



Alcoholic Beverage License Application Checklist

NOTICE TO APPLICANT

The applicant for an alcoholic beverage license shall be the owner of the business. If this is a corporation, partnership, or other legal entity, the applicant must be a substantial and major stockholder, or the General Manager charged with the regular operation of said business on the premises for which the license is issued. License applicants, as well as every owner having 10% or more ownership, must submit to fingerprinting prior to submitting the application. Instructions are attached.

- ☐ **Complete the Application.** The application must be completed in its entirety including the Private Employer Affidavit, Affidavit Verifying Status, and, if applicable, the Sunday Sales Affidavit, including notarization. Notary services are available in our office if needed; an appointment is required. Do not enter "same", "N/A", "see below" or use white-out on this application.
- ☐ **Complete the Background Check.** Applicants must register for criminal background fingerprints using the Georgia Applicant Processing Service (GAPS) through the Fieldprint website. Once registered, contact the Business Registration Office at questions@bloomingdale-ga.gov to request approval of your registration. Provide your Registration ID# _____ and date of fingerprinting _____.
- ☐ **Provide Identification.** Attach a copy of at least one (1) secure and verifiable document (driver's license, passport, or I-551 permanent resident card). See the link for a complete list of acceptable forms of identification: <https://law.georgia.gov/resources/immigration-reports>.
- ☐ **State of Georgia Registration.** Every new application (except wholesalers and manufacturers) must also apply through the Georgia Department of Revenue website. Please visit <https://dor.georgia.gov/alcohol-tobacco/alcohol-licenses-permits/alcohol-licensing> to apply for your state license.
No sales are allowed until the business has obtained both a state and local license.
- ☐ **Submit the Application.** You have the option of emailing your application to questions@bloomingdale-ga.gov or calling (912) 748-0970 to schedule an appointment to submit your application in person.
- ☐ **Make Payment.** Application payment can be made in person or via mail. Please refer to the fee schedule page to determine the amount due. If applying after July 1 of any calendar year, note that the retail fees are only prorated for the remainder of the year.
- ☐ **Await Review.** Once the application is submitted and fee is paid, your application will be reviewed by the Community Development Department and your criminal history report will be reviewed by the City Clerk and/or Chief of Police. Both departments will review the application and provide recommendations for approval or denial. Applicants will receive an email with their recommendations.
- ☐ **Await Approval (New Applications Only).** The application will be placed on the upcoming council agenda. You will be notified of the meeting so a representative can be present. Final approval is given by Mayor and Council only. Upon approval, all licenses will be emailed to the applicant's email provided in the application and a copy uploaded to the state's website. Please allow at least 3-5 business days for processing.

OFFICE USE ONLY

Date Received: _____ Fee Amt. Pd: _____ Date Issued: _____

Received By: _____ License No: _____



Alcoholic Beverage License Application

Business Information

Business Type (select one):

- ☐ Restaurant ☐ Bar/Lounge ☐ Hotel/Motel ☐ Caterer ☐ Event Venue ☐ Specialty Shop
- ☐ Convenience/Gas/Drug Store ☐ Manufacturer/Distillery/Brewery ☐ Supermarket/Grocery
- ☐ Wholesale/Distributor ☐ Package/Liquor Store ☐ Temp/Special Event (Dispensing Alcohol) Permit

Legal Structure of Entity: ☐ Sole Proprietor ☐ Corporation ☐ LLC ☐ Partnership

Legal Business Name

DBA (if applicable)

FEIN

GA Tax ID Number (STIN)

Applicant Information

Applicant Full Legal Name Driver's License & State

Date of Birth & Place of Birth (City, State, Country)

SSN

Business Mailing Address (if different)

Business Email

Race

Sex

Height

Weight

Hair Color

Eye Color

Physical Home Address

NAICS

Mailing Address (if different)

Email

Home Phone

Mobile Phone



Alcoholic Beverage License Application

Owner Information (if other than applicant)

Owner Full Legal Name	Driver's License & State	
Date of Birth & Place of Birth (City, State, Country)	SSN	
Physical Home Address	NAICS	
Mailing Address (if different)		
Email	Home Phone	Mobile Phone

Additional Owner Information

List all owners, if greater than one, who have an ownership interest of 10% or more in the business. Use additional paper if needed.

