



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 2nd 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 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
TOTAL OF LICENSE FEES:		

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: _____

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"/>
Reviewed By:		Date:	
Comments: _____			

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"/>
Comments: _____			

COUNCIL APPROVAL:

Scheduled for City Council Meeting Date: _____

COUNCIL APPROVAL

Clerk or City Manager Signature:	Date:	Approval: <input type="checkbox"/>	Denial: <input type="checkbox"/>
Comments: _____			

**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 1st 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 1st 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:

General Registration Steps

1. **Go to the Portal:** Navigate to <https://ga.state.identogo.com/ue>
2. **Enter Service Code and Reviewing Agency:** service code 2TGR22, Reviewing Agency GA923391Z
3. **Provide Personal Info:** Enter your full legal name, date of birth, and contact details (email/phone).
4. **Select Service Type:** Choose scheduling a Live Scan (electronic) appointment at a center.
5. **Schedule :** Search for a location by city/zip, then pick your date and time.
6. **Review & Confirm:** Double-check all entered information for accuracy.
7. **Payment:** Pay the required fee online (or be prepared for payment at the center/via mail, depending on service).
8. **Print Confirmation:** After payment, print the confirmation page with the barcode or save the email/confirmation number.

Key Things to Remember

- **Service Code is Crucial:** You must have the correct code for your specific background check reason.
- **Check Agency Info:** Contact your hiring organization or agency if you don't know your code or need fingerprint cards.
- **Identification:** Bring proper ID (like a driver's license)