



## ALCOHOL LICENSE APPLICATION CHECKLIST

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- ☐ Complete application its entirety. **Please be sure application is notarized.**
  - ☐ Attach the *Private Employer Affidavit*. **Please be sure form is notarized.** A blank form is attached for your convenience.
  - ☐ Attach the *Affidavit Verifying Status for City Public Benefit Application*. **Please be sure form is notarized.** A blank form is attached for your convenience. See link for complete list of acceptable forms of identification – <https://law.ga.gov/immigration-reports>.
  - ☐ Attach a copy of at least one (1) secure and verifiable document (driver's license, passport or I-551 permanent resident card). For complete list of acceptable forms of identification – <https://law.ga.gov/immigration-reports>.
  - ☐ Applicant must submit fingerprints using the Georgia Applicant Processing Service (GAPS). Instructions for fingerprinting are attached.
  - ☐ Provide payment for application fee. License fee will be invoiced after approval and must be paid prior to license issuance.

**Once all the above items are complete, please return all documentation to the Customer Service window at City Hall. If all documentation has been completed properly and application fee has been received, then the City Clerk will publish notice of application and schedule license request for consideration by Mayor and Council at the next available Council meeting. Council meetings are held the 2<sup>nd</sup> Tuesday of each month. Applications must be received 30 days prior to council meeting date.**

### PLEASE NOTE:

If application is for an alcoholic beverage license of liquor/distilled spirits for sale by the drink, applicant understands that they are to pay the alcohol beverage excise drink tax each month in accordance with Chapter 5, Article V of the Code of Ordinance of the City of Springfield. Forms will be provided by the City Clerk.

It is the responsibility of license holder to ensure the business is operating in compliance with the City of Springfield's Alcohol Ordinance. Failure to comply may result in revocation of license.

Business must also apply for and maintain a State Alcohol License through the Georgia Department of Revenue. Failure to do so will result in revocation of license. For more information, please visit <https://dor.georgia.gov/alcohol-tobacco>



## ALCOHOL LICENSE APPLICATION

1. **TYPE OF ALCOHOL BEVERAGE LICENSE APPLIED FOR:**

✓	TYPE OF LICENSE	FEE
<input type="checkbox"/>	NONREFUNDABLE Application Fee (due upon submittal of application)	\$250.00
<input type="checkbox"/>	NONREFUNDABLE Sunday Sales Permit Application Fee	\$25.00
<input type="checkbox"/>	Consumption on Premises of Beer and Wine	\$1000.00
<input type="checkbox"/>	Consumption on Premises of Beer, Wine and Distilled Spirits	\$2000.00
<input type="checkbox"/>	Retail Package Sale of Beer and/or Wine	\$1000.00
<input type="checkbox"/>	Retail Package sale of Beer, Wine, and Distilled Spirits	\$5000.00
<input type="checkbox"/>	Sunday Sales ( <i>Food Serving Establishments; Must Complete Additional Provided Affidavit</i> )	\$150.00
<b>TOTAL OF LICENSE FEES:</b>		

2. **BUSINESS INFORMATION:**

\_\_\_\_\_  
Legal Name of Business (include any DBA)

\_\_\_\_\_  
Physical Address of Business

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Projected Opening Date

\_\_\_\_\_  
Operator's/General Manager's Name

\_\_\_\_\_  
Operator's/General Manager's Home Address

\_\_\_\_\_  
Telephone Number

3. **BUSINESS DESCRIPTION:**

\_\_\_\_ Retail/Convenience Store \_\_\_\_ Restaurant \_\_\_\_ Performance Theatre \_\_\_\_ Private Club \_\_\_\_ Event Venue

4. **APPLICANT'S INFORMATION:**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Home Address

\_\_\_\_\_  
Telephone Number

**NOTICE:** The applicant for an alcoholic beverage license shall be the owner of the business. If this is a corporation, partnership or other legal entity, the applicant must be a substantial and major stockholder, or the applicant may be the General Manager charged with the regular operation of said business on the premises for which the license is issued. Applicant for an alcoholic beverage license, as well as every owner having 10% or more ownership, must submit to fingerprinting by using the GAPS system prior to submitting the application. Instructions for fingerprinting are attached.

5. **OWNER'S INFORMATION:**

Please list all persons who have an ownership interest of 10% or more in the business. Use additional paper if necessary.

