

General Instructions for Completion of the Rabun County Alcoholic Beverage License Application

All forms must be completed in full.

- The name, age, address and length of residency of the applicant or agent. (Applicant or Registered Agent must be a minimum of 21 years of age and a resident of Rabun County.)
- Provide trade name, address and description of the premises or place of business that is to be operated under the license.
- A complete record of all arrests and convictions against the applicant and registered agent of any and all laws and ordinances, county, state or federal.
- A statement of whether the applicant or any person with an interest in the application has made application at any previous time for any alcoholic beverage license and the disposition of such application.
- Whether a previous license issued to the applicant or any person with an interest in the application has been revoked by any state or subdivision thereof or by the federal government and the reason therefore.
- Whether any person other than the applicant is to be interested directly or indirectly in the profits or losses or both of the proposed business.
- Evidence of ownership of the premises where the proposed business is to be located or a copy of the lease if the applicant is leasing the building or premises.
- A letter from the County Marshal's office indicating the distance to the nearest school, college, church, and residence.
- A letter from the County Marshal's office indicating if the location meets the minimum lighting requirements.
- A letter from the Tax Assessor's office indicating the current zoning of the location applying for the license.
- A set of fingerprints of the applicant and registered agent of the business. These fingerprints must be processed through and found negative by the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC). *An application form obtained from the Board of Commissioners Office will be provided to you upon payment of your fees.*
- SAVE Affidavit, completed and notarized.
- A certified or cashier's check or money order payable to Rabun County Board of Commissioners for the proper amount of the license fee. A *second* certified check or money order payable to Rabun County Board of Commissioners for the proper amount of the application fee.
Please fill in all of the blanks of the application, sign and date, attach proper payment, and any required documentation and return to: Rabun County Marshal's Office, Attn: Tony Galloway/Administrative Assistant, 18 Old Raco High Dr. Suite 101, Clayton, GA 30525 Phone: 706-782-2657 Fax 706-212-2701

Rabun County Alcoholic Beverage License New License Checklist

Applicant: _____

Business Name: _____

d/b/a: _____

The following documents or information shall be submitted:

1. _____ Reports from GCIC and NCIC
2. _____ Certificate of residence (*must be for Rabun County*)
3. _____ Completed application
4. _____ Payment of license fee Date _____ Receipt No. _____

Rabun County, Georgia

Alcoholic Beverage License Application

Please complete the attached application and return to:

Rabun County Marshal
Attn: Tony Galloway/Administrative Assistant
18 Old Raco High Drive, Suite 101
Clayton, Georgia 30525

Remember to sign and date, attach proper payment, and any required documentation.

NEW APPLICATION

Payment must be included with the application and be in the form of a Certified Check, Cashier's Check, or Money Order payable to:

Rabun County Board of Commissioners
Amount

See Attached Fee Schedule for Applicable

RENEWAL APPLICATION

Payment must be included with the application and be in the form of Certified Check, Cashier's Check, or Money Order payable to: Rabun County Board of Commissioners

See Attached Fee Schedule for Applicable Amount

Required Sales Ratio Report:

Sales from Package Sales License not to exceed 40% of the gross income from total retail sales. Sales from Consumption License not to exceed 40% of the gross income from total retail sales.

NEW & RENEWAL APPLICATION

Please include a copy of any County, State or Federal License required for the operation of your business. Also any business required to obtain health permits, bonds, certificates of qualification, certificates of competency or any other regulatory matter must show evidence that such requirements have been met by including a copy of such with the application. Renewal application must include any changes since last license was issued.

All licenses issued under the provisions of this ordinance shall expire at 12:00 midnight on December 31 of the year for which it was issued. **The alcoholic beverage license shall be renewed annually prior to December 15.** Any renewal application not filed on or before the last county business day prior to December 15 shall be assessed a late filing penalty of ten (10 %) percent of the cost of the license.

Incomplete applications, applications submitted without proper payment or required documentation or licensing will be returned.

If you have any questions please contact the marshal's office at 706-782-2657

Rabun County, Georgia Alcoholic Beverage License Application

Business Name: _____

Applicant: _____

Registered Agent: _____

*Registered Agent: All licensed establishments must have and continuously maintain a registered agent who is a Rabun County resident for purposes of any process, notice or demand required. This agent **may** also be the business owner, manager, partner or other party with an interest in the establishment. The registered agent's name, along with the written consent of such agent, must be filed with the Board of Commissioners. The registered agent's written consent must be attached to this application when submitted.*

Registered Agent: _____ Phone No.: _____

Business Name: _____

Business Address _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security No.: _____

Note: Fill in all information accurately and completely. If this is a renewal you must fill in all the correct information for the renewal year. Be sure to keep a copy of each year's application in your business records. Renewal applications will not be accepted unless all ratio reports have been completed and submitted.

Rabun County, Georgia Alcoholic Beverage License Application

REGISTERED AGENT CONSENT FORM

Business Name: _____

Business Location: _____

City, State, Zip: _____

I, _____ do hereby consent to serve as the registered agent for the licensee, owner, officers and/or director and to perform all obligations of such agency under the provisions of the ordinances of Rabun County. Every establishment holding an alcoholic beverage license in the county must have a registered agent. The licensee *may* also be the registered agent but to serve as both licensee and agent the licensee *must* be a Rabun County resident. Every registered agent *must* be a resident of Rabun County.

This _____ day of _____, 20____

Signature of Registered Agent

Type or Print Name of Registered Agent

Registered Agent's Home Address

City, State, Zip

Signature of Licensee:

The affiant, being sworn, made the above set out statement in my presence.

