

City of Vidalia, Georgia
Application for Alcoholic Beverage License

PLEASE PRINT OR TYPE ALL INFORMATION

DATE: _____

NAME OF BUSINESS: _____

CHECK ONE (1)

NEW

RENEWAL

APPLICANT INFORMATION

(PERSON APPLYING: OWNER, PRESIDENT, CEO, ETC.)

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____

PHONE: (W) _____ (H) _____ SS# _____

DATE OF BIRTH: _____ DRIVERS LICENSE #: _____

RESIDENT OF VIDALIA: YES/NO _____ NUMBER OF YEARS: _____

HAVE YOU EVER HAD AN ALCOHOLIC BEVERAGE LICENSE REVOKED? (CITY OR STATE) _____

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF OR PROCUTED FOR A CRIMINAL OFFENSE? _____

IF YES, EXPLAIN _____

DO YOU OWN OR OPERATE ANOTHER ALCOHOLIC BEVERAGE BUSINESS? _____

IF YES, WHERE? _____

ARE YOU FAMILIAR WITH THE LOCAL ORDINANCES, REGULATIONS AND STATE LAWS GOVERNING
THE POSSESSION AND SALE OF ALCOHOL? _____

ARE YOU WILLING TO ABIDE BY THESE? _____

DO YOU AGREE FOR OFFICAL INSPECTION OF YOUR BUSINESS WITHOUT A SEARCH WARRANT?

I do hereby authorize the review of, and full disclosure of all records concerning myself to the duty authorized agent of the City of Vidalia. I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the City of Vidalia.

I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as original thereof, even though the said photocopy does not contain an original writing of my signature.

APPLICANT'S SIGNATURE

DATE

ALL INFORMATION GIVEN WILL BE SUBJECT TO VERIFICATION

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION ARE GROUNDS FOR A FINE, REVOCATION OF LICENSE, OR BOTH. IF MANAGEMENT CHANGES I AGREE TO FURNISH CORRECTED INFORMATION TO THE CITY OF VIDALIA WITHIN 10 DAYS. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.

APPLICANT'S SIGNATURE

DATE

NOTARY PUBLIC

DATE

MANAGER INFORMATION

NAME: _____
 LAST FIRST MI

ADDRESS: _____

PHONE #: (W) _____ (H) _____ SS# _____

DATE OF BIRTH: _____ DRIVERS LICENSE #: _____

RESIDENT OF VIDALIA: YES/NO _____ NUMBER OF YEARS _____

HAVE YOU EVER HAD AN ALCOHOLIC BEVERAGE LICENSE REVOKED?(CITY OR STATE) _____

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF OR PROSECUTED FOR A CRIMINAL OFFENSE? _____

IF YES, EXPLAIN _____

DO YOU OWN OR OPERATE ANOTHER ALCOHOLIC BEVERAGE BUSINESS? _____

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MANAGER'S SIGNATURE

DATE

ALCOHOL LICENSES

LICENSE FEE

1. LIQUOR ON PREMISE CONSUMPTION	\$ 1,500.00	\$ _____
1a. BEER AND WINE ASSOCIATED WITH WITH THE ABOVE LICENSE (1.)	\$300.00	\$ _____
1b. LIQUOR, BEER, WINE ON PREMISE CONSUMPTION (NO SUNDAY SALES ALLOWED)	\$1,150.00	\$ _____
2. BEER AND WINE ON PREMISE CONSUMPTION	\$ 600.00	\$ _____
2b. BEER AND WINE ON PREMISE CONSUMPTION (NO SUNDAY SALES ALLOWED)	\$ 500.00	\$ _____
3. PACKAGE LIQUOR, BEER & WINE	\$ 3,150.00	\$ _____
4. PACKAGE LIQUOR	\$ 3,000.00	\$ _____
5. PACKAGED BEER OR WINE	\$ 300.00	\$ _____
6. DISTRIBUTOR/WHOLESALE (BEER OR WINE)	\$ 350.00	\$ _____
(CODE OF ORDINANCES CHAPTER 2, 4-16 (a))	\$ 100.00	\$100.00
	TOTAL	\$ _____

*****OFFICIAL USE ONLY*****

RETURN TO:	POLICE _____	
	(OFFICER)	(DATE)
ALCOHOLIC BEVERAGE	DEPARTMENT	
LICENSE CLERK		
	FIRE _____	
CITY OF VIDALIA	(INSPECTOR)	(DATE)
	DEPARTMENT	
P.O. BOX 280		
	ZONING _____	
VIDALIA, GA 30475	(INSPECTOR)	(DATE)
	BUILDING	
(912)-537-7661	MAYOR & _____	
	(CITY CLERK)	(DATE)
	COUNCIL	



The City of Vidalia
 114 Jackson Street
 Vidalia, GA 30474

Phone: 912-537-7661
 Fax: 912-537-7708

REGISTERED AGENT CONSENT FORM

 Business Name

 Location Address

I, _____, do hereby consent to serve as the
 Registered Agent
 for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Code of
 Ordinances of the City of Vidalia. I understand the basic purpose is to have and continuously maintain in
 The State of Georgia a Registered Agent upon which any process, notice, or demand required or permitted by law
 or
 under said Ordinance to be served upon the licensee or owner may be served.

I understand that the Registered Agent must be a resident of The State of Georgia.

This _____ day of _____, 20 _____.

Signature of Agent

Type Name of Agent

Type Agent's Home Address

Type City , County, and State

APPROVED:

 Sole Owner/Partner

 Officer Or Director (Title)

Notary

 Expiration Date



**CITY OF VIDALIA AFFIDAVIT VERIFYING STATUS
FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Vidalia, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Vidalia, Business License, Building Permit or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit for _____.

(Name of natural person applying on behalf of individual, business, corporation, Partnership, or other private entity)

1) _____ I am a United States citizen.

OR

2) _____ 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 18 years of age or older and lawfully present in the United States.*

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 of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

* Alien Registration number of non-citizens

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 below:

E-VERIFY AFFIDAVIT

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1.

Please check only one:

_____ Business License Account No.

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

*** If the employer selected Section 1(A), please fill out Section 2 below.

Section 2.

The employer has registered with and utilizes the federal work authorization program 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 user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number
(Also called E-verify#, usually 4-7 digits)

Date of Authorization

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

Executed on _____, __, 202__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC

My Commission Expires: _____

¹To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.