



City of Hiram
Application for Alcoholic Beverages License

JP 7-11-16

License and Fee Costs

(please initial at least one box in both categories)

Application Fees*:

- New Establishment \$100.00
- Renewal with changes \$100.00
- Renewal without changes \$50.00
- Transfer \$100.00
- Non-Resident wholesale dealer registration fee \$100.00

Regulatory Fees*:

Retail Package Licenses (Package)

- Package Malt Beverage License \$500.00
- Package Wine License \$500.00
- Package Distilled Spirits License* \$1,000.00

* requires in addition to fee, a \$1,000.00 personal performance bond

Retail Consumption On Premises Licenses (Pouring)

- Full Pouring License \$4,500.00
(Distilled spirits, wine and beer by the drink)
- Limited Pouring License \$1,000.00
(Wine by the drink)
- Limited Pouring License \$1,000.00
(Beer by the drink)
- Limited Pouring License \$3,500.00
(Distilled spirits by the drink)

Specialty Licenses

- Brewpub \$3,000.00
- Farm Winery Tasting Room \$3,000.00

Wholesale Licenses

- Resident wholesale dealer license \$1,000.00
(Wine and/or beer)
- Resident wholesale dealer license \$1,000.00
(Distilled spirits)

Temporary/Special Event Permits

- Temporary extension of premises \$50

Alcoholic Beverage Caterers Permits

- Resident Caterers License/Permit \$25.00 (Per event)
- Non-Resident Caterers License/Permit \$50.00 (Per event)

Nonprofit Civic Organization Permits

- One Day Permit Fee \$50.00

***Application fee and Regulatory Fees must be paid separately.**

Applications must be submitted not less than 30 days prior to such application being considered by the City Manager (If the application is not approved, the regulatory fee shall not be required). Payment of the occupation tax is due within 2 days of engaging in business.

Check-off List

N=required for new licenses; R=required for renewals; COO=required for change of ownership; COL=required for change of licensee

Application

- _____ Application *N,R,COO,COL* (no blanks; enter N/A if necessary) (**page 3 thru 7**)
- _____ **Form D-1** *N,R,COO,COL*(Evidence of Ownership/Leasehold Interest)-completed and signed by the licensee (**page 8**)
- _____ **Form D-2** *N* (Distance certification affidavit) (**page 9**)
- _____ **Form D-3** *N,R,COO,COL*(Consent for fingerprints/background check)-completed and signed by the licensee (**page 10**)
- _____ **Form D-4** *N,R,COO,COL*(Tax Commissioner's Certification)-with the licensee named as applicant (**page 11**)
- _____ **Food v Alcoholic Beverage Affidavit** *N,R,COO,COL*(for pouring licenses) (**page 12**)
- _____ **SAVE affidavit** *N,R,COO,COL*-completed and signed by the licensee (**page 13**)
- Including a Secure and Verifiable document, as defined by OCGA § 50-36-2
 - If not a US Citizen, must provide proof that you are lawfully admitted for *permanent residence* in the United States
- _____ **E-Verify affidavit** *N,R,COO,COL*-licensee to complete (**page 14**)
- _____ **Certification/Affidavit of Application** *N,R,COO,COL*-signed by licensee (**page 15**)
- _____ **Fingerprint Instructions** *N, COO, COL* (**page 16**)
- _____ **Fingerprint Affidavit** – *N,COO, COL* (**page 17**)

