

# **JASPER COUNTY ALCOHOLIC BEVERAGE LICENSE RENEWAL PACKAGE FOR 2023**

## **Dear Applicant:**

Thank you for being part of the Jasper County business community. We welcome the opportunity to assist you in renewing an Alcoholic Beverage License. The following are some important reminders to help you efficiently renew your license:

### **APPLICANT:**

- Must pass a yearly criminal background check for the state of Georgia. Please contact the Jasper County Sheriff's office immediately upon receipt of renewal to schedule your criminal background.

\* If the licensee is different from the previous year, you must start the application process over as the license are specific to the holder.

### **APPLICATION PROCESS:**

Once the application is complete and all administrative, investigative and permit fees are paid, the application for Alcoholic Beverage License will be advertised in the local newspaper once a week for two weeks prior to the week when the application will be heard by the County Commissioners. County Commission meetings for renewal will be held on Monday, December 5, 2022.

### **ANNUAL LICENSE FEE IS AS FOLLOWS:**

Distilled Spirits, Beer and Wine Pouring- \$3000

Beer and Wine Pouring- \$1000

Beer and Wine Retail- \$500

Retail Beer- \$300

Retail Wine- \$200

Application Fee is non-refundable (\$100)

### **TAX REPORTING:**

Taxes are due on or before the 10<sup>th</sup> of each month. You are responsible for the timely submittal of your excise taxes. Taxes are due from both wholesalers and retailers. Failure to timely submit excise taxes will result in late fees being assessed against remitter. Penalties for noncompliance include fines and possible revocation of license. Reporting must be sent in for all alcoholic beverages purchased from wholesalers.

### **RENEWAL OF LICENSE:**

All licenses shall expire on December 31<sup>st</sup> of the year if issue. The County Clerk or his/her representative will notify license holder on or before November 1<sup>st</sup>.

### **DEADLINE:**

**Please turn applications in before November 11th in order to sale/pour on January 1, 2023. If your application is not received by Friday, November 11, 2022 you will not be eligible to sale/pour after December 30, 2022 as your license will expire at midnight.**

**JASPER COUNTY  
ALCOHOLIC BEVERAGE LICENSE**

**APPLICATION FOR RENEWAL**

**JASPER COUNTY PLANNING AND ZONING**

126 W. Greene Street, Suite 17, Monticello, GA 31064  
706-468-4940

1. BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_
2. EMAIL ADDRESS: \_\_\_\_\_
3. CORPORATION NAME \_\_\_\_\_
4. BUSINESS LOCATION \_\_\_\_\_  
(Street Address)
5. MAILING ADDRESS \_\_\_\_\_
6. APPLICANT'S FULL NAME \_\_\_\_\_
7. SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_
8. DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ GA SALES TAX # \_\_\_\_\_
9. HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_
10. HAVE YOU EVER BEEN ARRESTED? YES \_\_\_ NO \_\_\_ IF YES, DATE AND OFFENSE \_\_\_\_\_

CONSENT AUTHORIZATION: I hereby authorize any agent of Jasper County to receive any criminal history Record information pertaining to me which may be in the files of any state or local criminal justice agency in Ga.

11. TYPE OF LICENSE: ( ) NEW ( ) RENEWAL ( ) TRANSFER BEER \_\_\_\_\_ WINE \_\_\_\_\_
12. THIS LICENSE IS FOR: \_\_\_ RETAIL \_\_\_ POURING \_\_\_ WHOLESALE LIQUOR \_\_\_\_\_ ALL \_\_\_\_\_
13. TYPE OF ESTABLISHMENT: Restaurant \_\_\_\_\_ Service Station \_\_\_\_\_ Lounge \_\_\_\_\_ Package Shop \_\_\_\_\_  
Private Club \_\_\_\_\_ Grocery Store \_\_\_\_\_ Convenience Store \_\_\_\_\_ Other: \_\_\_\_\_

ACCEPTANCE OF PAYMENT BY THE COUNTY DOES NOT CONSTITUTE FINAL APPROVAL OF THE LICENSE APPLICATION. THIS APPLICATION IS SUBJECT TO ALL NECESSARY APPROVALS. SAID LICENSE FEE SHALL BE REFUNDED IN THE EVENT THAT FINAL APPROVAL IS NOT GRANTED.

\_\_\_\_\_  
Date applied for

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

SEAL

\_\_\_\_\_  
NOTARY

PLEASE ANSWER AS APPLIABLE:

1. WHAT IS THE SEATING CAPACITY FOR THE BUSINESS LOCATION?
2. WHAT PERCENTAGE OF THE BUSINESS' ANNUAL GROSS INCOME FOR THE PREVIOUS YEAR WAS FOR SALES OF FOOD TO BE CONSUMED ON PREMISES?
3. IS THERE ANY PART OF THE BUSINESS OTHER THAN THE DINING AREA WHERE PATRONS ARE ALLOWED TO CONGREGATE? IF SO, PLEASE DESCRIBE SUCH AREA(S) IN DETAIL.
4. DOES THE LICENSE, PARTNER, CORPORATION OR OWNER HAVE ANY OWNERSHIP INTERESTS IN ANY OTHER LICENSED ALCOHOLIC BEVERAGE BUSINESS IN THE STATE OF GEORGIA? IF SO, GIVE NAME, BUSINESS NAME, AND BUSINESS LOCATION.

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NOTE: Before signing this application, check all answers and explanations to see that you have answered All questions fully and correctly. This application is to be executed under oath and subject to the penalties for false swearing, and it includes all attached sheets submitted herewith. Licensee understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

STATE OF GEORGIA  
JASPER COUNTY

I, \_\_\_\_\_ (applicant), do solemnly swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true and no false or fraudulent statement or answer is made herein to procure the granting of such license.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing application after Stating to me that he/she knew and understood all statements and answers therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Notary Public

**Georgia Crime Information Center (GCIC)**  
**Purpose Code "E"/"W"/"N"/"M" Consent Form**

I hereby authorize \_\_\_\_\_ to receive any criminal history record information pertaining to me that be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
**Full Name Printed**

\_\_\_\_\_  
**Post Office Box**

\_\_\_\_\_  
**Street**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Sex**

\_\_\_\_\_  
**Race**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Print any other names you have used**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Submitted**

A criminal history record check has been conducted through the Georgia Crime Information Center (GCIC) on the above person, and no criminal history was located.

\_\_\_\_\_  
**Terminal Operator/Agency**

\_\_\_\_\_  
**Date**

**PUR/E GENERAL EMPLOYMENT**

**PUR/M CARE FOR MENTALLY ILL**

**PUR/N NURSING HOME/ELDER CARE**

**PUR/W CARE TO CHILDREN**