



On-Premises Application for Alcoholic Beverage License: **Part A**

A fully completed application includes the application forms and the following attachments:

1. The applicant must obtain a City of Rincon business license for the premises.
2. Proof of general liability insurance.
3. Certificate of Occupancy. (if applicable)
4. Copy of Effingham County Health Department inspection of the premises and food service permit.
5. Copy of menu.
6. Survey prepared by a Georgia Registered Land Surveyor for distance requirements per ordinance. (upon request of the city)
7. Color copy of Driver's License.
8. Criminal History from Rincon Police Department.
9. Completed fingerprint card from Effingham County Sheriff's Office or Rincon Police.
10. A money order, certified check, cash, or personal check for the application fee in full.
11. Once the State License to sell or distribute alcohol is obtained, a copy of the license shall be submitted to the city within 5 business days.

License fees shall be payable in advance for an entire year beginning January 1 and ending December 31 of the same year. The suspension or revocation of any license granted pursuant to city ordinance shall not entitle the licensee to a return of any portion of the license fee.

APPLICANT (print or type)

Last Name: _____ First Name: _____

Home Address: _____

Home/Cell Phone: _____ Business Phone: _____

Position of applicant at licensed business: _____

Resident of the State of Georgia: Yes No

Date of Birth: _____ US Citizen: Yes No

Gender: Male Female Legal Alien: Yes No NA

Are you the Licensee for any establishment other than the above referenced for which you are applying?

Yes No if yes where _____

Have you ever been convicted of any felony, any misdemeanor involving moral turpitude, or any other misdemeanor or violation of any criminal offense relating to alcoholic beverages, taxes, or gambling?

Yes No

Have you ever applied for any alcoholic beverage license and been denied, suspended, or revoked?

Yes No

Do you agree to abide by such ordinances, laws, and regulations?

Yes No

Applicant's Signature

Date

On-Premises Application for Alcoholic Beverage License: **Part B**

APPLICATION FEE - \$250.00

_____ Pouring license for beer and wine only - \$1,250.
_____ Pouring license for distilled spirits only - \$2,500.
_____ Pouring license for beer, wine, and distilled spirits - \$3,750.

- New
 Renewal
 Name Change

Name of Business (print): _____

Location Address: _____

Business Phone: _____ 2nd Business Phone: _____

Corporate Name: _____

Federal Tax ID Number: _____

Georgia Sales Tax Number: _____ Seating Capacity: _____

Total SF open to the public: _____ Parking Spaces: _____

IF MY APPLICATION IS APPROVED, I CERTIFY (PLEASE INITIAL EACH ONE)

1. I have received a copy of the alcohol ordinance and understand that I am responsible for complying with all sections _____. I further understand that the ordinance may be revised by the city as needed.
2. I understand any license granted to me is not transferable. _____
3. I will allow my business premises to be open to inspection at any reasonable time by city officials authorized to conduct inspections. _____
4. I understand that Alcohol sales shall not exceed **50%** of the total monthly sales. _____
5. I understand that the business must have permanent seating capacity at tables, not counting bar stools, of at least twenty-five (25) persons. _____
6. The business is prepared to serve food during the times that business is open for on-premises consumption of alcoholic beverages. _____
7. I understand that a state license must also be obtained before any alcoholic beverage can be served or sold in the City of Rincon. _____
8. I understand that I must provide the city quarterly sales taxes reports. _____

Applicant's Signature

Date

On-Premises Application for Alcoholic Beverage License: **Part C**

CERTIFICATION

I, _____, do solemnly swear or affirm, subject to the penalties of false swearing, that the statements and answers made by me, as the applicant, in the foregoing application are true and correct. **I am familiar with, have read, understand, and agree to abide by all applicable City Ordinances, local, state, and federal laws pertaining to the establishment and operation of a business inside the City of Rincon involved in the sale of alcohol and the proper conduct of its management.** I understand that a violation of any applicable law may result in the permanent revocation of my license.

The undersigned hereby certifies that he/she is the _____ of
Title

_____ and is authorized to sign this application on behalf of the applicant.
Business Name

The undersigned further certifies that:

I have read the Rincon City Alcoholic Beverages Ordinance, and a copy will be maintained on the premises, and each employee will be required to be familiar with said regulation.

I will comply with all laws, rules and regulations of the United States, the State of Georgia, and City of Rincon, now in force or which may hereafter be promulgated or enacted, regulating, and governing the sale of distilled spirits, wine, and malt beverages.

I understand that any license issued shall cover the period of one year commencing the 1st day of January and expiring December 31, and that no license shall be assignable or transferable, nor am I entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that making false or fraudulent statements and/or representations may subject me to criminal and/or civil penalties including fine and/or imprisonment.

Submitted herewith in either cash or check payable to the City of Rincon, Georgia is the sum of \$ _____ as payment in full for the license fee and application cost.

I solemnly swear that the facts stated in the above and foregoing application for a license in the City of Rincon, Georgia, are true and correct.

Applicant's Signature

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public
My commission expires:

On-Premises Application for Alcoholic Beverage License: **Part D**

PARTNERSHIP / CORPORATION

1. If this business is owned in whole or in part by a partnership, corporation, firm, or any other association: list the partners, principal officers, their titles and addresses, state and county of their legal residence, and the amount of their interest. Please attach it separately.

Please initial here _____ if attachment is included.

2. State when and where the partnership was organized. _____

3. If this is a corporation, state name and address of corporation, when and where incorporated, and the Names and addresses of the directors. Please attach it separately.

Please initial here _____ if attachment is included.

4. If operating as a corporation, list the stockholders with addresses and the amount of interest of each stockholder in the corporation (4 principal stockholders).

5. Does the corporation now have any interest in any wholesale or retail outlet(s) of any type selling alcoholic beverages? If so, list outlet(s) and address(s).

Yes No