Attachments

- _____ Surveyor's Distance Certification-*N*
- Each applicant for a *new* license must supply a scaled drawing from a registered surveyor that shows compliance with the City of Hiram Code of Ordinances Section 6-78 and Georgia State Law.
- _____ Copy of lease agreement and/or proof of ownership of the property-*N,R,COO,COL*
- _____ Copy of alcohol training certificate issued to the licensee-*N,R,COO,COL*
- _____ If applicant is a corporation or LLC, a copy of the Certificate of Organization/Registration issued by the Georgia Secretary of State-*N,R,COO,COL*
(404) 656-2817 Georgia Secretary of State's Office
- _____ If a partnership, provide a copy of the partnership agreement-*N,R,COO,COL*
- _____ Certificate of Occupancy issued by Paulding County-*N,COO*
(770) 443-7571 Paulding County Building & Permitting Department
- _____ If doing business as any name other than the corporation/LLC name, provide copy of the trade name registration-*N,COO,COL*
(770) 443-7529 Paulding County Superior Court Clerk's Office
- _____ Copy of Food Service Permit and/or Food Sales Establishment License-*N,R,COO,COL*
(770) 443-7877 Paulding County Environmental Health (food service)
(770) 535-5955 GA Department of Agriculture, North District Office (food sales)
- _____ Copy of menu, if food service-*N,R,COO,COL*
- _____ Site plan/drawing of proposed layout of establishment, with the dining room(s), kitchen(s), patio(s), and/or bar(s) in particular labeled-*N,R,COO,COL*
- _____ If pouring establishment, with live music and/or dancing and/or patio/open area, provide a copy of Fire Marshal and Building Inspector approval, per Hiram 6-39-*N,R,COO,COL*
(770) 222-1160 Paulding County Fire Marshal's Office
(770) 443-7571 Paulding County Building & Permitting Department
- _____ If liquor package, provide a copy of \$1,000 personal performance bond-*N,R,COO,COL*
- A State License in addition to a local license is required prior to engaging in the sale/providing/purchasing of alcoholic beverages. Please contact the Georgia Department of Revenue at (770) 732-2745.**

TYPE OF ESTABLISHMENT

(please check all that apply; see Chapter 6 of the City of Hiram Code of Ordinances for definitions)

- Restaurant
- Lounge
- Supper Club
- Private Club
- Special Events Facility
- Farm Winery
- Brew Pub
- Hotel
- Grocery Store
- Convenience Store
- Package Store
- Golf Club

INFORMATION ON APPLICANT / OWNER

(please print clearly)

1) Type of Ownership: () Sole Proprietor () Partnership () Corporation
() LLP () LLC

2) Name doing business as: _____

3) Corporation, partnership, LLC, LLP,
or company name: _____

4) Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax: _____

5) Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

6) Licensee Name: _____

Position: _____ SS #: ____ - ____ - ____ Date of birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Business Phone: _____ Alt. Phone: _____

State of Georgia Resident: _____ / _____
(Years) (Months)

7) If Sole Proprietor

Individual Owner's Name: _____

SS #: ____ - ____ - ____ Date of birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

8) If Partnership or Limited Liability Partnership

Name of Partner/Member: _____

SS #: ____ - ____ - ____ Date of birth: _____

Percentage of Ownership: _____ Business Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Partner/Member: _____

SS #: ____ - ____ - ____ Date of birth: _____

Percentage of Ownership: _____ Business Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

*If more than two partners, attach additional pages

9) If Corporation or LLC

Name of President/Member: _____

SS #: ____ - ____ - ____ Date of birth: _____

Percentage of Ownership: _____ Business Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of VP/Member: _____

SS #: ____ - ____ - ____ Date of birth: _____

Percentage of Ownership: _____ Business Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Secretary/Member: _____

SS #: ____ - ____ - ____ Date of birth: _____

Percentage of Ownership: _____ Business Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Treasurer/Member: _____

SS #: ____ - ____ - ____ Date of birth: _____

Percentage of Ownership: _____ Business Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

*If additional members, attach additional pages

10) List all shareholders holding more than 20 percent of any class of corporate stock:

Name: _____ Name: _____

Address: _____ Address: _____

Shares: _____ Shares: _____

*Attach additional sheet(s) if necessary

11) Name of any other entity(ies)/person(s) having a financial interest in the establishment for which a license is being sought:

Name: _____ Name: _____

Address: _____ Address: _____

Financial Interest: _____ Financial Interest: _____

*Attach additional sheet(s) if necessary

12) Does the licensee or any person having beneficial interest in the business have beneficial interest in any other alcoholic beverage license? _____ Yes _____ No
If yes, please name the individual(s) and type(s) and location(s) of license(s).

*Attach additional sheet(s) if necessary

13) Has the licensee or a person with any interest in the application previously made application for Alcoholic Beverage License? _____ Yes _____ No

14) Has the licensee or a person with any interest in the application ever been convicted of or pled no lo contendere to a violation of Federal, State or local law? (except for minor traffic violations)? _____ Yes _____ No
If yes, please indicate name of individual(s), offense(s), date of offense(s), disposition(s), and date of disposition(s). _____

*attach additional sheet(s) if necessary

15) Has the entity, licensee or a person with any interest in the application ever violated a law, rule, ordinance, and/or regulation relating to alcoholic beverages or the operation of a business within five years preceding this application?
_____ Yes _____ No

If yes, please indicate name(s), date(s), offense(s), location(s), and punishment(s).

*attach additional sheet(s) if necessary

16) Please provide the name and address of a Paulding County resident, age 21 years or older, to serve as the registered agent of the licensee, upon whom may be served any process, notice or demand required or permitted by law to be served upon the licensee or owner.

Name: _____

Address: _____

INFORMATION ON THE ESTABLISHMENT:

1) What are the (proposed) days and hours of operation for this establishment?

2) What are the (proposed) days and hours of alcohol service for this establishment?

3) Does the (proposed) establishment have a drive-in window for the sale of alcoholic beverages? _____ Yes _____ No

4) Does the (proposed) establishment intend to provide for live entertainment and/or dancing? _____ Yes _____ No

If yes, please provide details: _____

5) Does the (proposed) establishment intend to have pool tables?

_____ Yes _____ No

If yes, please provide the number and type of pool tables _____

6) Does the (proposed) establishment intend to serve alcohol on a patio/open area?

_____ Yes _____ No

If yes, what is the height of the structure? _____

Please provide a picture of the proposed patio/area, a copy of the approval from the Paulding County Building Inspector and Paulding County Fire Marshal.

7) Does the (proposed) establishment intend to have a lounge?

_____ Yes _____ No

If yes, please provide a description of the proposed lounge area: _____

8) If a hotel, does the business receive at least 50% of its total gross revenue from this location from the rental of rooms?

_____ Yes _____ No

9) Number of full-time or full-time equivalent, W-2 employees: _____

Zoning Information (for new licenses only)

Provide the Parcel ID No. _____

To be completed by City Operations Manager:

Zoning Designation: _____

Approved _____ Denied _____

Form D-1
Evidence of Ownership / Leasehold Interest

RE: Application of _____

The undersigned licensee does hereby certify that he/she is the owner or lessee of the premises shown in the application or the owner shown in the application is the owner or lessee of the premises and the document attached hereto consisting of _____ page(s) is the evidence of the ownership/leasehold interest of the applicant or owner.

This _____ day of _____, 20 ____.

Licensee Signature

Printed Name of Licensee

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

Form D-2
Surveyor's Distance Certification

RE: Application of _____

_____, a registered Georgia land surveyor, does hereby swear and affirm that I have inspected the business premises shown on the attached plat and have measured the distance to the nearest church, school building, educational building, school grounds, college campus, church building, alcoholic treatment center, another licensed alcohol establishment (package distilled spirits), housing authority property (consumption on the premises), private dwelling, public playground, public swimming pool, day care center, or nursery school. Unless noted on the plat, the business premises complies with the distance requirements of the City of Hiram Code of Ordinances, and the requirements of State Law O.C.G.A. § 3-3-21.

GEORGIA REGISTERED LAND SURVEYOR SIGNATURE
NO. _____

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

Form D-3

G.C.I.C. Search of Records

1. Applicant's Name: _____
Last First Middle

2. Address: _____
Street No. & Name City State Zip

3. Social Security Number: _____ - _____ - _____

4. Date of Birth: _____ / _____ / _____
Month Day Year

5. Driver's License State & Number: _____

6. Sex _____ Male _____ Female

7. Race: _____

The undersigned does hereby consent and authorize the City of Hiram Police Department or any other Federal, State or Local agency to conduct an investigation on the criminal history record of criminal history pertaining to the undersigned which may be found in the files of any Federal, State or Local Criminal Justice Agency as maintained by the Georgia Bureau of Investigation's Georgia Crime Information Center or similar agency.

This _____ day of _____, 20____.

Licensee/Applicant

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

Form D-4
Tax Commissioner's Certification

RE: Application of _____

"I, _____, as Tax Commissioner of Paulding County (or his lawful deputy) certify that there are no delinquent taxes owing to Paulding County for either real or personal property pertaining to the business known as _____ located at _____ or by the applicant _____ or, if applicable, the owner or other parties in interest who are: _____."

