# City of Ellijay On-Premise Consumption License Application

Date:_	Mark Alays and the second seco			
Name o	of Business:			
Busine	ss Physical Address:			
Busine	ss Mailing Address:			
Business Telephone: Email:				
Owner				Alexandria de la constanta de
Addres	s;			
Telephone:		Email:		
Drivers License:				
Check	All That Apply:	kanada ngahida Baganda nama dalah — sali salah dalah Addan dikira dikiralah dalah da		
	Distilled Spirits Consumption \$750.00 Administrative Fee \$100.00 Renewals \$50.00			
	☐ Wine/Beer Consumption\$1000.00 Administrative Fee \$100.00 Renewals \$50.00			

#### ALL LICENSES EXPIRE DECEMBER 31 AT 12:00 MIDNIGHT

#### RENEWAL APPLICATIONS MUST BE COMPLETED BY NOVEMBER 15 OF EACH YEAR.

This application plus your annual report of sales for the month of August, September and October of the current calendar year, showing gross sale of food products excluding the sale of distilled spirits, malt beverage and wine, the gross sale of malt beverages and wines, and the gross sale of other merchandise, must be filed by November 15th each year along with your renewal application.

Note to Distilled Spirits Licensees: You are required to submit State Form ST3 to the City Clerk on or before the 20th day of each month with your payment for the preceding month's excise tax collected. A copy is included for your use.

#### **On-Premise Consumption License Application**

	Name of Business_		Date of Application			
	Name of Business Owner(s)(printed)  Name of Applicant					
	Address:					
	Birthdate:	_Social Security:	Drivers License:			
1)	Has the person to whe violation? ☐ Yes	hom license is to be issu □No	ed ever been convicted of a crime other than a traffic			
2)	Is the person to whom the license is to be issued, a U.S. citizen? $\Box$ Yes $\Box$ No					
3)	Has the person to whom the license is to be issued a Gilmer County resident? ☐ Yes ☐ No					
4)	Has the applicant or any person with any interest in the application made application at any previous time for any malt beverage or wine license or a distilled spirits license?   \[ \text{TYes}  \text{INO} \]  If yes, what is the disposition of that license?					
5)	Has a previous license issued to the applicant or any person with any interest in the application been revoked by any state or subdivision or by the federal government?  □ Yes □No If yes explain:					
6)	Is any other person interested directly or indirectly in the profits or losses or both of the proposed business?   No (Names and addresses of owners, partners and shareholders should be provided with this application)					
7)	Location of proposed business:  (If this is a new application, you must attach a drawing to scale indicating that the location complies with the distance requirements as set forth in the ordinance to which your application applies.)					
conten applica	its and terms of the ore ation are true and corr	dinance to which my appect to the best of my kno	duct and do qualify for this license in accordance with the plication applies. I also swear that the facts contained in this pwledge. I also understand that any false swearing e punishable as provided by law.			
Signat	ure of Business Owne	ı <b>.</b>	Signature of licensee			

City of Ellijay regulations require that where the owner of the business for which a license is sought is a resident individual of Gilmer county. Georgia, the application for said license shall be in said owner's name. Where the owner is a corporation, partnership, association or non-resident, the application shall be made in the name of a resident managing officer or managing agent and the application shall show that the license is for the use of the owner, and the owner shall be named. The written application for the license shall be a permanent record which the licensee must maintain current. Failure to maintain a current license application as required shall be grounds for revocation of license. I further understand that the sale of alcohol in the City of Ellijay is a privilege and not a right and the issue of a license does not create any property rights in the license holder.

### City of Ellijay

### 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:
(	(A)	On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.
×	*** Ifyou selec	t Section I (A), please fill out Section 2 and then execute below.
. (	[B)	On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.
Section 2	<u>2,</u> .	t Section I(B), please skip Section 2 and execute below.
accordant undersig	ice with the ap ned private en	stered with and utilizes the federal work authorization program in plicable provisions and deadlines established in O.C.G.A. § 36-60-6. The uployer also attests that its federal work authorization user identification thorization are as follows:
, <u>y</u>	lame of Private	Employer
F	ederal Work A	uthorization User Identification Number
Ē	Date of Authoriz	eation
I hereby Execute	declare under d on	penalty of perjury that the foregoing is true and correct, 201 in Ellijay, Georgia.
S	ignature of Au	thorized Officer or Agent
P	rinted Name a	nd Title of Authorized Officer or Agent
SUBSCRI ON THIS	BED AND SWC	PRN BEFORE ME Y OF, 201
NOTARY	PUBLIC	
Mu Comm	ireins Expiraci	

