



City of Mansfield
PO Box 35 Mansfield
Georgia 30055-0035
Phone: 770-786-7235
Fax: 770-786-1946
www.mansfieldga.gov

ALCOHOLIC BEVERAGE LICENSE MEMO

[New or Renewal]

All licenses granted under Chapter 24, Articles 1-5 of the Code of Ordinances shall expire on December 31st of each year and shall be renewable at the option of the Mayor and Council of the City. Licensees who desire to renew their licenses shall file an application with the required fee with the City Clerk for such renewal upon forms provided by the City Clerk no earlier than October 15th or later than November 15th of each year.

Fingerprinting and background check must be completed at the Newton County Sheriff's Office located at 15151 Alcovy Road NE, Covington, Georgia 30014. The fee for the fingerprinting and background check can be as much as \$62.50 and must be exact cash or money order. Please call the Newton County Sheriff's Office at 678-625-1400 for exact fee.

If you have any questions concerning this matter, please contact me. Thank you!

Sincerely,

Jeana Hyde, City Clerk
jhyde@mansfieldga.gov

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE [NEW OR RENEWAL]

This license is a privilege conditional on the holder meeting all standards for such licenses and operating regulations applicable thereto set out in city ordinances and Georgia Law. Failure to meet such standards or to comply with such operating regulations shall subject the holder to the license being revoked following notice and hearing.

CALCULATION OF BASIC LICENSE FEE Classification: (*For wine, see bottom of page 2 of packet for additional information required).

Classification	Application Fee	License Fee
On premises consumption - Beer/Malt	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$500.00
*On premises consumption - Wine	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$500.00
Retail - Beer/Malt	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$500.00
Retail - Wine	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$500.00
Non-Profit or Charitable Organization (cost per classification)		<input type="checkbox"/> \$250.00
Bond (cost per classification) carried over each year		<input type="checkbox"/> \$250.00
TOTAL LICENSE FEE DUE:		

PURPOSE OF APPLICATION (*Depending on selection, Notice in Legal Organ may be required.)

- *Classification Change/Addition (bond may be required)
- *New Owner (fingerprinting is required once and background check is required every year at renewal)
- *Other Change (specify)

BUSINESS INFORMATION:

Name of Business _____

Type of Business Individual Corporation Partnership

Location Address _____

Mailing Address (if different) _____

Contact Name _____ Business Number _____

Fax Number _____ E-mail Address _____

Are you a United States citizen? Yes No, See Alcohol Ordinance Section 4-52

COMPLETE ONE OF THE FOLLOWING (A, B OR C):

*Federal Work Auth. User Identification No.: _____ Authorization Date: _____

A. IF APPLICANT IS AN INDIVIDUAL:

Name _____

Date of Birth _____ Social Security Number _____

Motor Vehicle Operator’s License No. (Attach copy) _____

Address of Residence _____

City, State, Zip _____ Contact Number _____

B. IF APPLICANT IS A PARTNERSHIP OR LLC: (Attach a listing of each partner, including name, home number of each and motor vehicle license for each). _____% interest. for each.

Name of Partnership or LLC _____

Address _____

City, State, Zip _____

C. IF APPLICANT IS A CORPORATION: (Attach a listing of any person with more than a five percent (5%) interest in the business, either directly or indirectly and a copy of motor vehicle license for each). _____% interest.

Name of Corporation _____

Address _____

City, State, Zip _____

DISCLOSURE OF FELONY/OTHER CONVICTIONS OR OFFENSES

Is there anyone connected with this business that has been convicted of a felony or a crime involving moral turpitude?

Yes No If yes, please in detail and include dates, charges and disposition.

City or county law for a criminal offense involving alcoholic beverages, gambling or tax law violations?

Yes No If yes, please in detail and include dates, charges and disposition.

TYPE OF BUSINESS

- Restaurant
- Club
- Supermarket
- Convenience Store
- *Other_____

*Please explain: _____

Will live entertainment be offered? Yes No

If yes, please explain: _____

FOR RESTAURANTS ONLY

(a) Number of square feet of total floor area: _____

(b) Number of square feet devoted to dining area: _____

(c) Seating capacity: _____

(d) Number of full time employees: _____

(e) Do you have a full service kitchen? Yes No

(f) Hours of service for prepared meals or foods: _____

(g) Hours of operation: _____

(h) Is the place of business in full compliance with the definition of "Restaurant" under the City of Mansfield Malt Beverages and Wine Ordinance? Yes No

FOR SUPERMARKET/CONVENIENCE STORE ONLY

(a) Number of square feet of total floor area: _____

(b) Number of square feet devoted to the sale of groceries/food products: _____

(c) Is the establishment devoted principally to the retail sale of groceries and food products? Yes N

If no, please explain: _____

FOR ALL LICENSE

Name and address of property owner (land and building) where the business will be located:

List the names and addresses of all persons having any beneficial ownership interest in and to the land and building on and in which the business is located:

List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms, or corporations herein listed are interested in, by, or associated with in any way whatsoever:

SWORN OATH AND ACKNOWLEDGEMENT

I solemnly affirm, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a license to sell alcoholic beverage in the City of Mansfield, Georgia is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said license. Should any changes occur during the year for which a license is issued pursuant to this application, which require a different answer to any question contained in this application, such change will be reported as a written amendment to this application within five (5) days of the change.

I further affirm that I am at least twenty-one (21) years of age and a legal resident of the United States. I have not been convicted of a felony or any violation of the law of this state or any other state, relating to the sale of alcoholic beverages, or possession, distribution, transportation, or manufacture, or sale of a controlled substance within the ten (10) year period immediately preceding the filing of this application. Furthermore, I have not employed anyone that has been convicted of a felony, or any violation of the law of this state or any other state, relating to the sale of alcoholic beverages, or possession, distribution, transportation, or manufacture, or sale of a controlled substance within the five (5) year period immediately preceding the filing of this application.

Print Full Name _____ Date _____

Signature of Applicant _____ Title _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS

NOTARY PUBLIC

_____ DAY OF _____, _____.

My Commission Expires: _____

RELEASE OF CRIMINAL HISTORY CONSENT FORM

A separate form must be completed for whomever the license is issued to and the designated manager for individual business or partnerships. Corporations should complete forms for officers and the designated manager.

I, _____
Last Name First Name Middle Name Date of Birth Race Gender
Social Security Number Height Weight Eye Color Hair Color
Street Address City State Zip

AUTHORIZATION: City of Mansfield to receive my criminal history record from GCIC.

SIGNATURE OF APPLICANT

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, ____.

NOTARY PUBLIC
My Commission Expires: _____

(Note: Unless all blanks are completed on this form and the form is notarized, no information will be released.)
Rules of Georgia Crime information Center Council Chapter (GCIC) Section 140-02 04, Criminal Justice Information Exchange and Discrimination. Amended.

Criminal justice agencies may disseminate criminal history records to private persons, businesses, public agencies, political subdivisions, authorities and instrumentalities, including state or federal licensing and regulatory agencies, or to their designated representatives. For dissemination purposes, criminal history record information: except information relating to any arrest or charges disposed of under the provisions of the Georgia First Offender Act shall not be provided after the person has been discharged from First Offender status and exonerated of the charge. At the time of each request requestors shall provide the fingerprints or the signed and notarized consent of a person whose record is requested. The signed and notarized consent must be in a format approved by GCIC and must include the person's full name, address, social security number, race, sex and date of birth. Criminal justice agencies which disseminate criminal history records to private individuals and to public and private agencies shall advise all requestors that if an employment or licensing decision adverse to the record subject is made, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. This disclosure must include information that a criminal history check was made, the specific contents of the record, and the effect the record had upon the decision.

I acknowledge that I have read and reviewed the Non-Criminal Justice Applicant's Privacy Rights and Privacy Act Statement as stated on pages 11 & 12. Initials _____

**PRIVATE EMPLOYER AFFIDAVIT PERSUANT TO O.C.G.A. 36-60-6(d)
E-VERIFY AFFIDAVIT**

By executing this affidavit for an occupational tax license to operate a business as referenced in O.C.G.A. 36-60-6(d), from the City of Mansfield, Georgia, the undersigned applicant representing the private employer known as (state business name)

Verifies one of the following with respect to my application for the above mentioned document (check a or b):

- a. On July 1, 2012, the individual firm, or corporation employs more than one hundred (100) employees 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 by 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:

Name of Private Employer

Federal Work Authorization User Id No

Date of Authorization

- b. On July 1, 2013, the individual, firm, or corporation employs less than ten (10) employees and at this time is **exempt** from the applicable provisions and deadlines in O.C.G.A. 13-10-90.

In making the above representation under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties allowed by such statute.

Signature of Authorized Officer or Agent

Print Name of and Title of Authorized Officer, or Agent

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, ____.

NOTARY PUBLIC

My Commission Expires: _____

To register for the E-Verify Program, go to the U.S. Citizenship and Immigration Services website (www.uscis.gov).

This affidavit must be submitted by the person completing this application for the company that is requesting license. Please make sure you submit a copy of the identification document as required on the last page.

**Affidavit Verifying Status for Public Benefit-Required by the Georgia Security and Immigration Compliance Act
SAVE AFFIDAVIT**

By executing this affidavit under oath, as an applicant for an occupational tax license or other public benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. 50-36-1), the undersigned applicant representing:

(name of business) _____, verifies one of the following with respect to my application for a public benefit:

I am a United States citizen.

I am a legal permanent resident of the United States.

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.

a. **My alien number issued by the 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(c), 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 O. C.G.A 16-10-20, and face criminal penalties as allowed by such criminal statute.

Signature of Authorized Officer or Agent

Print Name of and Title of Authorized Officer, or Agent

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, ____.

NOTARY PUBLIC
My Commission Expires: _____

**Secure and Verifiable Documents Under O.C.G.A. 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The following list of secure and verifiable documents, published under the authority of O.C.G.A. 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government authority
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR TEMPORARY BEER AND WINE PERMIT

Non-profit or Charitable Organizations

APPLICANT/ORGANIZATION'S INFORMATION:

Organization Name: _____

Type of Organization (Non-profit, For-profit,): _____

Organization Address: _____

DETAILS OF EVENT:

Type of Event (concert, fundraiser, etc.): _____

Where will it be held: _____ Who owns premises: _____

Dates of Event: _____ Time of Event: _____

Expected # of People: _____

Type of Alcohol to be served (check all that apply): Beer Wine

I hereby certify under the pains and penalties of perjury that the above is true and accurate information, and that I will be responsible for the proper observance of the laws governing the dispensing of such alcoholic beverages.

Signature: _____ Date: _____

Name: _____ Title: _____

POLICE ACKNOWLEDGEMENT:

Signature: _____ Date: _____

Name: _____ Position: _____

Security Requests/Concerns: _____

COUNCIL'S ACTION:

Granted: _____ Rejected: _____

Restrictions/Conditions/Remarks: _____