

City of Fitzgerald
302 East Central Avenue
Fitzgerald, Georgia 31750



(229) 426-5060
(229) 426-5066 Fax
www.fitzgeraldga.org
fitzcity@mchsi.com

INSTRUCTIONS

BEER, WINE AND ALCOHOLIC BEVERAGE LICENSE APPLICATION

1. **Application Fee is \$150.00.** Check, money order or cashier's check should be made payable to the City of Fitzgerald.
2. **Beer, Wine and Alcoholic Beverage License Application:** Complete Sections 1 – 15. Date and Sign.
3. **Affidavit Verifying Status for City of Fitzgerald Public Benefit:** The City of Fitzgerald is required by Georgia law to verify the lawful presence in the United States of any person 18 years of age or older who applies for local public benefits that are administered by the City of Fitzgerald. Please list full name of applicant and name of business. Check the appropriate line for either United States citizen or legal permanent resident. **Please note that you MUST sign in the presence of a Notary Public.**
4. **Consent Form:** This form gives authorization for the City of Fitzgerald to receive any criminal history record information which may be in the files of any state or local criminal justice agency in Georgia. Please list full name, address, sex, race, date of birth and social security number. **Please note that you MUST sign in the presence of a Notary Public.**
5. After all documents have been completed, signed, notarized and Application Fee paid to the City of Fitzgerald, the following steps are **required**:
 - a) Applicant must take application packet to the **Fitzgerald Police Department** for **applicant to be fingerprinted and photographed.**
 - b) After Applicant has been fingerprinted and photographed, application and paperwork will be given to **Chief Smallwood at the Fitzgerald Police Department** for the following process.
6. After review of criminal history record information by the Chief of Police, the packet will be submitted to City Hall for Administration to verify delinquent or past due amounts on Ad valorem Taxes, Business Licenses, Utility Bills and Sanitation/Garbage Fees. Building and Zoning will review all requirements noted on Application. The Application will be submitted to Mayor and City Council at the next available meeting for review.

A copy of Ordinance Number 10-1426 in reference to Liquor by the Drink and a Retail Excise Tax Return on Liquor by the Drink is attached for your review and convenience if you are applying for Retail Consumption on Premises for Alcoholic Beverages.

BEER, WINE AND ALCOHOLIC BEVERAGE LICENSE

GENERAL INFORMATION

License Cost:

Retail Consumption on Premises:

Beer: \$250.00 Wine: \$275.00 Beer & Wine: \$525.00

Alcoholic Beverages Consumed on Premises:

Restaurant: \$2,000.00 Private Club: \$1,500.00 Lounge: \$2,500.00

Retail Consumption off Premises:

Beer: \$200.00 Wine: \$750.00 Beer & Wine: \$950.00

Other:

Package Store: \$4,000.00

Days of Sales:

Sundays: No alcoholic beverages may be sold on Sundays.

Election Days: Distilled spirits, wine and malt beverages shall be lawful during the polling hours of any election provided not within two hundred fifty (250) feet of a polling place during such time the polls are open.

Christmas Day: Malt beverages, wine and liquor may be sold unless it falls on Sunday.

Hours of Sale:

Monday through Friday 8:00 a.m. to 1:00 a.m.
Saturday 8:00 a.m. to 12:00 midnight

Age to Consume:

21 years of age

Age to Serve:

18 years of age

Age to Pour:

18 years of age

Alcoholic Beverage

Application:

\$150.00 Application fee payable to City of Fitzgerald

Employee Pouring Permit:

\$50.00 Application fee payable to City of Fitzgerald
All employees, excluding delivery driver, busboy, cook or dishwasher, working with an establishment holding a license for liquor by the drink on the premises must obtain a permit within seven (7) days of employment. Application is obtain at City Hall and taken to Chief of Police at Fitzgerald Police Department after completed. The Chief of Police will issue permits and permit is valid for a two-year period.



