

CITY OF WAYCROSS, GEORGIA

Application for New and Renewal Alcoholic Beverage License
 (912) 287-2900 Fax (912) 287-2946

www.waycrossga.com

Applicant Name _____
 Business Name _____

Renewals are due November 1 each year. Renewals submitted after November 1 will be scheduled for Commission meetings after December 31. The privilege to sell alcoholic beverage will cease at midnight on December 31 and will not be reinstated until the renewal license is approved.

Check appropriate boxes:

Consumption on premises
 Package sales, not for consumption on premises
 Sale by private club

Beer	Wine	Liquor
New	Renewal	Applicant change

Type of license

Fees

Consumption on premises	\$293.75	\$150.00	\$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 Email _____
 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 # _____

CITY OF WAYCROSS, GEORGIA

Application for New and Renewal Alcoholic Beverage License
 (912) 287-2900 Fax (912) 287-2946

www.waycrossga.com

Applicant Name _____
 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)		

CITY OF WAYCROSS, GEORGIA

Application for New and Renewal Alcoholic Beverage License
(912) 287-2900 Fax (912) 287-2946

www.waycrossga.com

Applicant Name _____
Business Name _____

AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Waycross, Georgia Alcohol License, I am stating the following with respect to my application for a City of Waycross, Georgia Alcohol License for _____ (Name of person applying on behalf of individual, business, corporation, partnership, or other private entitled.)

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.

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

* _____
Alien Registration number for non-citizens

Personally before me came _____ who deposes on oath says the facts set forth in the foregoing application are true.
This _____ day of _____

Notary Public

CITY OF WAYCROSS, GEORGIA

Application for New and Renewal Alcoholic Beverage License
(912) 287-2900 Fax (912) 287-2946

www.waycrossga.com

Applicant Name _____
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 listed in case your business is damaged or someone has entered your business. Please contact 911 at 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 _____
Address _____
Phone _____

Emergency Contact _____
Phone _____

Emergency Contact _____
Phone _____

Emergency Contact _____
Phone _____