



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 beverage 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, 2012. 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 and verifiable document, as defined by the Georgia Attorney General, before the application can be processed.

Check all appropriate boxes below:

License type	<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

Fees

	Beer	Wine	Liquor
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 # _____



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 or 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 employees on January 1, 2012, and for employers with more than 100 employees on July 1, 2012, and for employers with more than 10 employees on July 1, 2013.



Applicant Name _____
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, 2012, and has registered with and utilizes 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. 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 THE _____ 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, 2012, or the Alcoholic Beverage License will be revoked.



Applicant Name _____
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, 2012, 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 THE _____ DAY OF _____, 20__.

NOTARY PUBLIC
My Commission Expires:_____

NOTE: Either this affidavit or the Subject to E-Verify affidavit must be filed by January 15, 2012, or the Alcoholic Beverage License will be revoked.



Applicant Name _____
Business Name _____

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 _____

Notary Public



Applicant Name _____
 Business Name _____

	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 _____