



**INSTRUCTIONS – ALCOHOLIC BEVERAGES LICENSE RENEWAL**  
**Unified Government of Athens-Clarke County, Georgia**

**1. APPLICATION COMPLETION:**

Every question must be fully, correctly and legibly answered. Do not use initials -- spell out all names. Incomplete applications will be returned to the applicant for proper completion. If the space provided is not enough for a full and complete answer, use a separate sheet of paper and indicate that a separate sheet is attached. The Athens-Clarke County Alcohol Beverage Ordinance is available for review on the website at [www.athensclarkecounty.com/code](http://www.athensclarkecounty.com/code) (Code of Ordinances – Title 6: Licenses and Business Regulations)

**2. REQUIRED FEES:**

A \$100.00 fee must be paid for each additional investigation required due to ownership or manager change. (Code Section 6-3-3 (b))

**3. LICENSE NON-TRANSFERABLE:**

If during the life of the license, the identity of the interest owners or their percentage of ownership should change, that information shall be sent to the Business Tax Office for processing. A change in ownership shall require a new application. (Code Section 6-3-3 (c))

**4. CRIMINAL HISTORY CONSENT FORMS:**

Georgia Crime Information Center (GCIC) Council rules require that the [consent form on page 15](#) of the application be completed, signed, and notarized prior to any criminal history investigation by the Police Department.

A separate form must be completed for each individual required to be listed on the application, including but not limited to LLC members and managers, corporate officers and stockholders (see Code Section 6-3-3(c) for exception for certain stockholders), sole proprietors and partners and authorizes Athens-Clarke County to use such information in determining whether the license applied for shall be issued (Code Section 6-3-3(e)).

Information requested for race and sex is for investigation purposes only.

**5. STATE AND FEDERAL REGULATIONS:**

**The applicant must obtain a state alcoholic beverage license. The Athens-Clarke County alcoholic beverage license is not valid until the state alcoholic beverage license is received by the applicant.** Failure of the licensee to obtain a state alcoholic beverage license issued prior to selling alcoholic beverages shall be an automatic forfeiture and cancellation of the Athens-Clarke County alcoholic beverage license without refund of paid license fees (Code Section 6-3-3(j)).

**If the State of Georgia revokes a state alcoholic beverage license, then the Athens-Clarke County alcoholic beverage license shall automatically be revoked and void effective as of the date of the state revocation.** Please contact the Georgia Department of Revenue for its requirements, fees and application: by phone at (877) 423-6711 or email [atdiv@dor.ga.gov](mailto:atdiv@dor.ga.gov).

**Note: Your state alcoholic beverage license must agree with the Athens-Clarke County alcoholic beverage license. For example, if the state alcoholic beverage license authorizes liquor, beer and wine, so should your Athens-Clarke County alcoholic beverage license.**

**6. APPLICATION FILED UNDER OATH (Code Section 6-3-3):**

When completed, the application must be signed, dated and notarized. **(Note: Affidavits cannot be notarized by the Athens-Clarke County Business Tax Office.)**



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**7. APPLICATION RETURN AND INFORMATION:**

**CONTACT THIS OFFICE FOR ADDITIONAL INFORMATION CONCERNING THIS RENEWAL AND RETURN TO:**

LOCATION ADDRESS: Athens-Clarke County Business Tax Office  
375 Satula Avenue  
Athens, Georgia 30601  
Corner of Satula Avenue and Boulevard

MAILING ADDRESS: Athens-Clarke County Business Tax Office  
P. O. Box 1748  
Athens, Georgia 30603

TELEPHONE NUMBER: (706) 613-3047

EMAIL: [ACCBusinessTaxandLicenses@athensclarkecounty.com](mailto:ACCBusinessTaxandLicenses@athensclarkecounty.com)

FAX NUMBER: (706) 613-3679

**PLEASE CONTACT ANNETTE LOGGINS (706-613-3047) FOR ASSISTANCE WITH THIS RENEWAL.**

**MUST BE SUBMITTED WITH APPLICATION:**

1. Page 12 - E-verify Affidavit – [one per business](#).
2. Page 13 - SAVE Affidavit – one per LLC member and manager, corporate officer and stockholder, sole proprietor and partner. Please make copies as necessary.
3. Page 15 - Release of Criminal History Consent form - one per sole proprietor, partner, member, manager, corporate officer and stockholder. Please make copies as necessary.
4. Copy of driver's license or permanent residency card for each criminal history consent form.
5. Page 16 - Class D1 (low alcohol sales restaurant) affidavit, if applicable.
6. An annual or amended annual registration with the Secretary of State for LLC and Corporate renewals (Code Section 6-3-3(c)).
7. Current State Alcohol License.
8. Business Occupation Tax application.



