



2022 NEW ALCOHOLIC BEVERAGE LICENSE APPLICATION

Revenue Department 305 Fahm St. P. O. Box 1228 Savannah, GA 31402 P: 912-651-6445

This application must be filled out 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 included.

Classification *(Please select appropriate class)*

- Eating Establishment
 Bar/Lounge
 Convenience/Gas/Drug Store
 Hotel/Motel
 Caterer
 Event Venue
 Wholesale/Distributor
 Manufacturer/Distillery/Brewery
 Specialty Shop
 Super Market/Grocery
 Package Store

BUSINESS INFORMATION SECTION		
LEGAL BUSINESS NAME:	Alcohol License Account#:	
ADVERTISED AS:		
BUSINESS ADDRESS (PHYSICAL ADDRESS)		
CITY:	STATE:	ZIP CODE:
MAILING ADDRESS: (IF DIFFERENT FROM BUSINESS ADDRESS)		
CITY:	STATE:	ZIP CODE:
PRIMARY PHONE NUMBER:	SECONDARY PHONE NUMBER:	CELL NUMBER:
FEDERAL EMPLOYMENT ID NUMBER (FEI):		GEORGIA SALES TAX ID NUMBER (STI):
BUSINESS EMAIL ADDRESS:		EXPECTED OPENING DATE:

ABL APPLICANT INFORMATION		
Applicant Name:		
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:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Reside within 50-mile radius of establishment: <input type="checkbox"/> Yes <input type="checkbox"/> No		Provide day-to-day operation at this location: <input type="checkbox"/> Yes <input type="checkbox"/> No
US Citizen or Resident Alien: (attach proof) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ownership Interest:(attach proof)		
Has the applicant or any person connected with or having an interest in said business:		
a. Ever been convicted of any violation of law in any locality? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was conviction for other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Ever served time in prison or other correctional institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Ever had an alcoholic beverage license suspended or revoked at any time in any locality? <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Previous alcohol license held? (List on separate paper) <input type="checkbox"/> Yes <input type="checkbox"/> No		
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.		
Listed on separate paper? <input type="checkbox"/> Yes <input type="checkbox"/> No, no such convictions, license suspensions or revocations.		

ABL Responsible Applicant Information		
Manager Name:		
Physical Home Address:		
City:	State:	Zip Code:
Primary Telephone Number:	Mobile Telephone 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

Give the names, addresses, and telephone numbers of three citizens within Chatham County 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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
	<small>(Brewer =B2)</small>				
Class C	Retail Dealer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
	<small>(On-premises Consumption)</small>				
Class D	Retail Package Store	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
	<small>(Off-premises consumption)</small>				
Class E	Ancillary Retail Package Store	X	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
	<input type="checkbox"/> Convenience Store	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	----	----	----	_____
Class J	Event Venues	1 <input type="checkbox"/> <small>J1 is incompatible with all other uses)</small>	2 <input type="checkbox"/> <small>(J2 is incompatible with all other uses)</small>	3 <input type="checkbox"/> <small>(J3 is incompatible with all other uses)</small>	_____
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, Business Tax account number _____
 Will alcoholic beverages be dispensed on SUNDAY? Yes No
 If yes, a separate Sunday sales affidavit must be submitted. Affidavit attached? Yes No
 Is the business a package establishment? Yes No If yes, City Business Tax Number _____

****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 to 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: \$ _____	App. Reviewed by: _____
	Sign Fee: \$ _____	Council Date: _____
Health Department: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> N/A _____	Total Due: \$ _____	Review Date: _____
Inspector Initial: _____		