



State of Georgia, County of Union

# 2024 Alcohol License Application

Union County Courthouse, 65 Courthouse Street, Suite 1, Blairsville, GA 30512

## Quicklist of Required Materials

- Form 1: Complete Application
  - a) Must pay \$250.00 Administrative Fee.
  - b) Must pay appropriate License Fee (See Fee Schedule).
  - c) Must provide evidence of building ownership/lease.
  - d) Corp., partnerships, or LLCs must provide entity documentation.
  
- Form 2: Complete SAVE Affidavit.
  - a) Must be notarized.
  
- Forms 3a & 3b: Complete Background Check Consent Form.
  - a) Must be notarized.
  - b) Must pay \$72.50 at Commissioner's Office.
  - c) Take \$10.00 cash to Sheriff's office for fingerprints.
  
- Form 4: Complete Registered Agent Consent Form.
  - a) Must be notarized.
  - b) Must provide a government issued I.D.
  - c) Must provide proof of Union County residency.
  
- Form 5: Complete Training Affidavit.
  - a) Must be notarized.
  - b) Must provide copy of organization policy/procedures for alcohol sales.
  
- Form 6: Complete top portion of Tax Delinquency Certification.
  
- Form 7: Complete top portion of Location Inspection Checklist.
  
- Legal Organ Notice: Advertisement must be published in the North GA News for 2 weeks.

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The remaining forms are for your duplication when submitting the required Sales Reports. Package and Consumption Licenses must submit Alcohol Sales Reports twice annually, and Consumption Licenses must pay excise taxes MONTHLY. Please see ordinance for details.

**AN ACCOUNT WITH THE STATE OF GEORGIA TAX PORTAL IS ALSO REQUIRED. FOR ADDITIONAL INSTRUCTIONS, PLEASE SEE THE UC ALCOHOL LICENSE CHECKLIST.**



UNION COUNTY ALCOHOL LICENSING

65 Courthouse Street

Blairsville, GA 30512

Phone (706) 439-6000 ~ Fax (706) 439-6004

**FORM - 1 APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

This application must be signed by the applicant. **EACH AND EVERY QUESTION MUST BE FULLY ANSWERED. IF THE QUESTION DOES NOT PERTAIN, SO INDICATE.** If the space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed, the application must be dated, signed, and submitted to the Union County Commissioner's Office, together with the license fee(s) and the administrative fee (separate checks). All fees are payable to the Union County Government in certified funds (cash, money order or bank check). **The applicant must not be less than 21 years of age.**

NOTICE: A false answer to any question could result in the denial of a license. In the event a license is issued, false answers could result in the revocation or suspension of the license.

**FOR OFFICIAL USE ONLY:**

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Date Received: \_\_\_\_\_ License Fee Received: \$ \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Denied: \_\_\_\_\_

State License Number: \_\_\_\_\_ Local License Number: \_\_\_\_\_

Administrative Fee Received: \$ \_\_\_\_\_

**1. License Category:**

- Malt beverages for sale by the package  over 20,000 sq. ft.  under 20,000 sq. ft.
- Wine for sale by the package  over 20,000 sq. ft.  under 20,000 sq. ft.
- Malt beverages for consumption on the premises
- Wine for consumption on the premises
- Distilled spirits for consumption on the premises
- Wine & craft beer only by package, with growler sales, & with ancillary wine & craft beer tasting
- Farm winery
- Manufacturing Malt Beverages
- Manufacturing Distilled Spirits; fruits and/or agricultural products other than fruit.
- Wholesale

2. **Type of Business:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Restaurant        | <input type="checkbox"/> Hotel/Motel     | <input type="checkbox"/> Wine & Craft Beer |
| <input type="checkbox"/> Grocery Store     | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Wholesaler        |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Farm Winery     | <input type="checkbox"/> Distillery        |
| <input type="checkbox"/> Other *           |  |  |