CITY OF FITZGERALD

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

ACKNOWLEDGEMENT

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating an FBI identification record is set forth in Title 28 Code of Federal Regulations 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 – 16.33 or go to the FBI website at <http://fbi.gov/about-us/cjis/background-checks>.

I acknowledge receipt of the Non-Criminal Justice Applicant's Privacy Rights, provided to me by the City of Fitzgerald during my application process for Beer, Wine and/or Alcoholic Beverage License.

Printed Applicant Name

Signature

Date

Witness:

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).



\$150.00 Application Fee

CITY OF FITZGERALD BEER, WINE AND ALCOHOLIC BEVERAGE LICENSE APPLICATION

City of Fitzgerald
302 East Central Avenue
Fitzgerald, Georgia 31750
(229) 426-5060
www.fitzgeraldga.org

APPROVED
DISAPPROVED

For Office Use Only

DATE OF MAYOR AND COUNCIL MEETING

CHAIRMAN
LICENSE COMMITTEE:

1. Type of business
Sole Proprietor Partnership Corporation S Corporation Limited Liability Company

2. Business activity (Check all that apply)
Club/Pub Hotel/Motel Eating Establishment Super Market/Grocery Store Convenience Store Game Room Other:

3. Purpose of application
New business New location Change in "doing business as" name Other:

4. Federal EIN 5. Legal business name

6. Social Security number 7. Doing business as (DBA) name

8. Mailing address Street address or PO Box City State Zip Code

9. Name of Applicant 10. Name of Owner if other than Applicant

11. Applicant Home Address: 12. Owner Home Address

13. Type of Sale - RETAIL CONSUMPTION ON PREMISES:
Beer (Only) \$250.00 Wine (Only) \$275.00 Beer & Wine \$525.00
Alcoholic Beverages: Restaurant \$2,000.00 Alcoholic Beverages: Private Club \$1,500.00 Alcoholic Beverages: Lounge \$2,500.00

14. Type of Sale - RETAIL CONSUMPTION OFF PREMISES
Beer (Only) \$200.00 Wine (Only) \$750.00 Beer and Wine \$950.00

15. Type of Sale - OTHER
Package Store \$4,000.00

CERTIFICATION: I certify that I am authorized as an owner, partner, corporate officer or representative to sign this document and that the statements made are correct to the best of my knowledge.

Date Signature Title

OFFICE USE ONLY

BUILDING AND ZONING

Does Building and/or plans and location meet Building and Zoning Code Requirements for the City of Fitzgerald: Yes No

Is location within 100 yards of a school building, school grounds or college campus? Yes No

Distance from premises to nearest residential zone? _____

Distance from premises to nearest alcoholic treatment center? _____ Distance from premises to nearest hospital? _____

Maximum number of patrons to be served at one time? _____

Number of off-street parking spaces available for patrons? _____

ADMINISTRATION

Is Applicant delinquent or past due on the following:

Ad valorem Taxes Yes No Business Licenses Yes No Utility Bills Yes No

Sanitation/Garbage Fees Yes No

ATTENTION: Licensees may not engage in the sale of malt beverage, wine or other alcoholic beverages except during the hours of 8:00 a.m. and 1:00 a.m., Mondays through Friday and 8:00 a.m. and 12:00 midnight on Saturdays. Licensees shall not sell malt beverages, wine or other alcoholic beverages on Sundays.