Tax Commissioner of Paulding County
(or his lawful deputy)

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public



City of Hiram
217 Main Street
Hiram, GA 30141
Phone 770-943-3726 ext. 2013

FOOD VERSUS ALCOHOLIC BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT _____

ADDRESS OF ESTABLISHMENT _____

I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. Financial reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals. This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED _____
(IF EXISTING BUSINESS, MUST BE 12 MONTH PERIOD. IF NEW BUSINESS, MUST BE 12 MONTH ESTIMATE)

- A. Gross Receipts from Food Sales (excluding sodas, etc.) this period: \$ _____ (_____ %)
- B. Gross Receipts from Non-Food Sales (excluding alcohol) this period: \$ _____ (_____ %)
- C. Gross Receipts from Alcoholic Beverage Sales this period: \$ _____ (_____ %)
- D. Total Sales (Food and Non-Food) and Alcoholic Beverage Sales this period: \$ _____ (_____ %)

(A + B + C)
Percentage of Total Sales comes from the sale of Food: _____ %
(A ÷ D)

Briefly describe the method by which receipts are segregated daily into food, non-food and alcoholic beverage sales:

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

CPA NAME (PRINTED)

NAME OF CPA FIRM

CPA SIGNATURE

BUSINESS ADDRESS

PHONE #

SWORN UNDER OATH THIS ____ DAY OF _____, 20__

SIGNATURE OF NOTARY PUBLIC

II. I hereby affirm that I understand that the privilege of selling alcoholic beverages for consumption on the premises in the City of Hiram requires a valid alcoholic beverage pouring license and that at least 51% of the licensed establishment's total sales be derived from the sale of food and nonalcoholic beverages consumed on the premises unless otherwise provided by Law. I further affirm that I understand that the privilege of selling alcoholic beverages on Sundays requires that at least 50% of the licensed establishment's total annual gross sales be derived from the sale of prepared meals or food.

I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license. I further affirm that I understand that the City of Hiram may audit our records to verify same at its discretion.

SIGNATURE OF LICENSEE

PRINTED NAME OF LICENSEE

SWORN UNDER OATH THIS ____ DAY OF _____, 20__

SIGNATURE OF NOTARY PUBLIC

THIS FORM MUST BE COMPLETED IN FULL OR NO PRIVILEGE POURING LICENSE WILL BE ISSUED.

CITY OF HIRAM

S.A.V.E. Affidavit Verifying Status

By executing this affidavit under oath, as an applicant for a City of Hiram Alcohol Beverage License/Permit, I am stating the following with respect to my application to The City of Hiram for the license/permit:

_____ [Fill in Name of Licensee]

_____ [Fill in Name of corporation, business or partnership, if any applies]

[check the blank that applies below]

1) _____ I am a United States citizen 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 which can be best described as:

OR

2) _____ I am a legal permanent resident 18 years of age or older and lawfully present in the United States.* All persons that check this box must be verified through DHS's SAVE program. (Must include a copy of your current State Driver's License and a copy of your Permanent Resident Card)

In making the above statement 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. Section 16-10-20.

Signature of Licensee Date

Printed Name

*Alien Registration number for non-citizens

NOTARIZATION REQUIRED:

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE ___ DAY OF _____, 20__.

Notary Public

My Commission Expires: _____

***Note:** O.C.G.A. § 50-36-1(3)(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 below:

Alternate Identifying number for qualified aliens who do not have an A.R. number

Private Employer / E-Verify Affidavit

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**¹.

***** If you select Section 1(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**.

***** If you select Section 1(B), please skip Section 2 and execute below. *****

Section 2.

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

E-Verify Number

(Federal Work Authorization User Identification Number)

_____-_____-201____

Date of Authorization

THIS FORM MUST BE NOTARIZED

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ of _____, 201____ in _____, _____.
Day Month Year City State

Name of Employer

X _____
Signature of Authorized Officer or Agent

X _____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

Certification/Affidavit of Application

STATE OF GEORGIA
COUNTY OF PAULDING

The undersigned makes this application for a license as indicated herein to the City Manager under the provisions of City of Hiram Code of Ordinances, Chapter 6, the Alcoholic Beverage Ordinance.