Notary Public

My Commission Expires:

Rabun County, Georgia

Alcoholic Beverage License Application

Fee Schedule

Select the license fees applicable to your license. (Rabun County Alcoholic Beverage Ordinance) if you are uncertain of the requirements. **Please check boxes that apply to your application:**

New Application

New — Wholesale Dealer License \$5,000.00 plus Application Fee of \$750.00 (*Principle place of business in Rabun County*)

New — Retail Dealer License \$500.00 plus \$750.00 Application Fee (*Original packages of beer or wine for consumption off premises*)

New — Retail Dealer License \$1,000.00 plus \$750 Application Fee (*Beer or wine for consumption on premises*)

New --- Permit Fee for parking lot event \$350.00 (Beer & Wine only and business must have a license for consumption of beer & wine on premises)

New — Retail Dealer License \$3,000.00 plus \$750 Application Fee (*Beer/ Wine and Liquor by the drink for consumption on premises*)

New— Farm Winery License \$500.00 plus a \$750.00 Application Fee.

New---Additional Tasting Room \$500 (applicant must already have a Farm Winery License in Rabun County)

New---Package Liquor or Distilled Spirits. \$2,000.00 plus a \$750.00 application fee.

Distillery License \$2,000.00 plus a \$750.00 application fee.

Renewal Application

All fees are the same as above for a renewal license with the exception that no application fee will be due.

Distance requirements per County Marshal

Distance to nearest:

Church _____ Residence _____ School _____

Distance requirement is _____ APPROVED _____ NOT APPROVED for the issuance of license.

Signature of County Marshal

Zoning requirements per Zoning Administrator:

Zoning classification as verified by zoning administrator:

Commercial business _____ Agricultural _____ Other _____

Zoning is _____ APPROVED _____ NOT APPROVED for the issuance of a license.

Signature of Zoning Administrator

Rabun County, Georgia Alcoholic Beverage License Application

Applicant: _____
(print your full name)

social security number date of birth city county state zip

Residence: _____
street (911 address) city county state zip

Phone number: _____ email address: _____

How long have you been a Rabun County resident? _____

Have you ever made a previous application for any alcoholic beverage license or permit in any state?
__Yes __No If yes, provide the following information for each and every such application:

_____ *city county state*

Provide in detail the identity of the issuing governmental authority, the business entity for which the license was filed, the date and disposition of the application.

(Continue on last page of application if more space is required.)

Has any previously granted alcoholic beverage license issued to you ever been revoked, suspended or restricted?
__Yes __No

If yes, provide the following information for each and every such application:

_____ *city county state*

Provide in detail the identity of the issuing governmental authority, the business entity for which the license was filed, the date and disposition of the application.

(Continue on last page of application if more space is required.)

Rabun County, Georgia Alcoholic Beverage License Application

Is the business in operation at this time: ___ Yes ___ No

If yes, give the date business started: _____ If no, planned starting date: _____

Business Name: _____

DBA (Doing Business As): _____

Business Location: _____

(Must be a physical location, not a post office box)

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

(proprietorship, partnership, limited partnership, corporation, charitable corporation, limited liability company, other)

Business Owner: _____ Phone No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security No.: _____

(use a separate sheet for information on additional owners.)

Federal Employer ID No.: _____, GA Sales Tax ID No.: _____

State License No.: _____, Name on License: _____

Expiration Date: _____ Business License No.: _____

(provide copy of license)

Primary Business Activity: _____

(Be specific and list all businesses conducted under business name.)

Names and addresses of owners, partners, and shareholders should be provided in spaces at conclusion of form or on a separate sheet of paper, except shareholders in publicly held corporations may be omitted. Indicate also any arrests or convictions of any listed owner, shareholder, partner, or the individual making this application for the last seven years, excluding minor traffic violations.

This application must be completed for each Alcoholic Beverage License issued by Rabun County.

Rabun County, Georgia Alcoholic Beverage License Application

**Warning: Making any False Statement
Under Oath is a Crime and Can Result
In Fines or Prison Sentences**

This document must be executed in the presence of a notary public or other officer empowered by law to administer oaths.

Affidavit

State of Georgia, Rabun County

Now comes _____, of _____
(print name) *(business name)*

before the undersigned officer, duly authorized to administer oaths, and, having been sworn, states as follows:

_____, being the _____ of the business
(print name) *(job title)*
entity listed above, declare the information contained in this application is true and correct to the best of my knowledge.

(signature of applicant sign in front of notary)

(Date)

The affiant, being sworn, made the above set out statement in my presence.

Notary Public

My Commission Expires:

Rabun County Beer and Wine Alcoholic Beverage Sales Ratio Report

Business _____
 Name: _____
 dba: _____

Package Sales License No. or _____
 Consumption Sales License No. _____

	A Gross Income From Total Retail Sales (provide sum from sales tax reports)	B Sales from Package Sales or Consumption Sales	C Column B = % of A
Example	\$10,000.00/	\$5,000.00	.50%
November			
December			
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			

I certify that this return is a true and accurate report of gross income from total retail sales and sales from package sales or consumption sales for the periods listed above.

 Signature of license holder date

 Approved date

Rabun County, Georgia
Beer and Wine Alcoholic Beverage License Application

AFFIDAVIT VERIFYING STATUS FOR
COUNTY PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for a Rabun County, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. §50-36-1, I am stating the following with respect to my application for a Rabun County Business Occupation Tax Certificate, Alcohol License, Taxi Permit of other public benefit (circle one) for: _____

Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity

- 1) _____ I am a United States citizen

- 2) _____ I am a legal permanent resident, 21 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 21 years of age or older and lawfully present in the United States.*

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 Code §1610-20 of the Official Code of Georgia.

Signature of Applicant:

Printed Name:

Date:

Alien Registration Number for non-citizens:

Subscribed and Sworn before me on the _____ day of 20____.

Notary Public _____

My Commission Expires _____

*Note: O.C.G.A. §50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:
