License #_____

City of Kingsland

Post Office Box 250, Kingsland, Georgia 31548
Phone: (912) 729-5613 Fax: (912)729-7618

APPLICATION FOR ALCOHOL BEVERAGE LICENSE

Application will not be accepted unless filled out completely.
(An investigation fee of $250.00 is due upon submittal.)

NOTE: ***For on-premise sales and consumption of alcoholic beverages, you MUST meet the following requirements:***

(1) **Must be located within the proper zoning district;**
(2) **Eating establishments:**
(3) **Lounges located within hotels or motels where food is served and consumed: Must have a seating capacity of at least 50 people;**
(4) **Private Clubs or association of individuals organized for fraternal or charitable purposes, must have a membership of at least 25 members.**

The above requirements are more clearly defined in Sec. 3-3 of Ordinance 2003-23, as amended.

TYPE OF LICENSE APPLYING FOR: (Initial all that applies):

Malt Beverage (Beer) Retail
Packaged to Go: _____
Consumed on Premises: _____

Wine Retail
Packaged to Go: _____
Consumed on Premises: _____

Complimentary Beer/Wine Consumed on Premises_____
Intoxicating Liquor (distilled/Spirituous Liquors) By the Drink
Consumed on Premises _____

Type of Business (Check one): _____ Restaurant _____ Retail Store _____ Private Club
_____ Hotel Lounge _____ Hotel In-Room Service _____ Bowling Alley
_____ Golf Course/Club House _____Temporary-Daily

Seating Capacity:_____ Zoning District:_____

Before the undersigned attesting officer, duly authorized by law to administer oaths, personally appeared the undersigned applicant for a license or permit for the sale of alcoholic beverages in the City of Kingsland, Georgia, and, being first duly sworn, on oath, states that the information given, statements made, and questions answered in this application are true and correct:

1. **State the official name under which the business or establishment to be licensed will be conducted:**

_____

Address of Applicant_____
Phone Number:_____
Applicant's Date of Birth_____ _____ **S.S.N.**_____ **Race**_____

2. State the business name under which the business or establishment to be licensed:

_____

Address: _____

3. If applicant is a partnership of any kind, state the names, Social Security numbers, telephone Number and mailing addresses of all members of the partnerships:

_____

_____

_____

_____

4. Attach a copy of partnership Agreement or Articles of Partnership to this Application.

5. If Applicant is a corporation, state the following:

(a) Shareholders' names, Social Security numbers, telephone numbers, and addresses:

_____

_____

_____

_____

(b) Officers' names, Social Security numbers, telephone numbers, and addresses:

President: _____

_____

_____

Vice President: _____

_____

_____

Secretary: _____

_____

_____

Treasurer: _____

_____

_____

6. If the applicant is a corporation, attach a copy of the Articles of Incorporation:
7. State the name(s), Social Security number(s), telephone number(s), and mailing address(es) of any Persons or entities, other than those named above, who have any financial interest of beneficial Ownership interest in the establishment or business to be licensed:

_____

_____

_____

8. State the name(s), Social Security number(s), and mailing address(es) and birth date(s) of each Manager the establishment or business licensed:

_____

_____

_____

_____

9. State whether or not the above-named manager(s) has ever been convicted of a crime or has been The subject of an alcoholic beverage license suspension or revocation by the State of Georgia or Any other city or jurisdiction:

_____

_____

_____

10. If the response to the preceding was in the affirmative, state the date, nature, and name of said Revoking or suspending body or agency:

_____

_____

_____

11. State whether or not the applicant and/or any of the officials, entities, or persons named above Have ever been convicted of violating any ordinance, regulation, or law of any jurisdiction with Regard to the sale or distribution of alcoholic beverages:

12. If your response to the preceding was in the affirmative, give a detailed description of such Violation, including the name of the jurisdiction where the violation occurred:

13. State whether or not any individuals or entities identified above have been convicted of any crime and, if so, state a detailed description which includes the nature of the offense, date of conviction, and names of the jurisdiction:

14. If applicant or any of the individuals or entities named above holds an alcohol beverage license from any other jurisdiction or from the State of Georgia, state the name of each such jurisdiction and of the licensed location for any State license or attach a copy of each such license to this application.

15. If the location for which the license is sought has been or is now licensed, state the name of the Business or establishment and the name of the license:

16. IF MY APPLICATION IS APPROVED, I CERTIFY:

(Please initial each of the following)

_____That I will abide by all the requirements of the City of Kingsland Code, law of the State of Georgia, and regulations of the State Department of Revenue.