### City of Ellijay

## O.C.G.A§50-36-1(e)(2)Affidavit

y executing this affidavit under oath pursuant to O.C.G.A. § 50-36-1, as an applicant for a City of Ellijay public enefit, I swear or affirm under oath the following with respect to my application for a City of Ellijay of coupation Tax Certificate for:					
elect one of the following:  I am a United States citizen 18 years of age or older. Attach a front and back copy of your driver's license or United State Passport or other secure and verifiable document approved by the Georgia Attorney General's Office, You can find a list of approved documents at www.law.ga.gov under the Key Issues tab.					
] I am a legal permanent resident 18 years of age or older. Attach a front and back copy of your Permanent Resident Card.					
I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age of older and lawfully present in the United States.					
Alien Registration number for non-citizens:					
(Required) A front and back copy of one of the following documents must be attached:  a. Valid Foreign Passport with I-94  b. Temporary Resident Alien Card (I-688)  c. Employment Authorization Card (I-766 or I-688B)  d. Employment Authorization Document (I-688B)  e. Refugee Travel Document (I-571)					
ny person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in this ffidavit shall be guilty of a violation of Official Code or Georgia O.C.G.A. § 16-10-20.					
worn to and subscribed					
Signature of applicant Printed name of applicant					
For notary use only SEAL					
Subsalbed and swom before me on					
this the <u>sea clay of 20</u>					

### Distilled Spirits Alcohol Sales Tax Return City of Ellijay

Gross sales for month of		as reported on State Form S13				
ما دا ما د د	RTANT: This return must be <u>filed</u> and <u>paid</u> by the the tax is due to avoid loss of licensee's compens must file timely return even though no tax is due.	ation and payment of penalty and increase				
Date o	of Tax Return					
Name	of Licensee					
Trade	Name					
Addre	988					
1.	Gross Sales					
2.	Gross Excise Tax Due	\$				
3.	Licensee's Compensation(3% of gross tax due)_ (Deduct on timely returns only)	•				
4,	Net Excise Tax Due					
5.	Specific Penalty 259					
6.	Interest	<u> </u>				
7.	Other					
8.	Pay This Amount					
Make Checks Payable To The City Of Ellijay						
**Please submit this form with payment on or before the 20th of the month for prior month sales along with a copy of State Form ST3 (Georgia Sales and Use Tax), as required in Section 6-125 of the City of Ellijay Distilled Spirits Ordinance.						
and	tify that this return, including accompanying sched is to the best of my knowledge and belief a true ar od stated.	lules or statements, has been examined by me nd complete return, made in good faith, for the				
This	day of	, 20				
Return Prepared By						
Lion	Licanspe's Signature					

#### SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

- 1. Copy of Lease or proof of ownership.
- 2. New applicants including owners, partners, and shareholders for Off-Premise Consumption Licenses are required to be fingerprinted. These may be obtained at The UPS Store, #4805, 96 Craig Street, Suite 112, East Ellijay, GA 30540. Telephone (706) 698-4877, or the Ellijay Police Department. Telephone (706) 635-7430. The ORI number for the City of Ellijay GA923184Z. Please provide this number when making application. You must first register on-line at www.cogentid.com. Click on Georgia GAPS, Applicant Registration, City/County Government and Law Enforcement Agencies, Alcohol and Liquor License.
- 3. Pictures of ALL sides of building.
- 4. A drawing to scale, showing the nearest church, school or college, or an affidavit of a registered surveyor that the proposed location of the premises complies with the distance requirements of the ordinance, or by a statement from the City of Ellijay Code Enforcement Officer that the proposed location of the premises complies with the distance requirements as set forth in the applicable ordinance(s).
- 5. An affidavit of the publisher of the Times Courier certifying notice of application for a beer, wine, and/or distilled spirits license has been published at least one time per week for the three weeks preceding the regular city council meeting.

Notice in newspaper must contain:

- 1) name of person applying
- 2) name of owner if different than applicant
- 3) location of proposed premises
- 4) type of license(s) applied for