

City of Blue Ridge Alcoholic Beverage License Application

New Application/Change of Ownership

Alcohol Licensing Fingerprint Requirements

GCIC has contracted with Cogent Systems to provide the Georgia Applicant Processing Services (GAPS) to perform electronic submission of all licensees' fingerprints in regards to Alcohol Licensing. **YOU MUST REGISTER** with Cogent Systems **PRIOR** to going to one of their fingerprint sites. Registration may be completed online or over the telephone. To have your fingerprints completed prior to submitting your application, please do the following:

1. Go to GAPS website at www.ga.cogentid.com
2. Click Registration, select "City/County Government and Law Enforcement Agencies"
3. Select "Alcohol and Liquor Licensing"
4. Transaction Information – "Reviewing Agency ID" –GA923467Z Requesting Agency ID – same ID
5. For Reason select "Alcohol/ Liquor Licensee".
6. Complete the Applicant Registration
7. Follow the instructions on the website.

To register by telephone:

1. Call 1-888-439-2512 Mon thru Fri, 8am to 6pm EST

During the registration process, demographic data about you will be collected (name, address, SSN, etc.). There will be no data collection or registration at the fingerprint collection sites. A list of available sites is on the GAPS website.

You will receive a GAPS registration number with an option to pay with a credit card or debit card online. You will be charged a service fee for each licensee being fingerprinted. Money orders/ cashier's check PAYABLE TO COGENT SYSTEMS will be accepted at the collection sites for those applicants who do not have the means to pay electronically.

Once registered and payment type has been determined, you may proceed to the fingerprint collection site of your choice. You must take with you a current, valid and unexpired picture identification which can be one of the following:

- State Issued Driver's License or Identification Card with Photo
- US Passport with Photo
- US Active Duty/Retiree/Reservist Military ID Card with Photo
- Government Issued Employee Identification Card with Photo

You MUST submit your fingerprints electronically before returning your Alcohol License Application to the City of Blue Ridge Business License Clerk. If you have any questions please contact one of the following about GAPS.

Cogent Email or Support Requests

gahelp@cogentsystems.com

Telephone inquires 1-888-439-2512

INSPECTION CHECKLIST

BUSINESS LICENSE WITH ALCOHOL

Business Name: _____

Location: _____

Owner: _____ **New Application Fee \$250.00**

- Zoned:(Jeff Stewart) _____
- Building Inspection (New Buildings only):(Keith Nicholson) _____
- Grease Trap: (James Weaver) _____
- Health Department Approval: (ShannonBradburn) _____
- Fire Department Inspection:(Larry Thomas) _____
- Alcohol Application Submitted: (Chris Mortimer) _____
- Investigation by the Police Chief: _____
- Residential Agent Consent Form/Driver's License
(Must be Fannin County Resident)
- Public Benefits Affidavit of Citizenship
- Background Check Authorization Received from Each Owner _____
- Photo ID of Each Owner
- Copy of Lease Agreement Received
- Copy of Proposed Menu/Hours of Operation Received
- SAVE Affidavit Received
- E-Verity Affidavit Received
- Sales Tax Certificate
- State of Georgia Alcohol License Received

NEW BUILDING ONLY

- Drawing of Premises Received/Location meets Requirements on pages 14-16/Patio meets Requirements on pages 55-56 of the City of Blue Ridge Alcohol Ordinance(Must show location with respect to all streets within 600 feet in every direction. Must also depict the distance from the premises(being the front door) to each premise(being the front door)of each church ,school building ,or other pertinent facility)
- Seating Requirements Met: Max No of Seats for customers: _____

Max No of Staff: _____



Alcohol License Application Cover Letter

For businesses requiring an alcohol license, an occupational tax certificate application packet and an alcohol license application packet should be completed and returned to the Assistant City Treasurer whose office is located at 480 West First Street, Blue Ridge, Ga. 30513. A

The review process for occupational tax certificates takes approximately two (2) weeks and approximately four (4) weeks for an alcohol license (the Alcohol Ordinance allows for a 90 day review period). Although many circumstances can cause this period of review to be shorter or longer, please plan accordingly.

Occupational tax certificates and alcohol licenses are issued on a calendar year basis (January 1st through December 31st). The initial license fee will begin to be prorated after July 1st. However, the administrative fees and inspection fees will not be prorated. In accordance with Section 110.45-23 of the City of Blue Ridge Alcohol Ordinance, the fees due at the time of application will not be prorated if the application is submitted before July 1st.

Once the City has issued an alcohol license, it is required that an application be filed with the Georgia Department of Revenue, Alcohol Division PRIOR to buying inventory, selling or serving. Once the state alcohol license has been issued, the applicant will need to submit a copy to the Assistant City Treasurer. Upon receipt of the state alcohol license, the Assistant City Treasurer will release the occupational tax certificate.