Under penalty of perjury, the undersigned applicant, on oath, states that the information contained herein, including the attachments, are true and correct. Additionally, the undersigned confirms (he/she) is a person of good moral character; is at least twenty-one (21) years of age; is a citizen of the United States, or a legal alien; and unless an honorably discharged member of the United States armed forces, a resident of the State of Georgia. Affiant further states that (he/she) has not been convicted within ten (10) years of the date of application of a felony, or any misdemeanor involving moral turpitude, any sexual-related crime, or any criminal offense relating to alcoholic beverages, taxes, or gambling, or has indicated details of any such convictions in the application; that (he/she) is responsible for the management and operation of the business; and that (he/she) is on premises at least 10 hours per week. Affiant acknowledges that a State Alcoholic Beverage License is required in addition to a local license prior to engaging in the sale/purchase/providing of alcohol; and that all management staff of and all persons handling alcoholic beverages in a pouring establishment and/or for an alcoholic beverage caterer must apply for and obtain an alcohol server's permit from the City of Hiram Police Department prior to being employed [(770)-943-3087, ext. 2011].

The affiant acknowledges prior receipt of and familiarization with the Alcoholic Beverage Ordinance and understands that a copy must be maintained on the business premises at all times as required by the Alcoholic Beverage Ordinance. The affiant further acknowledges that alcohol licenses are not transferable, except as provided in the Alcoholic Beverage Ordinance.

The applicant understands that any violation of the Alcoholic Beverage Ordinance may be punished by a fine of \$1,000.00 or sixty (60) days in jail or both.

This _____ day of _____, 20____.

Licensee

Printed Name of Licensee

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

City of Hiram
Alcohol Beverage Applicants
Fingerprint Requirements

GCIC has contracted with Cogent Systems to provide the Georgia Applicant Processing Services (GAPS) to perform electronic submission of all licensees' fingerprints in regards to Alcohol Licensing. **YOU MUST REGISTER** with Cogent Systems **PRIOR** to going to one of their fingerprint sites. Registration may be completed online or over the telephone. To have your fingerprints completed prior to submitting your application, please do the following:

1. Go to GAPS website at www.ga.cogentid.com
2. Click Registration, select "City/County Government and Law Enforcement Agencies"
3. Select "Alcohol and Liquor Licensing"
4. Transaction Information – "Reviewing Agency ID" – GA923141Z, Requesting Agency ID – same ID
5. For Reason select "Alcohol/ Liquor Licensee".
6. Complete the Applicant Registration
7. Follow the instructions on the website.

To register by telephone:

Call 1-888-439-2512 Mon thru Fri, 8am to 6pm EST

During the registration process, demographic data about you will be collected (name, address, SSN, etc.). There will be no data collection or registration at the fingerprint collection sites. A list of available sites is on the GAPS website.

You will receive a GAPS registration number with an option to pay with a credit card or debit card online. You will be charged a service fee for each licensee being fingerprinted. Money orders/ cashiers check PAYABLE TO COGENT SYSTEMS will be accepted at the collection sites for those applicants who do not have the means to pay electronically.

Once registered and payment type has been determined, you may proceed to the fingerprint collection site of your choice. You must take with you a current, valid and unexpired picture identification which can be one of the following:

- State Issued Driver's License or Identification Card with Photo
- US Passport with Photo
- US Active Duty/Retiree/Reservist Military ID Card with Photo
- Government Issued Employee Identification Card with Photo

Also, take to the fingerprint center for verification with these numbers:

- **The City of Hiram OAC Number: GA923141Z**
- **Verifying Code: 923141Z**

You MUST submit your fingerprints before returning your Alcohol License Application to The City of Hiram Occupational Tax License Department. If you have any questions please contact one of the following about GAPS.

Cogent Email or Support Requests

gahelp@cogentsystems.com

Telephone inquires 1-888-439-2512



Alcoholic Beverage Fingerprint Affidavit

By executing this affidavit under oath, as an applicant for the City of Hiram Alcoholic Beverage and Business License for _____(name of business) I _____ (name of applicant) have submitted finger prints to the Georgia Bureau of Investigation through GAPS in compliance with O.C.G.A 3-3-2.

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

Notary Public

My Commission Expires:
