



**APPLICATION FOR NEW AND RENEWAL ALCOHOLIC BEVERAGE LICENSE - 2022**

Applicant Name \_\_\_\_\_

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

**Renewal applications other than E-verify affidavits are due November 15.** Renewals submitted after November 15 will be scheduled for Commission meetings after December 31. The privilege to sell alcoholic beverages will cease at midnight on December 31 and will not be reinstated until the renewal license is approved. E-verify affidavit is due January 15, 2022. Failure to submit E-verify affidavit will result in license revocation. The applicant is required to submit renewal application in person and provide at least one secure verifiable document, as defined by the Georgia Attorney General, before the application can be processed.

Check all appropriate boxes below:

Type of license	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Applicant Change
Beverage	<input type="checkbox"/> Beer	<input type="checkbox"/> Wine	<input type="checkbox"/> Liquor
Method of Sale	<input type="checkbox"/> Consumption on premises	<input type="checkbox"/> Package sales, not for consumption on premises	<input type="checkbox"/> Private Club

	<i>Fees</i>	<i>Beer</i>	<i>Wine</i>	<i>Liquor</i>
Consumption on premises		\$293.75	\$212.50	\$2,500.00
Package sales, not for consumption on premises		\$243.75	\$175.00	\$1,587.50
Sale by private club		\$293.75	\$150.00	\$1,875.00

*Applications are to be made by an individual residing in Ware County with a fiduciary relationship to the business.*

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Applicant's relationship to business \_\_\_\_\_

Applicant SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant E-mail \_\_\_\_\_

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

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Fax \_\_\_\_\_

Business Owner \_\_\_\_\_ Property Owner \_\_\_\_\_

Year Business Began \_\_\_\_\_ Operations Business Type \_\_\_\_\_

State License # \_\_\_\_\_ Tax ID # \_\_\_\_\_



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

Please answer the following questions by checking the appropriate boxes:	Yes	No
1. Are you familiar with all City of Waycross ordinances regulating the sale of alcoholic beverages?		
2. Are you a citizen of the United States? Please complete affidavit. Legal aliens are required to attach documentation of their legal alien status.		
3. Are you a resident of Ware County?		
4. Have you ever been convicted of any local, state or federal law that would make you ineligible to receive an alcoholic beverage license, as specified by the Waycross City Code? If yes, please explain:		
5. Have you ever made application for a similar or other license on premises other than described in this application? If application was disapproved, please explain:		
6. Have you paid in full the required license fee?		
7. Do all required servers have valid servers' permits?		
8. Have you ever had an alcoholic beverage license revoked for cause by any state or subdivision thereof? If yes, please explain:		
9. Do you own the premises for which the license is sought? (If NO, attach a copy of the lease that covers the license period)		
10. Are you eligible for a state alcoholic beverage license?		
11. Has the business paid all due City of Waycross Occupation Tax and/or property taxes?		
12. For consumption on premises licenses, have you attached a copy of your most recent financial statements?		
13. Have you attached a copy of the required newspaper advertisement? (Required for a new license or applicant name change)		

State law requires certain affidavits related to E-Verify and the Save program. Related to E-Verify, an affidavit is required stating the employer is authorized to use E-Verify or is not required to use E-Verify. This requirement is effective for employers with 500 or more employee on January 1, 2020, and for employers with more than 100 employees on July 1, 2020, and for employers with more than 10 employees on July 1, 2020.



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

**SUBJECT to E-VERIFY**

**Private Employer Affidavit of Compliance Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than 500 employees on January 1, 2022, and has registered with and utilizes the federal work authorization program coming known as E-Verify, or nay subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

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

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

\_\_\_\_\_  
Number of employees on January 1, 20 \_\_

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

Executed on \_\_\_\_\_, 20 \_\_\_\_ in \_\_\_\_\_ (city),  
\_\_\_\_\_ (state).

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

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

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

**NOTE: Either this affidavit or the Exemption from E-Verify affidavit must be filed by January 15, 2022, or the Alcoholic Beverage License will be revoked.**



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

**EXEMPTION FROM E-VERIFY**

**Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 501 employees on January 1, 2022, and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10- 90.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

Number of employees on January 1, 20 \_\_\_\_\_

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

Executed on \_\_\_\_\_, 20 \_\_\_\_\_ in \_\_\_\_\_ (city),  
\_\_\_\_\_ (state).

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

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

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

\_\_\_\_\_  
NOTARY PUBLIC

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

**NOTE: Either this affidavit or the Exemption from E-Verify affidavit must be filed by January 15, 2022, or the Alcoholic Beverage License will be revoked.**



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SAVE AFFIDAVIT
Affidavit Pursuant to O.C.G.A § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for an Alcoholic Beverage, as referenced in O.C.G.A. § 50-36-1 from the City of Waycross, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1. \_\_\_\_\_ I am a United States citizen.
2. \_\_\_\_\_ I am a legal permanent resident of the United States.
3. \_\_\_\_\_ I am a 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. My alien number issued by 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 best be 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 Code § 16-10-20 of the Official Code of Georgia and face criminal penalties as allowed by such criminal statute.

I, \_\_\_\_\_, do solemnly swear that all facts and statements by me in this application are true and that no false or fraudulent statement is made herein.

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

Personally before me came \_\_\_\_\_ who deposes on oath says the facts set forth in the foregoing application are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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



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

**OFFICE USE**

	Date	Approved	Disapproved
City Clerk			
Code			
Fire			
Police			
Commission			

**EMERGENCY CONTACT INFORMATION**

The information requested below is not part of the application but will enable emergency personnel to contact the person who is enlisted in case your business is damaged or someone has entered your business. Please contact 911 at (912) 287-4335 to notify them of any changes to this list. List as many contacts as you wish but at least two are required.

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

Physical Address \_\_\_\_\_

Phone \_\_\_\_\_

Owner's Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_



APPLICATION FOR NEW AND RENEWAL ALCOHOLIC BEVERAGE LICENSE- 2022 (CONTINUED)



Office of the City Clerk

Dear Business Owner,

We are required by City Ordinance Section 18-17 (c) to have proof that all your current and prior years taxes have been paid before issuing a new or renewing an Occupational Tax Certificate to operate your business. You will need to contact the Tax Commissioner for this information. Their phone number is 912-287-4305 and their fax number is 912-287-4468. You will need to have the Tax Commissioner or his clerk sign this form prior to obtaining your Occupational Tax Certificate.

NAME OF BUSINESS: \_\_\_\_\_

OWNER OF REAL PROPERTY: \_\_\_\_\_

ADDRESS OF REAL PROPERTY : \_\_\_\_\_

REAL PROPERTY ACCOUNT: \_\_\_\_\_

STATUS OF ACCOUNT (PAID, UNPAID, APPEALED, INSTALLMENT AGREEMENT): \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

BUSINESS INVENTORY ACCOUNT : \_\_\_\_\_

STATUS OF ACCOUNT (PAID, UNPAID, APPEALED, INSTALLMENT AGREEMENT): \_\_\_\_\_

SIGNATURE OF TAX COMMISSIONER OR CLERK : \_\_\_\_\_

P.O. Drawer 99 · 417 Pendleton Street, Waycross, GA.
Telephone (912) 287-2900 · Fax (912) 287-2946
WWW. Waycrossga.com