\* Please explain \_\_\_\_\_

3. **For distilled spirits sales:**

Is the place of business **more than 100 yards** from any church building or alcoholic treatment center and **more than 200 yards** of any school building, educational building, school grounds or college campus as measured by the most direct route of travel on the ground?  Yes  No  N/A

4. **For wine or malt beverage sales:**

Is the place of business **more than 100 yards** from any school building, school grounds, college campus or alcoholic treatment center?  Yes  No  N/A

5. **Business Name to which the License will be issued, if approved:**

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

Business Location Address \_\_\_\_\_

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

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

6. **Individual Applicant in whose name the license will be issued:**

(Applicant must be at least 21 years of age, provide proof of U.S. Residency and be the owner of the business, unless exempt by having more than 50 employees, as stated in Section 10.83(b) of the Alcohol Ordinance)

Individual Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Is the Applicant at least twenty-one (21) years of age or older?  Yes  No

Is the Applicant: (check one)

- A United States citizen?
- A legal permanent resident?
- A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States?

7. **Registered Agent:**

(Register Agent must be at least 21 years of age and provide proof of U.S. Residency. Registered Agent must also provide proof of Union County residency with two of the following three documents: a current utility bill in their name, a current voter registration card, or a valid driver's license.)

Name: \_\_\_\_\_

Residence Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Is the Registered Agent at least twenty-one (21) years of age or older?  Yes  No

Is the Registered Agent: (check one)

- A United States citizen?
- A legal permanent resident?
- A qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States?

Is the Registered Agent a Union County Resident?  Yes  No

(Note: If the registered agent changes, the licensee shall notify the County within 30 days of the change. A fee of \$100 will be charged for the processing of an application for the change of the registered agent and such applicant must be approved by the Alcohol Board.)

8. **Type of Ownership** (Please mark appropriate box and fill out section a or b as indicated):

- Partnership (a)  Sole Proprietor
- Limited Liability Company (a)  Other (Please explain) \_\_\_\_\_
- Corporation (b)

**(a) For Partnership or LLC:**

Partnership or LLC Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

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

**Partners or LLC members having a 5% or greater interest shall list the names, addresses and ownership interest of each:**

<b>FIRST MEMBER</b>	Full Legal Name _____ % Interest _____
	Home Address _____ Home Phone _____
	City _____ State _____ Zip Code _____
	Age _____ Length of Residency _____
	_____

<b>SECOND MEMBER</b>	Full Legal Name _____ % Interest _____
	Home Address _____ Home Phone _____
	City _____ State _____ Zip Code _____
	Age _____ Length of Residency _____
	_____

**(b) For Corporation:** (Name must be shown exactly as in Articles of Incorporation or Charter)

Name of Corporation \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ Place of Incorporation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

**Officers:**

**FIRST OFFICER**

Full Legal Name \_\_\_\_\_  
% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

**SECOND OFFICER**

Full Legal Name \_\_\_\_\_  
% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

**THIRD OFFICER**

Full Legal Name \_\_\_\_\_  
% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

**Trustees or the designated fiduciary agent(s) for other types of legal entities:**

Full Legal Name \_\_\_\_\_  
% Stock Owned \_\_\_\_\_ Office Held \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_ Length of Residency \_\_\_\_\_

**9. Property:**

Owner of the property (land and building) where the business will be located: (In addition, attach to the application evidence of ownership of the building or proposed building. If property is leased, must attach copy of lease or if a franchise, attach copy of franchise agreement or contract.)

Property Owner Name\_\_\_\_\_

Property Address\_\_\_\_\_

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

Is the space where the business is to be located rented or leased?  Yes  No

If yes, please state name of landlord or lessor and address:

Name\_\_\_\_\_ Address\_\_\_\_\_

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

If the space is rented or leased, is the rent for the premises to be paid to the landlord or lessor on a percentage of the business or contingent upon the amount of business done?  Yes  No

**10. Disclosure of previous denials:**

Is there any person, registered agent, or anyone holding a five percent (5%) interest or more in this business who has applied for a beer, wine, and/or liquor license from Union County or other City or County in the State of Georgia or other state or political subdivision?  Yes\*  No \*If yes, please give full details on separate sheet.

Is there any person, registered agent, or anyone holding a five percent (5%) interest or more in this business who has had an alcoholic beverage license revoked or suspended by or surrendered to any federal, state or local authority?

Yes\*  No \*If yes, please give full details of disposition on separate sheet.

**11. Disclosure of licenses held:**

Is there any person, registered agent, or anyone holding a five percent (5%) interest or more in this business who holds another alcohol license in any retail category or any license under any wholesale category?

Yes\*  No \*If yes, please give full details on separate sheet.

**12. Disclosure of felony/other convictions or offenses:**

Is there any person, registered agent, or anyone holding a five percent (5%) interest or more in this business who:

- Has been convicted under any federal, state or local law of any felony or a misdemeanor involving moral turpitude within the past three years?  Yes\*  No

\*If yes, please give full details on separate sheet including dates, charges, and disposition.

- Has been convicted under any federal, state or local law of a misdemeanor, particularly, but not limited to, those involving alcoholic beverages, gambling or tax law violations within the last three years immediately prior to filing of this application?  Yes\*  No

\*If yes, please give full details on separate sheet including dates, charges, and disposition

- Has been found in violation of the ordinances or resolutions of Union County, or any other county or municipality, governing alcoholic beverages licenses within the last three years immediately prior to the filing of this application?  Yes\*  No

\*If yes, please give full details on separate sheet including dates, charges, and disposition

- Who has remaining any delinquent ad valorem taxes due Union County or has any outstanding fines, assessments, liens, fi fas, penalties, or judgments due to Union County or is currently in any violation of any Union County ordinance or resolution?  Yes\*  No

\*If yes, please give full details on separate sheet including dates, charges, and disposition

All of the foregoing information is hereby given, and all of the foregoing statements are hereby made under oath, willfully, knowingly and absolutely, and the same is and are hereby sworn to be true under penalty for false swearing as provide by law.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_  
Printed Name of Applicant: \_\_\_\_\_  
Title of Applicant: \_\_\_\_\_

#### IMPORTANT NOTES:

- This application will not be considered until it is completed with all **required attachments**. To be considered, the completed application must be received 16 days prior to a regularly scheduled Union County Alcohol Board Meeting. The Alcohol Board meets the second Tuesday of each month.
- This written application for the license shall be a permanent record as required by the Union County Code.
- The Alcohol Board shall act within 45 days from the date of the filing of the completed application.
- If the applicant is denied a county or a state license, the deposit representing the initial license fee shall be refunded, but the cost paid for the application, investigation and administrative cost shall be retained.
- Any applicant for a license who has in existence at the time of making the new application an existing license shall pay a standard administrative fee of one-half the regular administrative fee but shall pay a separate full initial license fee for each license.
- When an applicant is making applications for more than one license at the same time, the applicant shall pay only one administrative fee of 125% of a normal administrative fee but shall pay a separate full license fee for each license.
- There shall be an annual license renewal fee for each license - payable prior to November 30<sup>th</sup>. The renewal fee will cover the period beginning January 1 and ending December 31, of the next year.
- In the event a license is revoked, surrendered, or suspended, there shall be no refund whatsoever.

UNION COUNTY ALCOHOL LICENSING

65 Courthouse Street  
Blairsville, GA 30512

Phone (706) 439-6000 ~ Fax (706) 439-6004

SAVE AFFIDAVIT

*(U.S. Citizens are only required to provide this affidavit one time.)*

By executing this affidavit under oath, as an applicant for a Union County Alcohol License as referenced in O.C.G.A. § 50-36-1, from the Union County Commissioner’s Office, the undersigned applicant verifies one of the following with respect to the application for a public benefit:

**Please check one box only:**

- 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.

Alien Number: \_\_\_\_\_

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 with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_  
(Type of Document)

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

Notary Public Signature: \_\_\_\_\_

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

In making this 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.

Executed in \_\_\_\_\_(city), \_\_\_\_\_(State).

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Affix Notary  
Stamp/Seal Here.



**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.

**INDICATE AND ATTACH A COPY OF THE DOCUMENT (front and back).**

- United States passport or passport card
- United States military identification card
- Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- Driver's license issued by one of the United States, the District of Columbia, 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.
- 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.
- Tribal 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.
- Passport issued by a foreign government
- Free and Secure Trade (FAST) card
- NEXUS card
- United States Permanent Resident Card or Alien Registration Receipt Card
- Employment Authorization Document that contains a photograph of the bearer.
- Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) [Form N-560 or Form N-561]
- Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) [Form N-550 or Form N-570]

**UNION COUNTY ALCOHOL LICENSING**  
 65 Courthouse Street  
 Blairsville, GA 30512  
 Phone (706) 439-6000 ~ Fax (706) 439-6004  
APPLICANT BACKGROUND CHECK CONSENT FORM

AGENCY REQUESTING HISTORY: UNION COUNTY ALCOHOL BOARD

FEE RECEIVED:  Cashiers Ck  Money Order  Cash \$ \_\_\_\_\_

(OFFICIAL USE ONLY)

AMOUNT                      DATE                      RECEIPT #

To complete this portion of the Alcohol License Application, the following items should be presented at Commissioner's Office:



1. Completed and notarized forms #3a & 3b.
2. An investigative fee of \$72.50 in the form of cashier's check, money order, or cash. \* Cashier's Checks should be made out to **Union County**.
3. Valid government issued photo I.D.
4. Applicant should also take \$10 to the Sheriff's Office for fingerprinting.

**APPLICANT**

( Print) Full Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

**EMPLOYMENT**

( Print) Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

The undersigned does hereby authorize the Union County Sheriff's Office to fingerprint and conduct a background investigation, including criminal history record, pertaining to the undersigned which may be in the files of any state, federal, or local criminal agency in the United States and report the findings to the Union County Commissioner's Office.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Affix Notary  
Stamp/Seal Here.

Notary Public Signature: \_\_\_\_\_

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

UNION COUNTY SHERIFF'S OFFICE  
BACKGROUND INVESTIGATION AND CRIMINAL HISTORY REPORT

This is to certify that we have conducted a background investigation and criminal history pertaining to: \_\_\_\_\_ which may be in the files of any state,

Name of Applicant

Federal, or local criminal agency in the United States. As a result of such investigation, we find:

- The above-named individual HAS NOT been convicted of any federal, state or local law of any drug or alcohol related offense, weapons violation, or related offenses, within the past three (3) years.
- The above-named individual HAS no arrest history
- The above-named individual HAS the following arrest record and/or convictions as listed below within the past three (3) years

<u>ARREST</u>	<u>Arrest DATE</u>	<u>Conviction Y/N</u>	<u>Conviction DATE</u>

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

\_\_\_\_\_  
Officer running Criminal History

Note: This form, when completed, **must be delivered by the Sheriff's Office** directly to Union County Commissioner's Office, otherwise the report is null and void.

**UNION COUNTY ALCOHOL LICENSING**

65 Courthouse Street

Blairsville, GA 30512

Phone (706) 439-6000 ~ Fax (706) 439-6004

**REGISTERED AGENT CONSENT FORM**

To complete this portion of the Alcohol Licensing process, please provide the following information:



1. Completed Form #4.
2. Photo I.D. of Registered Agent
3. Copy of utility bill or mail validating Union County residency.

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

Business **LOCATION** address: \_\_\_\_\_

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

I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the ordinance regulating the sale of alcoholic beverages in the unincorporated areas of Union County, Georgia.

The address for service upon me, as Registered Agent is as follows:

Printed Name of Registered Agent: _____ Address of Registered Agent: _____ City: _____ State: _____ Zip: _____ Phone: _____
--

I understand the basic purpose is to have and continuously maintain in the county - an STR Registered Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance - to be served upon the licensee or owner may be served.

Registered Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Owner Approval: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF

\_\_\_\_\_, 20\_\_\_\_\_

Affix Notary  
Stamp/Seal Here.