Very best,

Chris Mortimer
Assistant City Treasurer

Included in the alcohol license application:

1. Checklist
2. Application (3 pages)**
3. Residential Agent Consent Form**
4. Affidavit of Citizenship**
5. Alcohol Ordinance Acknowledgment
6. Background Screening Order Form*
7. Fingerprint Card*
8. Monthly Reports***
9. Employee Pouring Permit Application***
10. Alcohol Ordinance***

Included in the occupational tax certificate application:

1. Cover Letter
2. Application (2 pages)
3. SAVE Public Benefits Affidavit**
4. E-Verify Affidavit (10+employees)**
5. E-Verify Exemption Affidavit (9-employees)**
6. Occupational Tax Certificate Ordinance Acknowledgment
7. Occupational Tax Certificate Ordinance***

*must be completed by all members holding beneficial interest in the establishment

**must be notarized

***provided only for your record

CITY OF BLUE RIDGE
 480 West First Street **2022**
 Blue Ridge, GA 30513
 Phone (706) 632-2091 Fax (706) 632-3278

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Please type or print legibly. Each question must be answered fully. The statements and answers contain within this Application is furnished to the City of Blue Ridge under oath and subject to the penalties of false swearing.

1. TYPE OF LICENSE (check one) NEW RENEWAL

- ** Applications for renewal must be filed by October 15th of each year.
- ** The City MUST receive a copy of the State of Georgia Alcoholic Beverage License
- ** The City MUST receive a copy of any other licenses that are required by the State of Georgia

2. LICENSE FEE:
 Administration fees: All New Applicants (Non-Refundable) \$ 250.00

Fees for the sale of Malt Beverages or Wine by the Package

Type of License (check all that applies)

<input type="checkbox"/> Retail Package – Beer OR wine (based on square footage) –	10,000 sq ft	\$	800.00
	10,001 – 20,000sq ft	\$	1600.00
	20,001 or more	\$	3200.00

Fees for the sale of Malt Beverages and Wine by the Package

<input type="checkbox"/> Retail Package – Beer and Wine (based on square footage)	10,000 sq ft	\$	1200.00
	10,001 20,000sq ft	\$	2400.00
	20,001 or more	\$	4800.00
<input type="checkbox"/> Pouring License – Beer		\$	1000.00
Wine		\$	1000.00
Distilled Spirits (Liquor)		\$	1000.00
<input type="checkbox"/> Farm Winery (and/or tasting room)		\$	2000.00
<input type="checkbox"/> Wholesale Dealer within City Limits		\$	2000.00
outside City Limits		\$	100.00

3. TYPE OF BUSINESS

_____ Grocery Store _____ Convenience Store _____ Restaurant _____ Brew Pub
_____ Farm Winery/Tasting Room _____ Brewery

4. BUSINESS INFORMATION

Name of Business _____

Business Location Address: _____

City: _____ State: _____ Zip: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

5. APPLICANT

Full Name: _____

Address of Residence: _____

City: _____ State: _____ Zip: _____

Phone: _____

SSN# _____ DOB: _____

6. PROPERTY (Owner of the property (land and building) where business is located)

Property Owner's Name: _____

Property Owner's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

If space is rented: (attach copy of lease)

Landlord's name: _____

Landlord's address: _____

City: _____ State: _____ Zip: _____

Phone: _____

7. Residency/Age Requirement:

Is the applicant and managing agent at least twenty-one (21) years of age or older? _____

Is the applicant:

- _____ A United States Citizen
- _____ A legal permanent resident
- _____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

Is the managing agent:

- _____ A United States Citizen
- _____ A legal permanent resident
- _____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States

Sworn to and subscribed before me:

This ___ day of _____, _____

Applicant Signature

Notary Public

Printed name of Applicant

My Commission Expires:

Title of Applicant Date:

FOR OFFICE USE ONLY:

License fee Enclosed: \$ _____
Name of Business _____
State License # _____ Occupational Tax License #: _____
Date of Approval or Denial _____

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D. C.

Public Benefits Affidavit of Citizenship

Note: Georgia Law requires that the City of Blue Ridge, Georgia obtain an affidavit regarding subjects indicated herein from any person who wishes to apply for a "Public Benefit" as that term is defined by Georgia Law.

1. I am over the age of 18, of sound mind, and am competent to make this Affidavit

2. I am executing this affidavit under oath, as an applicant for the City of Blue Ridge, GA, Public Benefit. Public Benefits include Retirement Benefits, Health Benefits, Disability Benefits, Occupational Tax Certificates, Alcohol Licenses, Vehicles for Hire Permits, Contracts, or other public benefits as referenced and defined in O.C.G.A. Section 50-36-1.

3. I make this affidavit as part of my application for a City of Blue Ridge, Public Benefit for

_____ Alcohol License

_____ Occupational Tax Certificate

4. With respect to my presence in the United States, I state as follows:

a. _____ I am a United States citizen

OR

b. _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act lawfully present in the United States. I have provided my Alien Registration Number, I have provided another identifying number below.*

5. 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 code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

*

Alien Registration or Other Identifying Number

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____ DAY OF _____, 20__.

Notary Public _____

My Commission Expires: _____

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number.

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D. C.

By signing below, I am acknowledging that I have received a copy of the City of Blue Ridge Alcohol Ordinance, and that said Ordinance has been reviewed with me by the City of Blue Ridge Licensing Department Official.

I also acknowledge that I have been informed of the City of Blue Ridge policy on initial licensing fee proration. I understand that any alcohol license application submitted prior to July 1st will not be prorated, and that the full license fee will be due.

Furthermore, I acknowledge that I have been informed that in order to be granted an alcohol license from the City of Blue Ridge for pouring on the premises (and to maintain said license), my establishment must meet the requirements of a restaurant that are set forth in the City Alcohol Ordinance. I understand that my establishment must derive at least 50% of the business volume from the sale of prepared meals or food (not including the sale of alcoholic beverages). I also understand that I will be required to submit a monthly report under oath by the 15th of each month to the Blue Ridge Licensing Clerk demonstrating that the food sales requirements have been met.

Signature

Print Name

Date

Signature of Licensing Department Official

Date

DATE: _____

**Liquor Pouring Tax
Statement for Month of
_____, 20____**

Taxes are due by the 15th of each month. A 25% penalty is due if not received by this date.

Name of Business: _____

Business Address: _____

Total Sales of Liquor: _____

Multiply by 0.03 to get subtotal (Percentage of Excise Tax Due to City)

Subtotal: _____

If not past due, multiply subtotal by 0.03 to get amount due licensee (Percentage of Excise Tax Due to Licensee Pursuant to Section 35.02-2 (e).

Total Amount Due Licensee: _____

If paid after the 15th, add a 25% Penalty to the above subtotal and **Do Not** multiply subtotal by 0.03 to calculate amount due licensee.

Total: _____

If not past due, to obtain the grand total due to the City, subtract from the subtotal the amount due to licensee from above.

Grand Total Due to City of Blue Ridge: _____

I, _____, do hereby certify that the above information is true and accurate.

Signature: _____

Date: _____

Print Name: _____

Please return THIS original form with your payment to:
City of Blue Ridge, 480 West First Street, Blue Ridge, GA 30513

Example:

Total Sales of Liquor: \$6,000.00

X 0.03 (Percentage of Excise Tax Due to City)

Subtotal: \$180.00

X 0.03 (Percentage of Excise Tax Due to Licensee Pursuant to Section 35.02-2 (e)(3), **if not past due**).

Total Amount Due to Licensee: \$5.40

If paid after the 15th, add a 25% penalty to above subtotal.

subtotal: $\$180.00 \times .25 = \45.00

If not past due, subtract amount due to licensee from subtotal.

Paid on or before the 15th:

Grand Total Due to City of Blue Ridge: $\$180.00 - \$5.40 = \underline{\$174.60}$

Paid after the 15th:

Grand Total Due to City of Blue Ridge: $\$180.00 + \$45.00 = \underline{\$225.00}$

CITY OF BLUE RIDGE

MALT BEVERAGE, WINE, AND DISTILLED SPIRITS
MONTHLY FOOD & BEVERAGE SALES REPORT

REPORT FOR THE MONTH OF _____, 20__

Business Name

Address

Business Owner's Name

Business Manager's Name

1. Gross Monthly Sales.....\$ _____
*Only consumable sales should be included in the gross monthly sales. Ex. Retail should not be included.

a. Monthly Sales of Food.....\$ _____

b. Monthly Sales of Wine.....\$ _____

c. Monthly Sales of Malt Beverages.....\$ _____

d. Monthly Sales of Distilled Spirits.....\$ _____

2. Total Monthly Alcohol Sales.....\$ _____

3. Percentage of Monthly Alcohol Sales..... _____

To get percentage of alcohol sales, divide total monthly alcohol sales by the gross monthly sales.

This report must be filed with the City of Blue Ridge licensing department by the **fifteenth (15th) day of each month** following the month for which you are reporting. (Example - Report for May will be due by June 15th)

****ATTACH A COPY OF YOUR STATE SALES TAX REPORT AND A COMPUTER GENERATED REPORT SHOWING THE SALES RECORDED ABOVE****

I certify that this report and the preceding pages have been examined by me and is a true and complete return for the period stated.

Date

Business Owner's Signature

CITY OF BLUE RIDGE
LIST OF EMPLOYEES
BUSINESSES WITH ALCOHOL POURING LICENSE

REPORT FOR THE MONTH OF _____, 20____
(MUST BE SUBMITTED BY THE 15TH OF EACH MONTH)

<hr/> Business Name	<hr/> Street Address
<hr/> Business Owner's Name	<hr/> Business Manager's Name

Employees employed in a capacity which would require an employee beverage pouring permit:

NAME	BIRTHDAY
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Employees who have terminated employment during the period being reported:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____