Customer # on License (required) \_\_\_\_\_

1. APPLICANT'S NAME: \_\_\_\_\_  
(Name of LLC or Corporation as shown in the Articles of Incorporation; Sole Proprietor or Partnership)

2. BUSINESS NAME: \_\_\_\_\_  
("Doing Business As" Name)

3. BUSINESS LOCATION ADDRESS: \_\_\_\_\_ STE# \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. BUSINESS MAIL ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

5. LOCAL BUSINESS TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

6. CONTACT PERSON FOR BUSINESS: \_\_\_\_\_  
TELEPHONE NUMBER FOR CONTACT PERSON: \_\_\_\_\_  
CONTACT E-MAIL ADDRESS: \_\_\_\_\_

7. NAME OF MANAGER: \_\_\_\_\_  
(Person responsible for Alcohol License Requirements)  
TELEPHONE NUMBER FOR MANAGER: \_\_\_\_\_  
HOME STREET ADDRESS FOR MANAGER: \_\_\_\_\_  
(No P.O. Box number)  
CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

8. IF YOU CURRENTLY HOLD A CLASS D LIQUOR LICENSE, SELECT THE DOCUMENTATION SUPPORTING LIQUOR SALES FOR THE MONTHLY 3% EXCISE TAX REPORT (Required):

\_\_\_\_\_ POINT OF SALE SYSTEM \_\_\_\_\_ OTHER METHOD (DESCRIBE BELOW)

DESCRIPTION:

Please note, Code Section 6-4-3 defines the purchase price for the sale of distilled spirits by the drink. **Only voided transactions and sales tax can be excluded from the purchase price. See also Code Section 6-3-11 prohibiting the offering or serving of free alcoholic beverages to the general public.** By signing this document, you agree to file documentation with each monthly 3% Excise Tax Report.



9. LEGAL RESTRICTIONS:

Does the applicant owe any debt or obligation to the Unified Government of Athens-Clarke County, including but not limited to excise, occupational or property taxes, or utility fees? (Code Section 6-3-4(a) (3))

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, give full details on separate sheet.**

Is there anyone connected with this business who is not a legal resident of the United States and at least twenty-one (21) years of age? (Code Section 6-3-4(a)(1)(2))

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, give full details on separate sheet.**

If anyone connected with this business is not a U.S. Citizen, can he or she legally be employed in the United States?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, explain on a separate sheet and submit copies of eligibility.**

Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category? (Code Section 6-3-4(F))

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, give full details on separate sheet.**

Has anyone connected with this business been convicted within fifteen years immediately prior to the filing of this application with any felony or for whom outstanding indictments, accusations or criminal charges exist charging such individual with any of such offenses and for which no final disposition has occurred? (Code Section 6-3-4(b) (1))

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, give full details on separate sheet, including dates, charges and disposition.**

Is there anyone connected with this business that has been convicted within five years immediately prior to the filing of this application of the violation of: (1) of any state, federal or local ordinance pertaining to the manufacture, possession, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof; (2) of a crime involving moral turpitude; or (3) of a crime involving soliciting for prostitution, pandering, gambling, letting premises for prostitution, keeping a disorderly place, the traffic offense of hit and run or leaving the scene of an accident, or any misdemeanor serious traffic offense? (Code Section 6-3-4(b) (2))

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, give full details on separate sheet, including dates, charges and disposition.**

Is there anyone connected with this business who has been convicted for selling alcohol to an under-age person within the last three (3) year period? (Code Section 6-3-4(b) (3))

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, give full details on separate sheet.**

Is there anyone connected with this business who is an official or public employee of Athens-Clarke County, State or Federal Agency and whose duties include the regulation or policing of alcoholic beverages or licenses, or any tax collecting activity? (Code Section 6-3-5(d))

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, give full details on separate sheet.**

Will live nude performances or adult entertainment be a part of this business's operations?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, Athens-Clarke County Ordinance 6-3-4(4) prohibits alcohol in an establishment having adult entertainment.**



10. TYPE OF BUSINESS: Complete one of the following (11, 12, 13, or 14) (Code Section 6-3-3)

       **LLC**                             **CORPORATION**             **SOLE PROPRIETOR**             **PARTNERSHIP (LP OR LLP)**  
(Complete #11)                      (Complete #12)                      (Complete #13)                      (Complete #14)

11. **LLC APPLICANT:** A change of ownership requires a new application and a % change of ownership requires notification to the Finance Department (Code Section 6-3-3(c)). A current annual or amended annual registration with the Secretary of State must be filed with this application (Code Section 6-3-3(c)).

DATE AND PLACE OF INCORPORATION: \_\_\_\_\_

LIST ALL MEMBERS AND MANAGERS: (attach list if necessary)

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

**SEE NEXT PAGE FOR CORPORATE APPLICANTS**



12. **CORPORATE APPLICANT:** A change of ownership requires a new application and a % change of ownership requires notification to the Finance Department (Code Section 6-3-3(c)). An annual or amended registration with the Secretary of State must be filed with this application (Code Section 6-3-3(c)).

DATE AND PLACE OF INCORPORATION: \_\_\_\_\_

CORPORATE OFFICERS: All corporate applicants shall list the names and addresses of the officers of the corporation (Code Section 6-3-3(d) (1)).

**LIST CORPORATE OFFICERS:** (attach list if necessary)

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**OFFICE HELD:** \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**OFFICE HELD:** \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**OFFICE HELD:** \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**OFFICE HELD:** \_\_\_\_\_

**LIST CORPORATE STOCKHOLDERS ON NEXT PAGE**



**LIST CORPORATE STOCKHOLDERS:** (attach list if necessary) **Note – If Officer and Stockholder are the same person, list Full Legal Name and % of Stock Owned. Otherwise, complete all requested information.**

Unless the corporate stock or other ownership interest is listed on a public stock exchange (Code Section 6-3-3(c)), all corporate applicants shall list the names and addresses of the corporate stockholders and the percentage of stock owned by each (Code Section 6-3-3(f)(1)). If a named stockholder therein is another corporation, the same information shall be given for the Stockholding Corporation.

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**% OF STOCK OWNED:** \_\_\_\_\_ **OFFICE HELD:** \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**% OF STOCK OWNED:** \_\_\_\_\_ **OFFICE HELD:** \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**% OF STOCK OWNED:** \_\_\_\_\_ **OFFICE HELD:** \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**% OF STOCK OWNED:** \_\_\_\_\_ **OFFICE HELD:** \_\_\_\_\_



13. **SOLE PROPRIETOR APPLICANT:** A change of ownership requires a new application (Code Section 6-3-3(c)). Complete below if different from information on page 3, otherwise write in "Same" by Full Legal Name.

FULL LEGAL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

14. **PARTNERSHIP APPLICANT:** A change of ownership requires a new application and a % change of ownership requires notification to the Finance Department (Code Section 6-3-3(c)).

DATE PARTNERSHIP FORMED: \_\_\_\_\_

**LIST ALL PARTNERS:** (attach list if necessary)

FULL LEGAL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_



15. **CALCULATION OF BASIC LICENSE FEE:**

<b><u>CLASSIFICATION</u></b>	<b>(Mark All That Apply)</b>	<b><u>LICENSE FEE</u></b>
Class A Retail Liquor Package Store	_____	\$5,000.00
Class B Retail Package Beer	_____	1,000.00
Class C Retail Package Wine	_____	1,000.00
Class D Retail Liquor by the Drink	_____	5,000.00
Class D1 Retail Liquor by the Drink (Restaurants with annual alcohol sales less than \$25,000.01 – documentation required – see pages 10 and 16)	_____	2,500.00
Class E Retail Beer by the Drink	_____	1,000.00
Class F Retail Wine by the Drink	_____	1,000.00
Class G Wholesale Liquor	_____	5,000.00
Class H Wholesale Beer	_____	1,140.00
Class I Wholesale Wine	_____	1,140.00
Class J Alcoholic Beverage Caterer (A, B, C, D, E, or F License)	_____	600.00
Class K Brewer –Manufacturer of Malt Beverages Only	_____	2,600.00
Class L Brew Pub Operator	_____	600.00
Class M Broker	_____	600.00
Class N Importer	_____	600.00
Class O Hotel In-room Service Liquor, Beer, and Wine	_____	600.00
Class P Winery – Manufacturer of Wine Only	_____	600.00
Class Q Manufacturer of Distilled Spirits Only	_____	5,000.00

**PERMITS ON NEXT PAGE**



\* **Sunday Sales** Permit (must also have Class A, B, C, D, E, or F License) \_\_\_\_\_ 0.00  
 (Code Sections 6-3-3(L), 6-3-3(2)) (O.C.G.A. Code Section 3-3-7)

**You must select this option if you wish to serve alcoholic beverages on Sunday.**  
**No charge for Sunday Sales Permit.**

Wine Tasting Permit (must have Class C License without A) \_\_\_\_\_ 250.00  
 (Code Section 6-3-6(c))

Growler Tasting Permit (must have Class B License without A) \_\_\_\_\_ 250.00  
 (Code Section 6-3-6(f))

After-Hours Permit (restaurant with Class D, E, or F License) \_\_\_\_\_ 60.00  
 (Code Sections 6-3-5 (j)) **Attach copy of current state Food Service Permit**

TOTAL LICENSE FEE: \$ \_\_\_\_\_  
**DUE ON OR BEFORE NOVEMBER 1, 2019**

After November 1 Add \$ 200.00  
 After November 15 Add \$ 300.00  
 After December 1 Add 20% of total license fee but not less than \$ 500.00

TOTAL PENALTIES: \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**\*SUNDAY SALES:** The sale of alcoholic beverages shall be lawful on Sunday for any restaurant, rental of rooms for overnight lodging or package store as defined in Code Sections 6-3-2, 6-3-3 (L) and 6-3-5 (i). Gross sales should cover the period of **July 1, 2018 to June 30, 2019** or for the period of time that the establishment has been open.

Sales from \_\_\_\_\_ to \_\_\_\_\_

GROSS SALES - FOOD \$ \_\_\_\_\_ % of Total Sales

GROSS SALES - LODGING \$ \_\_\_\_\_ % of Total Sales

GROSS SALES – ALCOHOL \$ \_\_\_\_\_ % of Total Sales

GROSS SALES – TOTAL \$ \_\_\_\_\_ 100 % of Total Sales

\* Both Sunday Sales sections must be completed.

**Class D1 Retail Liquor by the Drink (Restaurants with annual alcohol sales less than \$25,000.01)**

Class D1 license new and renewal applicants **must** have a certified public accountant complete in its entirety the alcoholic beverage sales affidavit and submit with the application. For new applicants, the alcoholic beverage sales affidavit must estimate annual alcoholic beverage sales based on the business plan, menu, estimated sales, etc. Renewal applicants must be based on actual alcoholic beverage sales. The alcoholic beverage sales affidavit **must be signed by the certified public accountant and the licensee (page 16 of application)**. The licensee and accountant must be able to support the information submitted on the affidavit at the Finance Department's request.





E-VERIFY
Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

Customer # \_\_\_\_\_

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees. 1

\*\*\* If you select Section 1(A), please fill out Section 2, sign and execute below.

(B) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2, sign and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Authorization User Identification Number: (Note: this number has at least 4 and no more than 6 digits.)

Date of Authorization

The US Citizenship and Immigration Services website can be accessed at www.uscis.gov/everify

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 THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

THIS FORM MUST BE NOTARIZED BEFORE SUBMITTING IT TO THE UGACC FINANCE DEPARTMENT.

This form cannot be notarized by the UGACC Finance Department

Submit in person, by mail or electronically to ACCBusinessTaxandLicenses@athens-clarkecounty.com

1 To determine the number of employees for purposes of this affidavit, a business must count the total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week. (rev 11/4/2015)



Customer # \_\_\_\_\_

**Affidavit Verifying Status for Public Benefit as Required by Georgia Security and Immigration Compliance Act**  
**SAVE AFFIDAVIT**  
**O.C.G.A – 50-36-1 (f) (2) Affidavit**

By executing this affidavit under oath, as an applicant for a business occupation tax certificate or alcohol license, as referenced in O.C.G.A. § 50-36-1, from Athens-Clarke County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 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-(f), 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 on the \_\_\_\_\_ day of \_\_\_\_\_ 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: \_\_\_\_\_

**COMPLETE THIS AFFIDAVIT AND SUBMIT A COPY OF THE IDENTIFICATION DOCUMENT (front and back) FROM THE LIST ON THE NEXT PAGE.**

**THIS AFFIDAVIT CANNOT BE NOTARIZED BY THE BUSINESS TAX OFFICE**



## Secure and Verifiable Documents under O.C.G.A. § 50-36-2

Issued October 28, 2016 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- **An unexpired United States passport or passport card** [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- **An unexpired United States military identification card** [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- **An unexpired driver’s license issued** by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired identification card issued** by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired tribal identification card of a federally recognized Native American tribe**, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired United States Permanent Resident Card or Alien Registration Receipt Card** O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Employment Authorization Document that contains a photograph of the bearer** O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2] *Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law*
- **An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Free and Secure Trade (FAST) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired NEXUS card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired driver’s license issued by a Canadian government authority** [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- **A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS)** (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS)** (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Report of Birth issued by the United States Department of State** (FormDS-1350) O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Birth Abroad issued by the United States Department of State** (FormFS-545) O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Consular Report of Birth Abroad issued by the United States Department of State** (FormFS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



ATHENS-CLARKE COUNTY POLICE DEPARTMENT RELEASE OF CRIMINAL HISTORY CONSENT FORM	<u>ACP-F-140</u> Form Number  <u>091007</u> Revision Date
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LLC's should complete a form for each member/manager and the designated manager. Corporations should complete a form for each officer and the designated manager. Sole Proprietor's should complete a form for the license holder and designated manager. Partnerships should complete a form for each partner and the designated manager.

I, \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE NAME	DOB	RACE	SEX
SOCIAL SECURITY NUMBER		HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
STREET ADDRESS		CITY	STATE	ZIP CODE	

AUTHORIZE: Athens-Clarke County Police Alcohol and Drug Unit to receive my criminal history record from the Athens-Clarke County Police Department.

\_\_\_\_\_  
SIGNATURE OF SUBJECT

**SWORN AND SUBSCRIBED BEFORE ME THIS**

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SEAL

My Commission Expires: \_\_\_\_\_

- i. (Note: Unless all blanks are completed on this form and the form is notarized, no information will be released.)
- ii. Rules of Georgia Crime Information Center Council Chapter (GCIC) 140-02 Code Section 140-02 04 Criminal Justice Information Exchange and Discrimination Amended.
- iii. Criminal justice agencies may disseminate criminal history records to private persons, businesses, public agencies, political subdivisions, authorities and instrumentalities, including state or federal licensing and regulatory agencies, or to their designated representatives. For dissemination purposes, criminal history records include all available criminal history record information; except information relating to any arrest or charges disposed of under the provisions of the Georgia First Offender Act shall not be provided after the person has been discharged from First Offender status and exonerated of the charge. At the time of each request requestors shall provide the fingerprints or the signed and notarized consent of the person whose record is requested. The signed and notarized consent must be in a format approved by GCIC and must include the person's full name, address, social security number, race, sex and date of birth. Criminal justice agencies which disseminate criminal history records to private individuals and to public and private agencies shall advise all requestors that if an employment or 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 record, and the effect the record had upon the decision.
- iv. Athens-Clarke County requires an annual investigation of all licensees. The Athens-Clarke County Police Department through the State of Georgia and GCIC information does the background investigation.



Unified Government of Athens-Clarke County
Finance Department
375 Satula Ave.
Athens, GA 30601

ALCOHOLIC BEVERAGE SALES AFFIDAVIT
(Class D1, Retail Liquor by the Drink, Low Alcohol Sales Restaurant)

ESTABLISHMENT \_\_\_\_\_

I. ALCOHOLIC BEVERAGE SALES. CPA certification must be completed attesting to the total reported beer, wine and liquor alcoholic beverage sales. This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED July 1, 2018 to June 30, 2019
(NEW BUSINESS MUST PROVIDE A 12 MONTH ESTIMATE)

Gross Receipts from Alcoholic Beverage Sales this period: \$ \_\_\_\_\_

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

CPA NAME (PRINTED) \_\_\_\_\_

NAME OF CPA FIRM \_\_\_\_\_

CPA SIGNATURE \_\_\_\_\_

BUSINESS ADDRESS/PHONE NUMBER \_\_\_\_\_

SWORN UNDER OATH THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_

II. I hereby affirm that I understand that records of alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of alcoholic beverage sales is cause for denial or revocation of a Class D1 Retail Liquor by the Drink Low Alcohol Sales Restaurant license. I further affirm that I understand that the Athens-Clarke County Finance Department may audit our records to verify same at its discretion.

SIGNATURE LICENSEE \_\_\_\_\_

SWORN UNDER OATH THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_

\*\*THIS FORM MUST BE COMPLETED IN FULL BEFORE A CLASS D1 LICENSE WILL BE ISSUED\*\*