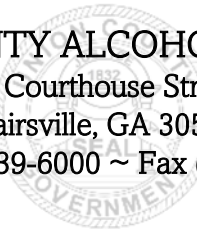
Notary Public Signature: \_\_\_\_\_

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

**UNION COUNTY ALCOHOL LICENSING**

65 Courthouse Street  
Blairsville, GA 30512

Phone (706) 439-6000 ~ Fax (706) 439-6004



**STATE OF GEORGIA, COUNTY OF UNION**

**APPLICANT AFFIDAVIT REGARDING TRAINING**

BEFORE ME, the undersigned authority, personally appeared

\_\_\_\_\_, who after being first duly sworn, deposes and says:

1. I am an applicant for an alcoholic Beverage License from Union County, Georgia.
2. If I am granted a license, I affirm that prior to any sales or services of alcoholic beverages, all employees, managers, cashiers, and servers, or future employees, managers, cashiers, and servers will be trained in the regulations governing the sale of alcoholic beverages prior to being allowed to sell or serve.
3. The training shall consist at a minimum of either written or video training materials recognized and approved as appropriate training by Union County.
4. I understand that this is an annual requirement to be completed by July 30.
5. I am attaching a copy of the policies and procedures for such sales and services to this affidavit.

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF

\_\_\_\_\_, 20\_\_\_\_\_

Affix Notary  
Stamp/Seal Here.

Notary Public Signature: \_\_\_\_\_

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

**UNION COUNTY ALCOHOL LICENSING**

65 Courthouse Street

Blairsville, GA 30512

Phone (706) 439-6000 ~ Fax (706) 439-6004

**TAX DELINQUENCY CERTIFICATION**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Tax Map Identification Number: \_\_\_\_\_

There are no delinquent taxes owing to Union County, Georgia either upon real property or personal property by any of the following named persons or entities:

Alcohol License Applicant (please print): \_\_\_\_\_

Owner: \_\_\_\_\_

Other Parties of Interest in Business: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

I have examined the tax records of Union County and find no delinquent taxes against the property or individuals listed above.

This \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Union County Tax Commissioner  
Or Deputy Tax Commissioner

Please note: A Tax Delinquency Certification must be obtained **each year** when renewal applications are made.

UNION COUNTY ALCOHOL LICENSING

65 Courthouse Street

Blairsville, GA 30512

Phone (706) 439-6000 ~ Fax (706) 439-6004

LOCATION INSPECTION AND SAFETY COMPLIANCE CONSENT FORM

FOR OFFICIAL USE ONLY:

- Acceptable
Unacceptable

Inspection Initials

Name: Phone:

Location Address

City State Zip Code

1. Type of Business:

- Restaurant, Hotel/Motel, Wine & Craft Beer, Grocery Store, Bed & Breakfast, Wholesaler, Convenience Store, Farm Winery, Distillery, Other - Please Explain

2. Distance to School Building, School Grounds, or Alcohol Treatment Center:

For distilled spirits, is the distance more than 200 yards of any school building, school grounds, or college campus? Yes No N/A

For distilled spirits, is the distance more than 100 yards of any church building? Yes No N/A

For wine or malt beverages is the distance more than 100 yards of any school building, school grounds, or college campus? Yes No N/A

Is entrance to building more than 100 yards of any alcohol treatment center owned and operated by this State or any County or Municipal Government? Yes No N/A

3. Location Inspection and Compliance Checklist:

Table with 3 columns: Yes, No, N/A. Rows include: Does building location front a highway or paved road?, Is building entrance/s and exits/s handicap accessible?, Is building restroom/s handicap compliant?, Is exit lighting installed at required exits and exit pathways?, Are exit pathways clear and unobstructed?, Are visible portions of electrical system installed correctly and working?, Seats allowed. Does location meet seating capacity?, Is exterior alcohol-related signage absent from premises?, Is parking lot lighting in alignment with ordinance requirements?, Are building/parking areas in good repair, clean, and well maintained?