CITY OF FITZGERALD
BEER, WINE AND ALCOHOLIC BEVERAGE LICENSE APPLICATION

POLICE DEPARTMENT USE ONLY – (ORI) GA923281Z

The attached Applicant has been fingerprinted and the following has been determined:

- NO FELONY OR HIGH AGGRAVATED MISDEMEANOR ON RECORD

 - RECORD HAS A FELONY OR HIGH AGGRAVATED MISDEMEANOR
-

Police Records Clerk: _____

Attesting Officer: _____

Date: _____

CITY HALL STAFF: THIS DOCUMENT, INCLUDING THE FINGERPRINTS AND CRIMINAL HISTORY WILL REMAIN LOCKED IN A SAFE IN THE CITY HALL VAULT UNTIL THE APPROVAL/DISAPPROVAL AT THE MEETING AT MAYOR AND COUNCIL. AFTER THE MEETING, THIS DOCUMENT AND ATTACHED FINGERPRINTS AND CRIMINAL HISTORY WILL BE SHREDDED ONSITE AT CITY HALL BY A CITY REPRESENTATIVE THAT HAS BEEN APPROVED AND COMPLETED THE APPROPRIATE TRAINING FOR THE HANDLING OF SUCH DOCUMENTS.

KATHY A. YOUNG
DEPUTY ADMINISTRATOR



***Affidavit Verifying Status for City of Fitzgerald
Public Benefit Application O.C.G.A. Section 50-36-1(e)(2)***

By executing this affidavit under oath, as an applicant for a City of Fitzgerald, Georgia Business License, or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following respect to my application for a public benefit:

As a representative of _____
(The name of business, corporation, partnership or private entity)

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 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: _____

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).

SUBSCRIBED AND SWORN BEFORE ME ON

THIS _____ DAY OF _____, 20 _____

Notary Public
My Commission Expires:

Signature of Applicant

Printed Name

Date

FITZGERALD POLICE DEPARTMENT
Record Check for Alcohol License

Consent Form

I hereby authorize the City of Fitzgerald, located at 302 East Central Avenue, Fitzgerald, Georgia 31750, to receive any 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

Sex

Race

Date of Birth

Social Security Number

Signature

Date

NOTARY PUBLIC

NOTARY EXPIRATION DATE

Private Individuals – Public and Private Agencies:

If a licensing decision adverse to the record subject is made, the record subject must be informed by the Individual or Agency making the adverse decision of all information pertinent to that decision. This disclosure must include information that a criminal history record check was made, the specific contents of the records, and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor. I have read and understand the above statement.

City of Fitzgerald
302 East Central Avenue
Fitzgerald, Georgia 31750


CFO/Office Manager

FOR OFFICE USE ONLY:

Record Check made by: _____ Date: _____

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Fitzgerald, Georgia 31750



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RETAIL EXCISE TAX RETURN ON LIQUOR BY THE DRINK

There is hereby imposed upon all sales of liquor by the drink in the City of Fitzgerald, Georgia a tax in the amount of three (3) percent of the purchase price of each drink to the consumer. Each licensee shall pay over the amount of taxes collected and coming due in every calendar month to the City of Fitzgerald, Georgia not later than the twentieth (20th) day of the following calendar month. Each licensee shall be allowed a deduction of three (3) percent of the amount of taxes collected as reimbursement for collection of such taxes provided that such tax is not delinquent at the time of payment. **Failure to pay by the due date will result in the loss of the three (3) percent deduction and will subject the licensee to penalty and interest on the tax due.**

All checks, money orders or cashier's checks shall be made payable to the City of Fitzgerald and mailed with the completed return by the due date to the following address:

City of Fitzgerald
302 East Central Avenue
Fitzgerald, Georgia 31750

Business Name: _____

Business Address: _____

City Alcohol License #: _____ Georgia Sales Tax #: _____

Report for Month of: _____ Year: _____

1. Gross sales of liquor by the drink	\$ _____
2. Tax (3% of line 1)	\$ _____
3. Licensee credit (deduct 3% of line 2 if not delinquent)	- \$ _____
4. Penalty if delinquent (add 15% of line 2)	+ \$ _____
5. Interest if delinquent (add 1% of line 2 compounded for each month or fraction of each month)	+ \$ _____
6. Total Amount Due:	= \$ _____

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed: _____ Title: _____

Date: _____ Phone Number: _____