

CITY OF TYBEE ISLAND BUSINESS AND ALCOHOL LICENSE APPLICATION



Application is hereby made for a license to do business within the City of Tybee Island as a dealer in alcoholic beverages as indicated below:

LICENSE CLASSIFICATION	FEE	CHECK
Retail Beer/Wine – Package Sales Only, Consumption on Premises Prohibited	\$ 350	
Retail Beer/Wine – Sale by Drink for Consumption on Premises Only	575	
Retail Liquor – Sale by Package Only, Consumption on Premises Prohibited	850	
Retail Liquor – Sale by Drink for Consumption on Premises Only	1,250	
Retail Liquor – Sale by Package & Drink both in One Building under One Ownership	2,000	
Sunday Sales – Sale by Drink for Consumption on Premises Only	150	
Sunday Sales – Package Sales Only	50	
Wholesale Beer	765	
Wholesale Liquor	1,500	
Wholesale Wine	150	
Distiller, Brewer, or Manufacturer of Alcoholic Beverages	300	
Special Event – Public or Private Property - Beer, Wine (no current license) per event	50	
Special Event – Public or Private Property - Beer, Wine (no current license) 3 days	100	
Special Event – Public or Private Property - Beer, Wine (holding current license) per event	10	
Special Event – Private or Business Property – Beer, Wine, Liquor (no current license) /event	50	
Special Event – Private or Business Property – Beer, Wine, Liquor (no current license) 3 days	100	
Special Event – Business Property – Beer, Wine, Liquor (holding current license) per event	10	

Notice: The applicant for a license shall be a citizen of the United States, a resident of Chatham County, and owner of the business or if a corporation, partnership or other legal entity is the owner, a substantial and major stockholder or the applicant may be the manager of the business charged with the regular operation of said business on the premises for which the license is issued.

Business Name				
Location				
Mailing Address				
Phone			Email	
Federal ID#:		Sales Tax ID:		NAICS Code:
Business Type(Circle One): Sole Proprietor Partnership Corporation(State)____ Date:____ LLC Non-Profit Other:_____				
Names and Home Addresses of Owners, Partners or Corporate Officers with Ten Percent (10%) Interest in Business				
Names (attach additional pages if necessary)	Date of Birth	Home Addresses	City, State, Zip	Social Security #

If special event, date(s) of event _____ Name of event: _____

Names of landlord of the business location _____ Address _____ Phone _____

What other business is conducted at this location? _____

Has application been made for required State and Federal Licenses? _____

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

- o ever been convicted of any violation of law other than for a traffic violation? _____
- o ever served time in prison or other correctional institution? _____
- o ever had an alcohol beverage license suspended or revoked at any time in any location? _____

(if answer is yes, give details) _____

If this application is for RENEWAL of an existing license, enter License Number of existing license _____

If business is an eating establishment, are SUNDAY sales of alcoholic beverages contemplated? _____ If yes, submit additional affidavit.

ALL OF THE FOREGOING INFORMATION IS HEREBY GIVEN AND ALL OF THE FOREGOING STATEMENTS ARE HEREBY MADE ON OATH WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND THE SAME IS AND ARE HEREBY SWORN TO ME TO BE TRUE UNDER PENALTY OF LAW.

Applicant Signature _____ Date _____

Approval	Signature	Date
City Manager		
Zoning		

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public

Georgia Applicant Processing Services

Primary Service Location Address

THEUPS STORE #6029
2126 E. Victory Drive
Savannah, GA 31404

Hours of Operations

Monday through Friday 8:30am to 5:00pm
Saturday 10:30am to 2:00pm

Telephone Number
(Applicant Use)

912-234-7475

Please see www.aps.gemalto.com for information pertaining to fingerprint processing and results. The fingerprint site **DOES NOT** have the means to provide applicants the status of their background check.

Directions to your facility

Intersection of Victory Dr. and Skidaway Rd in the Crossroads Shopping Center. Starbucks is on the corner

Special Instructions for Applicants

You MUST be registered for background check services before arriving at the location.

Arrange to pay prior to arriving for fingerprinting or bring a money order with you payable to Gemalto Cogent in the amount stated on the website. No cash or checks will be accepted on site.

Website Instructions:
(To be completed prior to going to GAPS location)

Access the website at www.aps.gemalto.com.

Click  "Georgia"

Next screen, click: "Applicant Registration,"

Then, City/County Government and Law Enforcement Agencies(CCGC)



Next, "Alcohol and Liquor License"

From there, follow the screen instructions.

The Registering Agency is GA923331Z

THE REGISTRATION FEE IS \$49.25

Please call Sharon Shaver at 912 472-5072 with your TCN number after you have registered.



Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Tybee Island, Georgia, Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application of a City of Tybee Island:

- Business License or Occupational Tax Certificate,
 - Alcohol License,
 - Taxi Permit,
 - Contract
 - Other public benefit _____
- (circle all that apply)*

for _____ *(printed name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity).*

1) _____ I am a United States citizen.

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States. *

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

* Alien Registration Number for Non-citizens *

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

Notary Public _____

My Commission Expires: _____

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 below:
