



CITY OF BRUNSWICK
601 GLOUCESTER STREET
P. O. BOX 550
BRUNSWICK, GA 31521-0550
(912)267-5504

APPLICATION FOR CONSUMPTION ON PREMISES:

NAME OF BUSINESS

OWNER'S NAME

MANAGER'S NAME

BUSINESS ADDRESS

MAILING ADDRESS

FEDERAL ID #

PHONE #

INCLUDING
SUNDAY SALES

☐ BEER ONLY

INITIAL ADMINISTRATION/INVESTIGATION FEE

575.00

290.00

865.00

1,165.00

☐ BEER AND WINE

INITIAL ADMINISTRATION/INVESTIGATION FEE

920.00

290.00

1,210.00

1,510.00

☐ BEER, WINE AND DISTILLED SPIRITS

INITIAL ADMINISTRATION/INVESTIGATION FEE

2,875.00

290.00

3,165.00

3,465.00

PERSONALLY APPEARED BEFORE ME _____, WHO FIRST BEING
DULY SWORN, SAYS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE
BEST OF H_____ KNOWLEDGE AND BELIEF.

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC

APPLICANT

DATE APPLICATION GRANTED BY COMMISSION

CODE ENFORCER

CITY MANAGER

CITY OF BRUNSWICK

FOOD SALES AND ALCOHOLIC BEVERAGES SALES AFFIDAVIT

Dine-in consumption on premise establishment

In establishments where no less than 50% of the licensee's annual gross sales are derived from the sale of prepared food, provided; however, that during the time the establishment is open to the public its mode of operation remains unchanged and full menu service is available, and further provided that persons under the age of 21 at no time shall be permitted at the bar.

1. Name of business _____
2. Location of business _____
3. Phone _____
4. Name of applicant _____

Gross Receipt from Food Sales:	\$ _____	_____ %
Alcoholic Beverage Sales	\$ _____	_____ %
Total Annual Revenue	\$ _____	_____ %

Sunday Sales Affidavit

I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 12:00 a.m. (*Monday*) requires a valid alcoholic beverage license from the City of Brunswick as well as GA Department of revenue. By applying for a license to sell alcoholic beverages at retail for consumption on premises on Sundays, I am either (1) a restaurant which derives at least 50 percent of its annual gross income from prepared food; or (2) is otherwise allowed by state law to serve alcohol for consumption on premises on Sundays. (If applicant seeks Sunday sales licensure for a new establishment, I represent that the anticipated annual revenue will be as required above). I further certify that, if a restaurant, the license premises will not be used for Sunday sales unless there is a current valid permit for restaurant operation issued by the county health department. I further certify that I will furnish my bookkeeping/financial records for inspection within (7) days of my receipt of a written request for production of the same from the chief of the police department or the city manager so that eligibility of the licensed establishment may be monitor. If at anytime the City Marshal or Assistance Finance Director have reason to believe that the dominant business activity has changed or has been misreported or that gross receipts bracket has been miscalculated or misreported, the Deputy City Marshal shall require the owner, operator or an officer of such business to submit an affidavit setting forth under oath, the dominant business activity and gross receipts bracket determined according to this Article. The Deputy City Marshal shall have authority to require any business to provide a copy of the page or section of its Federal and/or State income tax return which shows gross income of the business, and to require that the owner, operator or an officer of the business certify under oath that such copy is true and correct. Any such required information shall be limited to that which discloses gross business income and any adjustments made to calculate the gross receipts reported to the City for business tax purposes. The Deputy City Marshal shall have authority to require any business to provide a statement from a licensed and practicing Public Accountant (who is not an employee of the business), such statement to set forth and certify the gross receipts, upon which the business tax is based, along with a full and complete explanation of any adjustments to gross receipts.

ACCOUNTANT'S CERTIFICATION OF REVENUES

I certify that I have reviewed financial records of the business described above and based on my review of the records provided and to the best of my knowledge the revenue information given represents the allocation of sales totals for the period specified.

CPA Accounting Firm

CPA Name (Printed)

CPA Signature

CPA License Number

CPA Address

Date

CITY OF BRUNSWICK

City Hall 601 Gloucester Street, Brunswick, GA 31520 P: (912) 267-5583 P: (912) 267-5539

☐ *Alcoholic Beverage License Application 2023*
☐ **NEW** ☐ **RENEWAL** ☐ **CHANGE OF OWNERSHIP**

****Do not enter "Same", "N/A" "See below" on this application.****
If changes occur during the 2022 season, you **MUST** update our office.

Note: Notify Deputy City Marshal/Assistant Finance Director for any change(s) of information listed

BUSINESS INFORMATION

Current Occupational Tax License must be included

LEGAL BUSINESS NAME:		Alcohol License #:
DOING BUSINESS AS:		
BUSINESS ADDRESS (Physical & Mailing Required)		
CITY:	STATE:	ZIP CODE:
PRIMARY PHONE NUMBER:	SECONDARY PHONE NUMBER:	
FEDERAL EMPLOYMENT ID# (EIN):	GEORGIA SALES TAX ID# (STI):	
BUSINESS EMAIL ADDRESS:		

Alcoholic Beverage Licensee INFORMATION

Applicant Full Name(F,M,L):		
Physical Home Address:		
City:	State:	Zip Code:
Email Address:	Home Phone Number:	Mobile Number:
Last four digit of Social Security Number XXX-XX-	Date of Birth:	Current resident within City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ownership Interest: (attach proof) <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Interest: (attach proof) <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide day-to-day operation at this location: <input type="checkbox"/> Yes <input type="checkbox"/> No

- A. Ever been convicted of any violation of law in any locality? ☐ Yes ☐ No
If yes, was conviction for other than a traffic violation? ☐ Yes ☐ No
- B. Ever served time in prison or other correctional institution? ☐ Yes ☐ No
- C. Ever had an alcoholic beverage license suspended or revoked at any time in any locality? ☐ Yes ☐ No
- D. Ever been cited for an alcoholic beverage violation? ☐ Yes ☐ No

If the answer to any part of the above question is **yes** for the applicant, attach separate paper describing the circumstances for each person. For **convictions** include (a) the name of the person convicted, (b) nature of the crime, (c) the sentence or fine levied, (d) the date of the conviction, and (e) the jurisdiction in which said conviction occurred. For **alcoholic beverage license suspensions and revocations** include (a) the name of the person involved, (b) basis for suspension or revocation, (c) the punitive action taken, (d) the date of the action, and (e) the jurisdiction in which suspension or revocation action was taken.

Listed on separate paper? ☐ Yes ☐ No, no such convictions, license suspensions or revocations.

Day to Day Operations Manager Information

Full Name (F,M,L):

Physical Home Address:

City:

State:

Zip Code:

Primary Telephone Number:

Mobile Telephone Number:

Email Address:

Last four digit of Social Security Number:
XXX-XX-

Date of Birth:

Current resident within the city limits:
☐ Yes ☐ No

- A. Ever been convicted of any violation of law in any locality? ☐ Yes ☐ No
If yes, was conviction for other than a traffic violation? ☐ Yes ☐ No
B. Ever served time in prison or other correctional institution? ☐ Yes ☐ No
C. Ever had an alcoholic beverage license suspended or revoked
at any time in any locality? ☐ Yes ☐ No
D. Ever been cited for an alcoholic beverage violation? ☐ Yes ☐ No

If the answer to any part of the above question is *yes* for the applicant or any person connected with or having an interest in said business, describe the circumstances for each person. For *convictions* include (a) the name of the person convicted, (b) nature of the crime, (c) the sentence or fine levied, (d) the date of the conviction, and (e) the jurisdiction in which said conviction occurred. For *alcoholic beverage license suspensions and revocations* include (a) the name of the person involved, (b) basis for suspension or revocation, (c) the punitive action taken, (d) the date of the action, and (e) the jurisdiction in which suspension or revocation action was taken.

Listed on separate paper? ☐ Yes ☐ No, no such convictions, license suspensions or revocations.

Acknowledgment

The applicant for a license to dispense alcoholic beverages shall be (a) a citizen of the United States of America or Resident Alien, (b) the owner of the licensed establishment. If the owner of the licensed establishment is a corporation, partnership or other legal entity- the applicant shall be in addition to the above stated citizen requirements, (a) the appointed manager of the business who regularly operates in the business and supervises the day to day operations, (b) shall be a resident within 45-miles radius response time of the licensed establishment.

***Retail Package Liquor Store applicants (a) MUST be the owner of the licensed premise and (b) bona fide resident of a wet county located in the state of Georgia for (12) consecutive months at the time of applicant submission. If owner is a corporation, partnership or other legal entity, then the applicant must (a) be an active agent/officer with significant ownership interest of the corporation, partnership or other legal entity (b) meet all local and state residency requirements, (c) provide operations agreement, (d) current GA Secretary of State license reflecting in good standing, (e) bank affidavit reflecting check writing authority.**

ALL ABOVE INFORMATION IS FULLY UNDERSTOOD AND ALL STATEMENTS SHOWN ABOVE, AND ON ANY ATTACHMENTS ARE GIVEN UNDER OATH, WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND ARE HEREBY SWORN TO BE TRUE, CORRECT AND COMPLETE, UNDER PENALTY FOR FALSE SWEARING AS PROVIDED BY LAW.

Sworn to and subscribed before me this _____ Day of _____, 20_____

Licensee Signature & Date

Notary Public & Seal

Manager Signature & Date

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- ☐ This authorization is valid for _____ days from date of signature.
- ☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

Attorney for Individual (Pur E and U Only) _____ Bar Number _____ Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title _____



Kevin M. Jones
Chief of Police

Brunswick Police Department

206 Mansfield Street
Brunswick, Georgia 31520
Phone: (912) 267-5559 – Fax: (912) 267-5526
www.brunswickpolice.org



Gregory A. Post
Asst. Chief

Authorization of Release

This is to certify that I, _____, as an applicant for a City of Brunswick alcoholic beverage license, do hereby authorize the release of Criminal History Records to the City of Brunswick from whomever is deemed necessary to make such a request. I also release any persons from liability which may result from furnishing said information to the City of Brunswick. Further, I authorize the City of Brunswick to copy or otherwise reproduce any original document and to let such authorized or reproduced copy act as the original instrument. The original document or copy thereof is to be attached to my alcoholic beverage license application.

Legal First Name:

Legal Middle Name:

Legal Last Name:

Social Security Number:

Date of Birth:

Gender:

Physical Residence Address:

Signature:

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public Print

Notary Public Signature

Notary Seal:



Angela L. Smith
Assistant Chief

Matthew Wilson
Patrol Services

Wan C. Thorpe
Support Services