

CASH [] CREDIT CARD [] CHECK/M.O. # RECEIPT # DATE PAID

ZONING: THIS AREA [] IS [] IS NOT PROPERLY ZONED FOR THE PROPOSED BUSINESS. ZONING DISTRICT:

ZONING ADMINISTRATOR DATE

FIRE PREVENTION: THIS PROPOSED BUSINESS & LOCATION [] DOES [] DOES NOT MEET LOCAL FIRE CODES

FIRE INSPECTOR DATE

POLICE APPROVAL: DISTANCE TO NEAREST SCHOOL: CHURCH

TYPE OF NEIGHBORHOOD: RESIDENTIAL [] COMMERCIAL [] NUMBER OF SIMILAR ESTABLISHMENTS IN VICINITY:

WILL TRAFFIC BE A FACTOR: [] YES [] NO IF YES, EXPLAIN:

PREVIOUS POLICE DEPARTMENT COMPLAINTS: [] YES [] NO FBI RECORD: [] YES [] NO

IF YES, EXPLAIN:

THIS BUSINESS AND/OR APPLICANT: [] IS [] IS NOT APPROVED BY POLICE DEPARTMENT

POLICE DEPARTMENT DATE

ALCOHOL LICENSE # -



CHATHAM COUNTY

DEPARTMENT OF BUILDING SAFETY AND REGULATORY SERVICES

P.O. Box 8161

Savannah, GA 31412-8161

912-201-4300 | Fax 912-201-4301

<http://buildingsafety.chathamcountyga.gov>



Gregori S. Anderson, CBO
Director

Clifford Bascombe, CBO
Assistant Director

Occupational Tax Licensing Process

REVIEWING AGENCY IDENTIFICATION (ORI): #GA923382Z

NEW BUSINESS LICENSE / ALCOHOLIC BEVERAGE APPLICATION:

1. Print Business /Alcoholic Beverage License application:

<https://buildingsafety.chathamcountyga.gov/LicensingDivision/AlcoholicBeverage>

2. Fill in and complete entire application. Take application to the Chatham County Police Department Record's Office, which is located at 295 Police Memorial Drive off Chatham Parkway. Fingerprinting hours are 1:30pm thru 4:30pm on Tuesdays and Thursdays **ONLY**. You may contact CCPD Record's Office at 912-652-6988.

3. The following items must be submitted to the Chatham County Police Record's Department office along with your application: **Incomplete applications will not be accepted.**

Please submit the following:

- a. completed & notarized business/alcoholic beverage license application
- b. copy of current driver's license or state identification
- c. Affidavit Verifying Status
- d. Private Employer Affidavit
- e. Sunday sales require a separate Affidavit application (only if applicable)
- f. police admin fee (see guidelines)

4. Upon completion of the background check, Chatham County Occupational Tax Section will schedule an appointment with applicant to submit Alcoholic Beverage Fees.

(Please include a valid telephone number or email address of applying applicant).

5. Please note applications take up to 45 days for approval.

**PLEASE DO NOT SUBMIT LICENSE FEES TO THE CHATHAM COUNTY POLICE
RECORD'S DEPARTMENT**

GUIDELINES FOR FEES

APPLICATION FEE	\$25.00 (NON-REFUNDABLE)
AD FEE	\$15.00 (NON-REFUNDABLE)
GBI BACKGROUND FEE	\$45.00 (NON-REFUNDABLE)
POLICE ADMIN. FEE (Fingerprint)	\$5.00 (NON-REFUNDABLE)
BUSINESS NAME CHANGE	\$25.00 (SAME OWNERSHIP)

RETAIL

	<u>YEARLY FEE</u>	<u>½ YEAR FEE AT 50% OF YEARLY</u>	<u>50% LATE PENALTY</u>
BEER	\$ 580.00	\$ 290.00	\$ 290.00
WINE	\$ 580.00	\$ 290.00	\$ 290.00
LIQUOR	\$2,400.00	\$1,200.00	\$ 1,200.00
	<u>\$3,560.00</u>	<u>\$1,780.00</u>	<u>\$1,780.00</u>

- FAILURE TO RENEW BY JANUARY 31ST SHALL INCUR A 50% LATE FEE PURSUANT TO CHATHAM COUNTY CODE SECTION 17-105, 1.
- BUSINESS ENGAGING AFTER JULY 1ST A FEE AT 50% OF REGULAR RATE PURSUANT TO CHATHAM COUNTY CODE SECTION 17-106, 9.

POURING & PACKAGE SHOPS

SAME AS RETAIL FEES (ABOVE)

PACKAGE/POURING DIFFERENTIAL

Package Store & Establishment Selling By The Drink Under One Roof:	\$ 3,500.00
Otherwise License fee For Each:	\$ 2,355.00

WHOLESALE (NO REDUCTION IN ANNUAL FEE FOR WHOLESALERS)

BEER	\$ 1,500.00
WINE	\$ 1,500.00
LIQUOR	\$ 5,000.00

SUNDAY SALES

APPLICATION FEE:	\$ 25.00	(NON-REFUNDABLE)
SUNDAY SALES LICENSE FEE:	\$ 200.00	(REFUNDABLE IF NOT APPROVED)

Senate Bill 17 (SB 17) allows restaurants with a current Sunday Sales license to serve alcoholic beverages on Sundays starting at 11 a.m. rather than 12:30 p.m. However, this new law does not permit Georgia consumers to purchase alcohol before 12:30 p.m. from grocery, retail or liquor stores.

Retail Establishments: Mon-Sat 9-2am, Sun 9am-2:55am

Retail Package: Mon-Sat 9-2am, Sun 12:30pm-11:30pm

ALL LICENSES EXPIRE ON 31 DECEMBER EACH YEAR.



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Director

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Assistant Director

O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status
for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in O.C.G.A. § 50-36-1, from the Department of Building Safety and Regulatory Services, the undersigned applicant verifies ONLY one of the following with respect to my application for public benefit:

- 1) I am a United States citizen: or;
2) I am a legal permanent resident of the United States. or;
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. *My alien number issued by the Department of Homeland Security or other federal immigration agency is
*(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)

The undersigned applicant also hereby verifies that he or she is 18 years 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 be classified as
(such as: state issued driver's license, state issued identification, passport, etc.

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
DAY OF, 20

My Commission Expires:

NOTARY PUBLIC

SEAL



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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 (10)** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any approved 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:

10 or less circle "Exempt" (circle if exempt and complete form)

(E-Verify No.)

Federal Work Authorization User Identification Number
THIS IS NOT YOUR FEDERAL TAX IDENTIFICATION NUMBER

Date of Authorization

Name of Private Employer (NAME OF BUSINESS)

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

Executed on _____, 20____ in _____ (City), _____ (State)

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS

____ DAY OF _____, 20____

My Commission Expires:

NOTARY PUBLIC

SEAL