Business Owner Name:	Business Owner's Address:	Business Owner's Telephone Number:

6. **BUSINESS DISCLOSURE:**

Has applicant, owner, corporation, or any person connected with or having an interest in said business ever previously or currently held/hold a license to sell wine, beer and/or distilled spirits/liquor? ☐ **Yes** ☐ **No**

If yes, were there any violations of any law, regulation or ordinance relating to such business? ☐ **Yes** ☐ **No**

Has applicant, owner or any person connected with or having an interest in said business:

Ever been convicted of any criminal violation or city ordinance violation (other than a traffic citation)? ☐ **Yes** ☐ **No**

Ever served time in prison or other correctional institution? ☐ **Yes** ☐ **No**

Ever had an alcoholic beverage license suspended or revoked at any time in any locality: ☐ **Yes** ☐ **No**

**NOTE:** If the answer to any question in this section (5) is "yes" for the applicant, owner, corporation, or any person connected with or having an interest in said business, describe circumstances in detail for each person. Please provide and attach a written explanation.

7. Have you received and reviewed the City of Springfield Alcohol Ordinance? ☐ **Yes** ☐ **No**

**Before the undersigned attesting officer duly authorized to administer oaths, personally comes the applicant for a license to conduct the sale of alcoholic beverages in the City of Springfield, says that the information given and the statements made in this application are true, correct and complete under penalty of law.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Seal  
My Commission Expires: \_\_\_\_\_

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**STAFF RECOMMENDATIONS – CITY OFFICIAL USE ONLY****ZONING DEPARTMENT**

The Zoning Department has reviewed and examined the application. Based on the findings and the requirements of the Zoning Ordinance of the City of Springfield, the application is therefore recommended for:

Parcel#:	Zoning District:	Approval: <input type="checkbox"/>	Denial: <input type="checkbox"/>
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Reviewed By:	Date:
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Comments: _____ _____ _____ _____
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**POLICE DEPARTMENT**

The Police Department have reviewed the application and the disclosures and criminal histories of the applicant(s). Based on their findings and the requirements of the Code of Ordinances of the City of Springfield, the application is therefore recommended for:

Reviewed by:	Date:	Approval: <input type="checkbox"/>	Denial: <input type="checkbox"/>
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Comments: _____ _____ _____ _____
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**COUNCIL APPROVAL:**

Scheduled for City Council Meeting Date: \_\_\_\_\_

**COUNCIL APPROVAL**

Clerk or City Manager Signature:	Date:	Approval: <input type="checkbox"/>	Denial: <input type="checkbox"/>
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Comments: _____ _____ _____ _____
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**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 an **Alcohol License** required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

\_\_\_\_\_  
Name of Private Employer

**Please check only one:**

☐ \_\_\_\_\_

On January 1<sup>st</sup> of the below-signed year, the individual, firm or corporation employed more than ten (10) employees.

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

\_\_\_\_\_  
Federal Work Authorization (E-Verify) User Identification Number

\_\_\_\_\_  
Date of Authorization

☐ \_\_\_\_\_

On January 1<sup>st</sup> of the below-signed year, the individual, firm or corporation employed less than ten (10) employees.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

My Commission Expires: \_\_\_\_\_

## AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for an **Alcohol License** (type of public benefit), as referenced in O.C.G.A. § 50-36-1, from the City of Springfield, Georgia, the undersigned applicant verifies one of the following with respect to my application for public benefit.

1.) ☐ I am a United States citizen.

OR

2.) ☐ I am a legal permanent resident.

OR

3.) ☐ I am 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.

If you chose #2 or #3, my alien number issued by the Department of Homeland Security or other federal immigration agency is:

\_\_\_\_\_.