Comments:

Three horizontal lines for writing comments.





UNION COUNTY, GEORGIA  
ALCOHOL LICENSING DEPARTMENT

FORM #9

By the Package Alcohol Sales Report  
(Reports are due January 30 and July 30 of each year)

Reporting Period:  January – June 20  July – December 20

BUSINESS NAME: \_\_\_\_\_ County License # \_\_\_\_\_

Address: \_\_\_\_\_ State License # \_\_\_\_\_

\*\*\*\*\*

A. Gross Alcohol Sales for reporting period \$ \_\_\_\_\_

B. Gross Fuel Sales (if applicable) for reporting period + \$ \_\_\_\_\_

C. Gross Sales of items other than Alcohol & Fuel for reporting period + \$ \_\_\_\_\_

D. Gross Sales for reporting period = \$ \_\_\_\_\_

1. For a retail business without fuel sales, percentage of non-alcohol gross sales C/D = \_\_\_\_\_ %

2. For a retail business with fuel sales (if applicable), percentage of gross sales from sale of items

other than alcohol, including only 50% of B. (1/2 of B+C)/D= \_\_\_\_\_ %

\*\*\*\*\*

Alcohol Ordinance:

10-76 (h) All licensed establishments shall submit to the county at least semi-annually, on or before January 30 and July 30 of each year, or as at such other times as requested, summaries of financial records showing compliance with the required percentage sales requirements, together with copies of back-up documentation, or the electronic equivalent if the county or Alcohol Board agrees.

10-78 ...Malt beverages and wine may be sold by the package in grocery stores and convenience stores which derive at least sixty percent (60%) of their gross receipts semi-annually from the sale of items other than malt beverages, wine, and fifty-percent (50 %) of gross fuel sales.

10-78 (1) An establishment issued a license under this Ordinance shall be under a responsibility to demonstrate and provide regular proof that the business location for which the license is issued derives at least sixty percent (60%) of total gross sales from the sale of items other than malt beverages, wine, and fifty-percent (50%) of gross fuel sales.

I hereby certify that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email Address

UNION COUNTY, GEORGIA
ALCOHOL LICENSING DEPARTMENT
Consumption on Premises – Alcohol by the Drink
Distilled Spirits Excise Tax Report and Food Sales Report

Monthly Period Reported: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_
Address: \_\_\_\_\_

County License # \_\_\_\_\_
State License # \_\_\_\_\_

Gross Food Receipts for the month: \_\_\_\_\_

Gross Alcohol Receipts for the month (Beer, Wine, Distilled Spirits) \_\_\_\_\_

Gross Taxable Receipts for the month (Distilled Spirits Only) \_\_\_\_\_

Three percent (3%) tax due on Gross Distilled Spirits Receipts \_\_\_\_\_

Less 3% Discount: \_\_\_\_\_
(if remitted on or before the 10th day of succeeding month)

Add .75% penalty: \_\_\_\_\_
(if remitted on or after the 20th day of succeeding month)

NET TAX DUE ON DISTILLED SPIRITS \_\_\_\_\_

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Excise Tax payments on Distilled Spirits are required under Section 10-90 of the Union County Alcohol Ordinance.

- 1. I understand that a penalty of .75% of the tax amount is due for failure to remit tax on or before the 20th of the succeeding month.
2. I understand that if the county commission deems it necessary to conduct an audit of the records and books of the licensee, they will notify the licensee of the date, time, and place of the audit.
3. I understand that any licensee who violates any provision of this section may, upon conviction, be punished by a fine of 25 percent of the tax owed in addition to interest as set forth in the ordinance.
4. I further understand that if my establishment fails to meet the appropriate percentage requirement for the sale of food (60%), my license shall be subject to possible suspension or revocation.
5. I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Printed Name \_\_\_\_\_

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Make check payable to Union County – Hand Deliver or mail to Union County Commissioner’s Office, 65 Courthouse Street, Blairsville, GA 30512 – 706-439-6000 – Fax 706-439-6004