_____That I will abide by the opening and closing hours and days on which sales are prohibited as set forth in the Kingsland Code.

_____That I will not attempt to transfer any license granted except under terms and conditions as set forth in the City of Kingsland Code.

_____That the business in which I propose to sell alcoholic beverages to be consumed on the premises is not with 600 feet of any church, school ground, college campus, any business entering primarily to teenage persons, or any city-owned or city operated recreational facility (except as approved by council).

_____That if license, as applied for, is granted, I will allow my business premises to be open to inspection at any time by City Officials authorized to conduct inspections of business premises.

_____That if I fail to comply with the City of Kingsland code, laws of the State of Georgia, or regulations of the Department of Revenue, I understand that my license may be suspended and that no license fee paid shall be refundable.

_____That if a license for Malt Beverage or Wine Packaged to Go is issued to me, I will sell only in the original, unbroken package and will not allow alcoholic beverages to be consumed on premises.

_____That the building in which alcoholic beverages are to be sold has been completes according to the Southern Standard Building Code and evidence of ownership or a copy of the lease to said premises is attached hereto.

_____That I have never been convicted of any felony involving moral turpitude.

_____That I or any proposed employee have not been convicted for the violation of any law involving alcoholic beverages, gambling, or tax law violations. If yes, please list the names, type of conviction, and job title below.

_____

_____

_____

17. List three references who are not family/relatives or current or future employees:

1._____

Name Address Phone

2._____

Name Address Phone

3._____

Name Address Phone

18. If at current address for less than three years, list previous address:

_____

_____

19. Have you ever been convicted of a felony? _____ If so, please describe:

20. List any Alcoholic Beverage Licenses currently held, include address and state:

21. List any Alcoholic Beverage Licenses previously held, include address and state:

22. Have you had any administrative sanctions brought against you by any state regulatory agency regarding alcohol sales? _____

The undersigned hereby stipulates and states that all statements given in this application are true and correct and made for the purpose of inducing aforesaid City to issue or renew said alcoholic beverage license(s). Applicant further states this document is sworn to and subscribed hereto with the full knowledge that any statement herein, given falsely shall constitute perjury and may result in the revocation of the license granted or the refusal to grant such license. The applicant agrees to comply and abide by the City's Alcoholic Beverage Ordinance.

Applicant further acknowledges that application must be fully completed at the time of filing and that applications may not be supplemented, amended, or revised after filing with the Clerk, except to correct misspelling or names.

APPLICANT HEREBY AGGREES AND CONSENTS PURSUANT TO PUBLIC LAW 93-579 OF THE PRIVACY ACT OF 1974, THE DISCLOSURE OF INFORMATION OBTAINED IN THIS APPLICATION MAY BE SUBMITTED TO ANY AGENCY OF THE CITY, COUNTY, STATE, AND FEDERAL GOVERNMENT FOR THE PURPOSES OF OBTAINING THE NECESSARY INFORMATION TO PROCESS THE APPLICATION.

INITIAL

_____ I have read, understand, and will comply with all rules and regulations set forth in Ordinance No. 2003-23. (Available for viewing at City Hall, Kingsland Community Planning & Development Building, or online at www.kingslandgeorgia.com

Sworn to and subscribed to this_____day of _____, 20_____

_____
_____
_____
_____
_____
APPLICANT (s)

_____
WITNESS

_____
NOTARY PUBLIC
(SEAL)

To be completed by City Officials

Recommendation of Planning Dir. _____Approve _____Disapprove _____ Initials

Recommendation of Police Chief _____Approve _____Disapprove _____Initials

Recommendation of Building Insp. _____Approve _____ Disapprove _____Initials

Date of Publication _____

Dates of Reading by Council _____

Council Voted to: _____Approve _____Disapprove _____Initials

Date License Issued (subject to Council Approval):_____

Notice of the public hearing on the application for the license shall be published once a week for two weeks in the official newspaper of the city wherein legal advertisement are published. After the application is complete and all information is received by the license officer a public hearing will be scheduled on the application by the council. In addition, if the proposed location does not have an existing license, a sign shall be posted by the license officer on premises at least 15 days prior to the public hearing.

CITY OF KINGSLAND, GEORGIA
SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) FORM
O.C.G.A. § 50-36-1(E)(2) AFFIDAVIT VERIFYING STATUS FOR PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Kingsland, 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.
Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports

2) ___ I am a legal permanent resident of the United States. **
Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports

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.**
Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports

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:
_____ (please attach copy of document)

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 THE____DAY OF_____, 20___

Business License Acct. No. _____

Sales Tax ID No. _____
If Applicable)

_____
NOTARY PUBLIC/SEAL

My Commission Expires: _____

E-VERIFY FORM
CITY OF KINGSLAND AFFIDAVIT
O.C.G.A. § 36-60-6(d) E-VERIFY PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE

By executing this affidavit under oath, as an applicant for an) _____ [Occupational Tax Certificate, Alcohol License or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from the City of Kingsland, Georgia, the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1)

a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees. (Exempt from E-Verify Requirement)

If the employer selected 1) a) please fill out Section 2 below.

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. § 13-10-90. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____ _____
Federal Work Authorization User Identification Number BUSINESS ACCOUNT NO.

_____ _____
Date of Authorization Social Security Number of Applicant

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 allowed by such statute.

Executed in _____ (City), _____ (State).

_____ _____
Signature of Applicant Date

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE_____DAY OF_____, 20__

_____ _____
NOTARY PUBLIC/SEAL

My Commission Expires: _____

COGENT SYSTEMS

Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

Date: _____

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize City of Kingsland to conduct an inquiry for
Agency/Company

the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for _____ days from date of signature.

☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature Date

_____ _____ _____
Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.*

NON-CRIMINAL JUSTICE PURPOSES		
	E	Employment
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment direct care with Elderly
	W	Employment direct care with Children
	P	Public Record (no consent required)
	F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
	J	Civilian Criminal Justice Employment (state and III data received)
	Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

_____
Agency Designee Signature and Title

Revised June 2023

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a 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 officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: https://gbi.georgia.gov/services/obtaining-criminal-history-recordinformation-frequently-asked-questions.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

The City of Kingsland, GA
107 South Lee Street
P.O. Box 250
Kingsland, GA 31548
Ph: 912-729-5613
Fax: 912-729-7618

City of Kingsland
Post Office Box 250, Kingsland, GA 31548
Phone (912) 729-8222

Processing Fee for Alcohol License:
All fees can be paid by credit card, certified check, or money orders payable to: The City of Kingsland

Investigation Fee: $250.00
Fingerprint Fee: $42.00 (Must Be a Separate Check)

Applicant will be given a letter and referred to the Camden County Sheriff's Office to complete fingerprints

Alcohol License Fees:

Retail Beer/Wine Packaged for Sale:	**$1,000.00**
Beer/Wine Consumption on Premises	**$1,000.00**
Beer/Wine/Liquor Consumption on Premises	**$1,500.00**
Complimentary Beer/Wine Consumption on Premises	**$1,000.00**

Temporary Permit (Up to 3 Days) Non-Profit Organizations $75.00

Temporary Permit (Up to 3 Days) For Profit Organizations $180.00

Applicants must submit their approved State alcohol license to the City Planning Dept. within 90 days of the local license being approved by City Council and if not submitted within that time frame, the city has the right to revoke the alcohol license.

For Information on how to apply for a State Alcohol License, please contact:

Georgia Dept. of Revenue
Alcohol and Tobacco Division
1800 Century Blvd.-Suite 1530
Atlanta, GA 30345
(404) 417-4477

RETURN OF TAX ON SALES OF LIQUOR BY THE DRINK

Every person holding a liquor license in Kingsland must collect a tax of three percent (3%) on the sale of liquor by the drink. This tax is due and payable to the City monthly, on or before the 20th day of the month next succeeding the monthly period in which the tax was collected. For example, the tax collected throughout the month of January is due and payable on or before February 20th. When paid timely, the licensee may deduct and retain three percent (3%) of the amount of tax as a vendor's credit. For failure to pay by the due date, the licensee not only loses this vendor's credit, but is subject to paying a penalty and interest on the tax due. The penalty is five percent (5%) of the amount due. The interest rate is (.625%) per month or fraction thereof.

Name of Licensed Establishment:_____ **Lic. #:**_____

For Month of_____, **20**_____

1.	Gross Sales of liquor by the drink	$_____
2.	Tax (3% of line 1)	$_____
3.	Vendor's Credit (deduct 3% of line 2 if not delinquent)	$_____
4.	Penalty (add 5% of line 2 if delinquent)	$_____
5.	Interest (add .625% compounded for each month or fraction thereof Line 2 if delinquent)	$_____
	TOTAL AMT. DUE	$_____

I declare under penalties prescribed that the information provided in this return is true and correct to the best of my knowledge.

_____ _____

Signature/Title Date

Return original with remittance to:
City of Kingsland, P.O. Box 250, Kingsland, GA 31548

Form F-3 (Rev. 01/17)