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 be best 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Name of Business

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Seal

My Commission Expires: \_\_\_\_\_

## AFFIDAVIT TO DISPENSE ALCOHOLIC BEVERAGES ON SUNDAY

The City of Springfield permits eating establishments (restaurants) holding a license to dispense alcoholic beverages for consumption on the premises under certain conditions. To be authorized to dispense alcoholic beverages for consumption on Sunday, your establishment must:

- (1.) Hold a license for the sale of alcoholic beverages by the drink for consumption on the premises.
- (2.) Derive at least 50% of its total annual gross revenue from the sale of prepared meals or food (including non-alcoholic beverages)

Applicants for a Sunday sales permit, whether new applicants or renewal applicants, shall submit with their application a certified affidavit from a certified public accountant (CPA) or registered public accountant (RPA) attesting to the accuracy of the financial information supplied to him and that such location derived at least 50 percent (50%) of its gross revenues for the last 12 months of business under present or previous ownership from the sale of prepared meals or room rental in the case of an inn. In the absence of such data, the business owner will not be considered for Sunday liquor sales until a certified affidavit from a CPA or RPA is submitted certifying as to the revenues for the immediate 12 months of business preceding the time of application for a Sunday sales license. Failure to attach such affidavit to an application or failure to comply with the terms of the affidavit will result in disapproval of the application and revocation of the license.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Location

\_\_\_\_\_  
Telephone Number

I certify that the establishment named above: (1) is a bona fide public eating establishment which will actually and regularly prepare and serve food on the premises; (2) fully intends to derive at least 50% of its total annual gross food and beverage sales from the sale of prepared meals or food; and (3) will provide full food service along with a printed or posted menu to the public during operating hours. Further, I understand that I must submit a certified affidavit from my certified public accountant (CPA) or registered public accountant (RPA) upon my request for renewal each year if Sunday Sales of alcoholic beverages is to be continued.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Notary Public/Seal

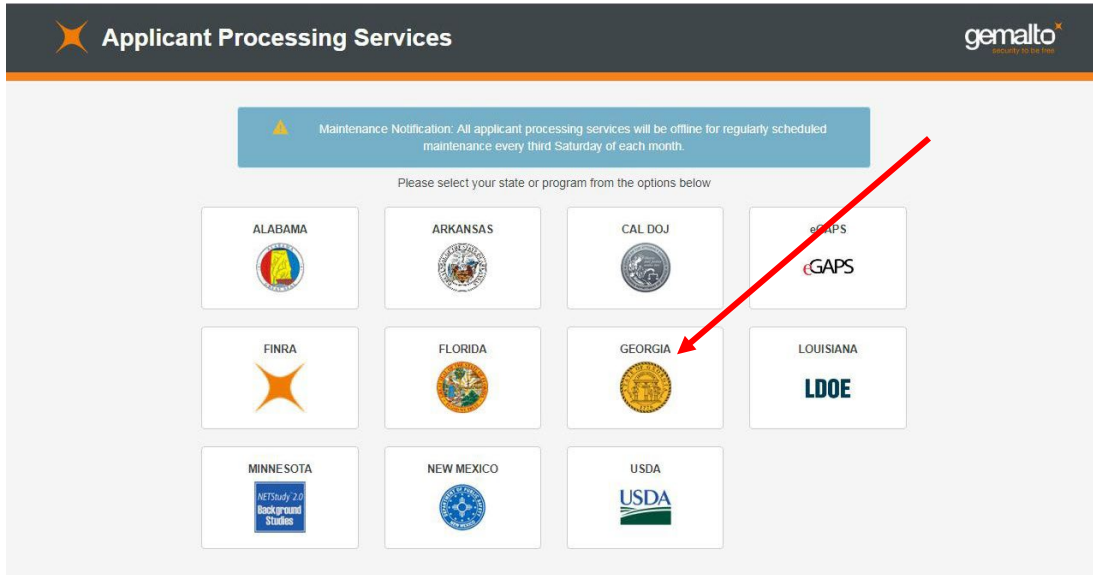
My Commission Expires: \_\_\_\_\_

## INSTRUCTIONS FOR REGISTERING FOR FINGERPRINTING:

1. Go to the following webpage:

<http://cogentid.com>

2. Select 'Georgia'.



3. Select 'Applicant Registration'.





4. Select 'City/County Government and Law Enforcement Agencies (CCGC)'.



Applicant Fingerprinting Online Services



To register for a background check, please select one of the options below:

GEORGIA COURT SERVICES (CS)	DEPARTMENT OF EARLY CARE & LEARNING (DECAL)	EDUCATION AGENCIES (EA)
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD)	SECRETARY OF STATE (SOS)	GEORGIA STATE-ONLY BACKGROUND CHECKS (GABC)
DEPARTMENT OF COMMUNITY HEALTH (DCH)	DEPARTMENT OF DRIVER SERVICES (DDS)	CITY/COUNTY GOVERNMENT AND LAW ENFORCEMENT AGENCIES (CCGC)
DEPARTMENT OF PUBLIC HEALTH (DPH)	REAL ESTATE COMMISSION APPRAISERS BOARD (RECAB)	DEPARTMENT OF BANKING AND FINANCE (DBF)
OFFICE OF INSURANCE SAFETY FIRE COMMISSIONER (OIC)	DEPARTMENT OF HUMAN SERVICES (DHS)	GEORGIA BUREAU OF INVESTIGATION (GBI)
DEPARTMENT OF JUVENILE JUSTICE (DJJ)	GEORGIA VOCATIONAL REHABILITATION AGENCY	DEPARTMENT OF DEFENSE
DEPARTMENT OF COMMUNITY SUPERVISION (DCS)	GEORGIA DEPARTMENT OF REVENUE	

Close

5. Select 'Alcohol and Liquor License'.



Applicant Fingerprinting Online Services



City/County Government and Law Enforcement Agencies

To register for a background check, please select one of the options below:

ALCOHOL AND LIQUOR LICENSE	COURTS
FIREFIGHTER	LAW ENFORCEMENT AGENCIES
LOCAL COUNTY HEALTH DISTRICTS	ORDINANCES
OTHER	

Back

6. Read the 'Non-Criminal Justice Applicant's Privacy Rights' and 'Privacy Act Statement'. Once read, check the box beside 'I have read and accepted these terms'. Then select 'Continue'.

Select Language ▼

### Non-Criminal Justice Applicant's Privacy Rights

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. §35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the FBI website (<http://bi.fbi.gov/ncjia/obtaining-criminal-history-record-information>).

### Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974.

☐ I have read and accepted these terms.

Print | Download

Cancel Continue

7. Fill in the information. Please use **GA923391Z** in the 'Reviewing Agency ID' field.

gemalto

Applicant Fingerprinting Online Services

Select Language ▼

### Applicant Registration

#### Step 1 - Please Enter Your Information

**Transaction Information**

Reviewing Agency ID:  Reason:

Requesting Agency ID:  (If different from Reviewing Agency ID) Position Applied for:

Payment:  Credit Card  Fingerprint Card User:

No unemployment cards, child support cards or gift cards are accepted.

By Checking this box, you are agreeing to submit ink cards to Gemalto Cogent. See [here](#) for details.

**Personal Information**

Last Name:  First Name:

Middle Name:  Suffix:

Social Security #:  Re-enter SSN:

Date of Birth:  Weight:

Sex:  Race:

Eye Color:  Hair Color:

Height:  Place of Birth:

Country of Citizenship:  State Driver's License:

Driver's License #:  Don't include 'GA'

**Address Information**

Address:  Address 2:

City:  APT:

State:  Zip:

Phone #:  Email:

Reset Continue

**DO NOT CHECK THIS BOX!**

Note: \* Fields in yellow are required.

Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.

8. For the 'Reason', select 'Alcohol/Liquor Licensee'.

**gemalto** Applicant Fingerprinting Online Services

Select Language ▼

**Applicant Registration**  
**Step 1 - Please Enter Your Information**

**Transaction Information**

Reviewing Agency ID:  Reason: **SELECT**

Requesting Agency ID:  (If different from Reviewing Agency ID)

Payment: **Credit Card** No unemployment cards, child or gift cards are accepted.

**Personal Information**

Last Name:

Middle Name:

Social Security #:  No dashes

Date of Birth:  MMDD/YYYY

Sex: **SELECT**

Eye Color: **SELECT**

Height: **SELECT**

Country of Citizenship: **SELECT**

Driver's License #:  Don't include 'GA'

**Address Information**

Address:  Address 2:

City:  APT:

State: **SELECT** Zip:

Phone #:  Email:

**Reset** **Continue**

Note: \* Fields in yellow are required.  
Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.

9. Once information is entered, select 'Continue'.
10. Verify information and select 'Submit'.
11. Enter payment information.
12. Print receipt and take with you to have fingerprinting done.
13. To find a fingerprinting location, visit <http://cogentid.com>, then select Georgia. On the left hand side of the screen, the first selection is 'Find a Fingerprint Location'. When this is selected, you can find a location nearest you for fingerprinting.