



CITY OF JONESBORO
 1859 City Center Way
 Jonesboro, Georgia 30236
 City Hall: (770) 478-3800
 Fax: (770) 478-3775
 www.jonesboroga.com

Ricky L. Clark, Jr.
 City Manager

ALCOHOL LICENSE RENEWAL APPLICATION

Do not complete this renewal application if there has been a change of Licensee or ownership. Please contact the Permits/License Office. Renewal must be completed and notarized by the licensee on file.

Remit by November 15th

Business

Business Name:		Business License #	Alcohol License #
Business Address			
City	State	Zip	

Licensee

Licensee Full Name:			Licensee Home Address	
City	State	Zip	Home#	
Mobile#			Email:	

License Fee

<input type="checkbox"/> Retail consumption on the premises (Distilled spirits, malt beverages, and wine) - \$4,500.00 <input type="checkbox"/> Retail consumption on the premises (Malt beverages only) - \$1,000.00 <input type="checkbox"/> Retail consumption on the premises (Wine only) - \$1,000.00 <input type="checkbox"/> Retail Package Sales (Malt Beverages and Wine) - \$2,000.00 <input type="checkbox"/> Retail Package Sales (Malt Beverages Only) - \$1,000.00 <input type="checkbox"/> Retail Package Sales (Wine Only) - \$1,000.00 <input type="checkbox"/> Art Gallery License - \$300.00 <input type="checkbox"/> On-Premise Art License - \$500.00 <input type="checkbox"/> Retail Package Sales (Beer, Wine and Liquor) - \$5,000.00	Late Penalty: (remitted after November 15 th) License Fee: \$ _____ \$75.00 (after 11/15 – before 12/1): \$ _____ \$150.00 (after 12/1 – before 12/15): \$ _____ \$250.00 or 20% (after 12/15): \$ _____ Total Amount Due: \$ _____	
Total Fees (Must be in Cash, Money Order, VISA, Master Card, Discover or Cashier's Check)		

Ownership

Check Applicable Type: _____ Sole Proprietor _____ Partnership _____ Corporation

Corporation (If applicable) (Only list owners/officers who own 5% or more interest.)

Corporate Name:		Owner/Officer:		
Home Address		City	State	Zip
% of Ownership:		Social Security#:		

License Eligibility (Jonesboro Code of Ordinances, Chapter 6, Section 6-37 & 6-71)

<p>Retail Consumption: List your current seating capacity (not including any seating located in a lounge, bar, or other area designated primarily for serving alcoholic beverages.)</p> <p># of Seats: _____</p>	<p>Retail Dealer: List total amount of inventory including food, tobacco products, household supplies, and periodicals (alcohol and automotive supplies shall not be included.)</p> <p>Amount of Inventory: _____</p>
---	--



CITY OF JONESBORO
 124 North Avenue, Jonesboro, GA 30236
 CITY HALL: (770) 478-3800
 FAX: (770) 478-3775

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit, as referenced in O.C.G.A. Section 50-36-1, from the City of Jonesboro, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Jonesboro, Georgia.

Signature of Applicant: _____ Date _____

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

Printed Name of Applicant: _____

 Notary Public
 My Commission Expires:

* _____
 Alien Registration number for non-citizens

*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: _____

PLEASE SEE CHECKLIST BELOW. THESE ITEMS ARE REQUIRED WITH YOUR RENEWAL APPLICATION

- Copy of official government issued photo identification (driver's license, passport, state ID card, etc.) for applicant and/or management designee**
- Proof of percentage of Alcohol sales and percentage of other miscellaneous inventory sales**
- Copy of State Alcohol License**
- Copy of State Tobacco License**
- Alcohol ID Card required for all employees selling or serving – (list names on page 2)**
- City taxes (Personal or Real Estate) must be paid**
- Copy of Distribution Invoices that show where your alcohol was purchased**
- Background check (Manager, Business Owner or Registered Agent) (\$35)**

FOR OFFICE USE ONLY

Date Received: ____/____/____

Type of License: _____

Fee Amount Enclosed: \$ _____

Business License No.: _____

Date Approved: ____/____/____

State Alcohol License No.: _____

Date Denied: ____/____/____

Reason (if any): _____

Misc. Notes:

City Manager's Signature: _____

Date: ____/____/____