Owner Name	Address	Phone
Owner Name	Address	Phone
Owner Name	Address	Phone
Owner Name	Address	Phone

Criminal History

Warning: Failure to make full disclosure in responses to these questions may result in denial or subsequent revocation of the license. If the answer to any question in this section is "yes" for the applicant or any person connected with or having an interest in said business, attach a written explanation describing the circumstances in detail for each person.

Has the applicant or any person with or having an interest in said business:

- Ever been convicted of any criminal violation or city ordinance violation other than a traffic violation?
☐ No ☐ Yes
- Ever served time in prison or other correctional institution?
☐ No ☐ Yes



Alcoholic Beverage License Application

3. Ever had an alcoholic beverage license suspended or revoked at any time in any locality?
☐ No ☐ Yes
4. Ever previously or currently held/hold a license to sell wine, beer and/or distilled spirits/liquor? (If yes, complete question 5. If no, skip question 5.)
☐ No ☐ Yes
5. If yes to question 4, were there any violations of any law, regulation or ordinance relating to such business?
☐ No ☐ Yes

Acknowledgement

By my signature below, I acknowledge that I have read The City of Bloomingdale Alcoholic Beverage Ordinance and I agree to comply with all rules and regulations included therein. I further acknowledge that my Alcoholic Beverage License is subject to revocation if any rules or regulations are found to have been deviated from.

Before the undersigned attesting officer duly authorized to administer oaths, personally comes the applicant for a license to conduct the sale of alcoholic beverages in the City of Bloomingdale, says that the information given, and the statements made in this application are true, correct, and complete under penalty of law.

Notary Public

Applicant

Subscribed and Sworn This day of

Date

Notary Name

Name/ Title

Notary Signature

Signature

Affix Seal Here:



Alcoholic Beverage License Fee Sheet

_____	Regulatory Fee	\$300.00
_____	Application Fee	\$100.00
_____	Monday thru Saturday Sales	\$1,000.00
_____	Sunday Sales	\$500.00
TOTAL LICENSE FEE		\$ _____

PLANNING & DEVELOPMENT USE ONLY

The Planning & Development Department has reviewed and examined the application. Based on the findings and the requirements of the Zoning Ordinance of the City of Bloomingdale, the application is therefore recommended for:

PIN: _____ Zoning: _____

☐ Approved ☐ Denied Reviewed by: _____ Date: _____

Comments: _____

POLICE DEPARTMENT USE ONLY

The Police Department has reviewed the application, disclosure, and criminal histories of the applicant(s). Based on the findings and the requirements of the Code of Ordinances of the City of Bloomingdale, the application is therefore recommended for:

☐ Approved ☐ Denied Reviewed by: _____ Date: _____

Comments: _____

CITY ADMINISTRATOR USE ONLY

☐ Approved ☐ Denied Mayor Signature: _____ Date: _____

Comments: _____



Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-G(d) (E-Verify)

Affidavit

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for an Alcohol License required to operate a business as referenced in O.C.G.A. § 36-60-6(d).

Name of Private Employer

Check One: ☐ On January 1st of the below-signed year, the individual, firm, or corporation employed **greater than ten** (10) employees.

The employer has registered with an utilizes the federal work authorization program (E-Verify) 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 (E-Verify) user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Authorization Date

☐ On January 1st of the below- signed year, the individual, firm, or corporation employed **fewer than ten** (10) employees.

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

Authorized Officer or Agent Name

Applicant Signature

Date of Execution

Notary Public

Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Affix Seal Here:



Affidavit Verifying Status for City Public Benefit Application (SAVE)

Affidavit

By executing this affidavit under oath, as an applicant for an Alcohol License (type of public benefit), as referenced in O.C.G.A. § 50-36-1, from the City of Bloomingdale, Georgia, the undersigned applicant verifies one of the following with respect to my application for public benefit.

Check One: ☐ I am a United States citizen.

☐ I am a legal permanent resident.

Alien Number Issued by the Department of Homeland Security or Other Federal Agency

☐ I am 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.

Alien Number Issued by the Department of Homeland Security or Other Federal Agency

The undersigned applicant also hereby verifies that they are 18 years of age or older and have provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(I), with this affidavit. The secure and verifiable document provided with this affidavit can be best classified as:

Type 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.

Authorized Officer or Agent Name

Applicant Signature

Date of Execution

Name of Business

Notary Public

Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Affix Seal Here: