

CITY OF SAVANNAH

NEW APPLICATION ALCOHOLIC BEVERAGE LICENSE

Revenue Department P.O. Box 1228 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 submitted prior to issuance of alcohol license)

BUSINESS INFORMATION SECTION		
LEGAL BUSINESS NAME:	Alcohol License Account#:	
DOING BUSINESS AS <i>(Name listed on Building)</i> :		
BUSINESS ADDRESS (PHYSICAL ADDRESS):		
CITY:	STATE:	ZIP CODE:
PRIMARY PHONE NUMBER:	SECONDARY PHONE 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:	Reside within 50-mile radius of establishment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ownership Interest:: (attach proof) <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Interest:: (attach proof) <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide day-to-day operation at this location: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the applicant or any person connected with or having an interest in said business:</p> <p>a. Ever been convicted of any violation of law in any locality? _____ Yes _____ No If yes, was conviction for other than a traffic violation? _____ Yes _____ No</p> <p>b. Ever served time in prison or other correctional institution? _____ Yes _____ No</p> <p>c. Ever had an alcoholic beverage license suspended or revoked at any time in any locality? _____ Yes _____ No</p> <p>e. Ever been cited for an alcoholic beverage violation? _____ Yes _____ No If yes, list on separate paper</p> <p>If the answer to any part of the above question is yes 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.</p> <p>Listed on separate paper? _____ Yes _____ No, no such convictions, license suspensions or revocations.</p>		

ABL Responsible Applicant Information			
Manager Name:			
Physical Home Address:			
City:	State:	Zip Code:	
Email Address:	Mobile Telephone Number:		Primary Telephone Number:
Last four digit of Social Security Number: XXX-XX-	Date of Birth:	Provide day-to-day operation at this location: <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/>	_____
	Convenience Store Yes <input type="checkbox"/> No <input type="checkbox"/>	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	----	----	----	<u>\$1000</u>
Class J	Event Venue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
	Sunday Sales	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<u>\$ 200.00</u>

TOTAL ANNUAL LICENSE FEE: \$ _____

Is the business an eating establishment? Yes No If yes, City restaurant license number _____
 Will alcoholic beverages be dispensed on **SUNDAY**? Yes No
 If yes, a separate Food Sales Affidavit must be submitted. Affidavit attached? Yes No
 Is the business a package establishment? Yes No If yes, City Business Tax Number _____
 If yes, a separate Ancillary Affidavit must be submitted. Affidavit attached? Yes No

****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 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: \$ _____

Classification: _____ Advertising Fee: \$ _____

Health Department: Approval Disapproval N/A _____ Sign Fee: \$ _____

Inspector Initial: _____ Total Due: \$ _____

Application Reviewed by: _____ Date Review: _____ Council Date: _____

Comments: _____