

# CITY OF SAVANNAH

## NEW ALCOHOLIC BEVERAGE LICENSE APPLICATION

Revenue Department P. O. Box 1228, Savannah, GA 34101 | 305 Fahm Street, Savannah, GA 31402  
 P: 912-651-6445 F: 912-651-6957

This application must be completely filled out in order for processing. Please answer all questions in black or blue ink.  
**\*\*Do not enter "Same", "N/A" "See below" or use white-out on this application. \*\***

**Business Tax Application must be included.**

**Classification** *(Please select appropriate class)*

- Eating Establishment   
  Bar/Lounge   
  Convenience/Gas/Drug Store   
  Hotel/Motel   
  Caterer   
  Event Venue  
 Wholesale/Distributor   
  Manufacturer/Distillery/Brewery   
  Specialty Shop   
  Super Market/Grocery   
  Package Store

BUSINESS INFORMATION SECTION		
LEGAL BUSINESS NAME:	Alcohol License Account#:	
DOING BUSINESS AS:		
BUSINESS ADDRESS (PHYSICAL ADDRESS)		
CITY:	STATE:	ZIP CODE:
MAILING ADDRESS: <i>(IF DIFFERENT FROM BUSINESS ADDRESS)</i>		
CITY:	STATE:	ZIP CODE:
PRIMARY PHONE NUMBER:	SECONDARY PHONE NUMBER:	FAX NUMBER:
FEDERAL EMPLOYMENT ID NUMBER (FEI):	GEORGIA SALES TAX ID NUMBER (STI):	
BUSINESS EMAIL ADDRESS:	EXPECTED OPENING DATE:	

ABL APPLICANT INFORMATION		
Applicant Name:		
Physical Home Address:		
City:	State:	Zip Code:
Home Phone Number:	Mobile Number:	Email Address:
Last four digit of Social Security Number: XXX-XX-	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
US Citizen or Resident Alien: (attach proof) <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Interest:	Reside within 50-mile radius of establishment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide day-to-day operation at this location: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has the applicant or any person connected with or having an interest in said business:</b>  a. Ever been convicted of any violation of law in any locality? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, was conviction for other than a traffic violation? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> b. Ever served time in prison or other correctional institution? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> c. Ever had an alcoholic beverage license suspended or revoked at any time in any locality? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> d. Previous alcohol license held? (List on separate paper) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If the answer to any part of the above question is <b>yes</b> for the applicant or any person connected with or having an interest in said business, describe the circumstances for each person. For <i>convictions</i> include (a) the name of the person convicted, (b) nature of the crime, (c) the sentence or fine levied, (d) the date of the conviction, and (e) the jurisdiction in which said conviction occurred. For <i>alcoholic beverage license suspensions and revocations</i> include (a) the name of the person involved, (b) basis for suspension or revocation, (c) the punitive action taken, (d) the date of the action, and (e) the jurisdiction in which suspension or revocation action was taken. Listed on separate paper? <u>      </u> <b>Yes</b> <u>      </u> <b>No</b> , no such convictions, license suspensions or revocations.		

ABL Responsible Applicant Information		
Manager Name:		
Physical Home Address:		
City:	State:	Zip Code:
Primary Telephone Number:	Mobile Telephone Number:	Email Address:
Last four digit of Social Security Number XXX-XX-	Date of Birth:	Reside within 50-mile radius of establishment: <input type="checkbox"/> Yes <input type="checkbox"/> No

Give the names, addresses, and telephone numbers of three **citizens of Savannah City Limits** as references:


**Classifications (mark all that apply)**

License Class	Classification	Distilled Spirits	Malt Beverage	Wine	License Fee
Class A	License Alcohol Caterer .....	1 <input type="checkbox"/> <small>(A1 is incompatible with Class E, F and G uses)</small>	2 <input type="checkbox"/> <small>(A2 is incompatible with Class E, F and G uses)</small>	3 <input type="checkbox"/> <small>(A2 is incompatible with Class E, F and G uses)</small>	_____
Class B	Manufacturer ..... <small>(Brewer =B2)</small>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
Class C	Retail Dealer ..... <small>(On-premises Consumption)</small>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
Class D	Retail Package Store ..... <small>(Off-premises consumption)</small>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
Class E	Ancillary Retail Package Store .....	X	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
	<input type="checkbox"/> Convenience Store .....	X	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
Class F	Wholesaler .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
Class G	Complimentary Service .....	X	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
Class H	Samples .....	X	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
Class I	Underage Permit .....	----	----	----	_____
Class J					
Sunday Sales		Yes <input type="checkbox"/>	No <input type="checkbox"/>		<b>\$ 200.00</b>

**TOTAL ANNUAL LICENSE FEE: \$ \_\_\_\_\_**

Is the business an eating establishment? **\_\_ Yes \_\_ No** If yes, Business Tax account number \_\_\_\_\_

Will alcoholic beverages be dispensed on SUNDAY? **\_\_ Yes \_\_ No**

If yes, a separate Sunday sales affidavit must be submitted. Affidavit attached? **\_\_ Yes \_\_ No**

Is the business a package establishment? **\_\_ Yes \_\_ No** If yes, City Business Tax Number \_\_\_\_\_

**\*\*If at any time the Revenue Department has reason to believe that the dominant business activity has changed or has been misreported, or that the gross receipts bracket has changed or has been miscalculated or misreported, the Revenue Department may require the owner, operator, or an officer of such business to submit an affidavit setting forth under oath the dominant business activity and gross receipts bracket determined according to this Article. The Revenue Department shall have authority to require any business to provide a copy of the page or section of its Federal and/or State income tax return which shows gross income of the business, and to require that the owner, operator or an officer of the business certify under oath that such copy is true and correct. Any such required information shall to be limited to that which discloses gross business income and any adjustments made to calculate the gross receipts reported to the City for business tax purposes. The Revenue Department shall have authority to require any business to provide a statement from a licensed and practicing Public Accountant (who is not an employee of the business), such statement to set forth and certify the gross receipts, upon which the business tax is based, along with a full and complete explanation of any adjustments to gross receipts.**

**Acknowledgement**

*The applicant for a license to dispense alcoholic beverages shall be (a) a citizen of the United States of America or Resident Alien, (b) a resident of Chatham County, Georgia, or if not, the designated manager with day-to-day operating responsibility must be a resident of Chatham County, and (c) the owner of the business, or if the owner of the business is a corporation, partnership, or other legal entity, the applicant shall be (1) a substantial and major stockholder or (2) the manager of the business who regularly operates and supervises the business on the licensed premises.*

ALL ABOVE INFORMATION IS FULLY UNDERSTOOD AND ALL STATEMENTS SHOWN ABOVE, AND ON ANY ATTACHMENTS ARE GIVEN UNDER OATH, WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND ARE HEREBY SWORN TO BE TRUE, CORRECT AND COMPLETE, UNDER PENALTY FOR FALSE SWEARING AS PROVIDED BY LAW.

\_\_\_\_\_  
**Applicant's Signature**

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Date signed by Applicant**

\_\_\_\_\_  
**Notary Public and Seal**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

License Fee: \$ \_\_\_\_\_

PIN Number: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_

Advertising Fee: \$ \_\_\_\_\_

Classification: \_\_\_\_\_

Sign Fee: \$ \_\_\_\_\_

Health Department:  Approval  Disapproval  N/A \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Inspector Initial: \_\_\_\_\_

Application Reviewed by: \_\_\_\_\_

Date Review: \_\_\_\_\_

Council Date: \_\_\_\_\_

Comments: \_\_\_\_\_