

ALCOHOL BEVERAGE APPLICATION PROCEDURES

PLEASE READ ENTIRELY

Upon receipt of the application, finger prints, investigation fee, and license fee, processing procedures will begin.

1. Prior to starting this application process or any construction, be sure to check that the distance requirement of 200 yards from the property line of any school, church, or residential area (for lounges and package stores) can be met. The ordinance has some exceptions to the distance requirement. Please read the ordinance. A registered survey (provided by applicant) may be required if the distance is found to be in question. The ordinance is available on our website www.glynncounty.org. See section 2-3, Liquor, Malt Beverage & Wine ordinance. Copies can be purchased in the Occupation Tax Department.
2. Upon receipt of the completed application package, processing takes approximately four (4) to six (6) weeks. A public hearing will be scheduled for a regular scheduled Commission meeting that meets the requirements of advertising for the public hearing two weeks prior to the public hearing. A public hearing notice sign will be posted on the proposed licensed premises of new businesses or businesses that do not have an existing license.
3. A State license is required by Georgia Department of Revenue. Call (912)-356-2140 in Savannah Ga. for instructions for applying for a State License. Please provide this office with a copy of the State license once it is issued. Call to be sure you meet their requirements also, prior to filing with the county.
4. Complete all forms, inspections and applications of this package. If needed, an additional sheet of paper may be added to list any additional information as requested. Food type business must provide a current food service permit issued by the Glynn County Health Department (912)-279-2940.
5. Once application and payment has been submitted to the Occupation Tax Dept. you are required to have finger prints and background check done at Glynn County Sheriff's Office. Fingerprinting is available Mondays 2pm-4pm, Wednesdays 9am-4pm and Fridays 9am-11am at Glynn County Sheriff's office located at 100 Sulphur Springs Rd. Please advise the Sheriff's Dept., that your finger printing is for a County Alcohol License application. Also contact Glynn County Fire Dept. to setup Fire Inspection for location (912)-554-7535 or (912)-554-7540.
6. Applicants may apply for Sunday sales only if they complete the Sunday Sales Affidavit and return with the complete application.
7. Applicants may apply for In-Room service by marking the application and paying the additional fees.
8. Applicants may apply for Sunday sales of a Hotel/Motel by completing the Sunday Sales Affidavit for Hotel/Motel.

9. Full payment of fees must accompany the complete application package. If application is denied, the license fee only will be refunded. An Occupation Tax registration must be filed and paid at the same time.
10. Upon approval of application by the Glynn County Board of Commissioners, issuance of license is subject to final inspections that may be required, including Health Department approval for food service businesses. **BUSINESSES CANNOT SELL OR SERVE ALCOHOLIC BEVERAGES UNTIL THE COUNTY AND STATE LICENSE HAVE BEEN ISSUED.**
11. If application is for an alcohol beverage license of distilled spirits for consumption on premises, applicant understands that they are to pay the alcohol beverage excise drink tax each month in accordance with the ordinance section 2-3-31. Tax forms for reporting are enclosed. Please make additional copies for your use. Additional forms are available on our website (Glynncounty.org) and in the Finance Department, 1725 Reynolds St. Suite 300, Bwk.
12. **RENEWAL OF ALCOHOL BEVERAGE LICENSES ARE DUE EACH YEAR ON OR BEFORE NOV 1ST.** The license issued expires December 31st of each year. You must submit copy of State License for upcoming year to the Occupation Tax Office before issuance of the new County Alcohol License.

I have read the above and understand the importance of meeting all requirements for applying is upon the applicant and acceptance of my application for an alcohol beverage license does not in any way assure approval for the location applied for. I hereby agree to comply with all conditions and requirements of the Glynn County Liquor, Malt Beverage & Wine ordinance as well as State Alcoholic Beverage ordinance.

Name of Business: _____

Licensee: _____

Licensee Signature: _____ Date: ____/____/____

Notary Public

Date: ____/____/____

Seal:



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) (<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) (<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.

Applicants Printed Name

Applicants Signature

____/____/____
Date

**GLYNN COUNTY BOARD OF COMMISSIONERS
ALCOHOL BEVERAGE LICENSE APPLICATION**

DATE: _____ LICENSE YR: _____ LICENSE#: ALC _____

Check All That Apply:

- New Transfer-Location Transfer-Ownership Change of Agent (licensee)

BUSINESS INFORMATION

Trade Name: _____

Corporate Name: _____

Street Address: _____ / _____ / _____ / _____
City State Zip

Mailing Address: _____ / _____ / _____ / _____
City State Zip

Federal Identification Number _____

State Taxpayer Identification Number _____

Business Telephone Number: _____ Corp. Number: _____

Owner of Business: _____ Email: _____

(Enter Corporation name & Owners of Corporation or Partnership. Attach list with names and addresses of all owners, officers and/or partners)

APPLICANT / AGENT INFORMATION

Name of Licensee: _____

Home Address: _____ / _____ / _____ / _____
City State Zip

Mailing Address: _____ / _____ / _____ / _____
City State Zip

Home Number/Cell: _____ / _____ / _____

Date of Birth: ___/___/___ Social Security Number: _____ - _____ - _____

Race: _____ Sex: _____ Are You A US Citizen? ___Y / ___N

Name of Manager: _____

Home Address: _____/_____/_____
City State Zip

Home/Cell Number: _____/_____/_____

Registered Agent: _____

Home Address: _____/_____/_____
City State Zip

Home/Cell Number: _____/_____/_____

TYPE OF BUSINESS

RESTAURANT: _____ HOTEL/MOTEL: _____ WHOLESALER: _____

LOUNGE: _____ PACKAGE STORE: _____ CATERING: _____

SPORTS BAR: _____ MANUFACTURER: _____ GROCERY: _____

NIGHT CLUB: _____ CONVENIENCE STORE: _____ BREWERY: _____

IN-ROOM SERVICE: _____ (additional fees will be added) OTHER: _____

***Lounge cannot be within 200 yards of an area zoned for residential uses unless lounge is zoned Freeway Commercial. ***

***Package Stores cannot be within 200 yards of any area zoned for residential uses OR 500 feet of another Package Store. ***

***Hotel/Motels must have a minimum of 40 rooms and dining facilities to seat 50 and serve two meals per day. ***

***If property is leased, please attach a copy of the current lease. ***

TYPE OF LICENSE & ALCOHOL APPLYING FOR

Initial license Investigative Fee: \$375.00 plus the license fee. If the license is denied by the Glynn County Board of Commissioners (GBCOC), only the license fee is refunded. No refunds of investigative fees will be issued. Fees paid after July 1st will be prorated for new applications.

Please select from the following by placing an ⊗ or a √ in the circle next to the item.

****CONSUMPTION ON PREMISES****

- BEER ONLY: (\$619.50)
- WINE ONLY: (\$619.50)
- BEER & WINE: (\$1,050.00)
- LIQUOR, BEER & WINE: (\$2,025.00)

****IN ROOM****

- BEER ONLY: (\$619.50)
- WINE ONLY: (\$619.50)
- BEER & WINE: (\$1,050.00)
- LIQUOR, BEER & WINE: (\$2,025.00)

****PACKAGE SALES****

- BEER ONLY: (\$732.00)
- WINE ONLY: (\$619.50)
- BEER & WINE: (\$1,162.50)
- LIQUOR, BEER & WINE: (\$2,025.00)

****WHOLESALE****

- BEER ONLY: (\$1,050.00)
- WINE ONLY: (\$1,050.00)
- BEER & WINE: (\$1,912.50)
- LIQUOR, BEER & WINE: (\$2,907.00)

****MANUFACTURER/DISTILLERY****

- BEER ONLY: (\$4,687.50)
- WINE ONLY: (\$4,687.50)
- BEER & WINE: (\$4,687.50)
- LIQUOR, BEER & WINE: (\$4,687.50)

****CATERING LICENSE****

- ADDITIONAL FEE OF \$750.00

Will Your Business Conduct Sunday Sales? YES / NO

FEES DUE

Please state below the items in which were chosen on the previous 2 pages:

TYPE OF BUSINESS: _____

TYPE OF LICENSE: _____ (license type is marked with asterisk **)

TYPE OF ALCOHOL: _____

Please calculate the license fee in which you are applying from the previous page with investigative fee for total due. Fees are due and processed along with application.

NOTE: Additional fee of \$100.00 plus investigative fee ONLY, for a licensee change as long as there is no change in ownership for the business and renewal fee has been received for new year.

LICENSE FEE: _____

INVESTIGATIVE FEE: \$375.00

LICENSEE CHANGE FEE _____

TOTAL DUE: _____

**MAKE CHECKS PAYABLE TO:
GLYNN COUNTY BOARD OF COMMISSIONERS
1725 REYNOLDS ST. STE 200
BRUNSWICK, GA. 31520**

The undersigned certifies that the information contained in this application and accompanying documentation is true and correct to the best of their knowledge. The undersigned further agrees to be bound by all terms, abide by, observe and conduct the licensed business according to all county ordinances and state laws and regulations in respect thereof.

APPLICANT'S PRINTED NAME: _____ DATE: ___/___/___

APPLICANT'S SIGNATURE: _____

_____ Date: ___/___/___

Notary Public

Seal:



**SUNDAY SALES AFFIDAVIT
FOR SALE OF ALCOHOLIC BEVERAGES IN HOTEL/MOTELS**

The Glynn County Liquor, Malt Beverage & Wine ordinance permits hotels and motels to sell alcoholic beverages **For Consumption on Premises** on Sunday between the hours of **12:30pm to 11:00pm**, provided such hotel/motel is a full-service hotel/motel. As used in this subsection, the term "full-service hotel/motel" means an establishment which is licensed to sell alcohol beverages, malt beverages and wine for consumption on premises which also meets the following requirements.

Business derives at least fifty percent (50%) of its annual gross income from the rental of rooms for overnight lodging.

Your hotel/motel will be authorized to sell alcoholic beverages on Sunday for consumption on premises only during the specified hours as defined by the ordinance and the completion of the following affidavit.

Name of Hotel/Motel: _____

Address of Hotel/Motel: _____ / _____ / _____
City State Zip

Business Phone Number: _____ / _____ / _____

AFFIDAVIT BY LICENSEE

I _____ certify that the hotel/motel establishment named above holds a current Glynn County Alcohol beverage license and that the hotel/motel derived at least fifty percent (50%) of its' total annual income from the rental of overnight lodging.

The foregoing certification is hereby made on oath willfully, knowingly and absolutely, and the same is hereby sworn to be true under penalty for false swearing, as provided by law.

- A. Total sales from overnight room rentals: \$ _____
- B. Total sales from all sources: \$ _____
- C. Room sales as a percent of total sales: _____ %
(divide line A by B)

APPLICANT'S PRINTED NAME: _____ **DATE:** ____/____/____

APPLICANT'S SIGNATURE: _____

Notary Public Date: ____/____/____

Seal:



SUNDAY SALES AFFIDAVIT

The Liquor, Malt Beverage and Wine ordinance of Glynn County permits a “bona fide full-service restaurant” to sell alcoholic beverages” **For Consumption on Premises Only**” on Sunday between the hours of 12:30pm to 11:00pm, provided such restaurant is licensed to sell alcoholic beverages for consumption on premises.

Name of Restaurant: _____

Address of Restaurant: _____/_____/_____/_____

DETERMINATION FOR FULL SERVICE RESTAURANT

- 1. Are meals served with substantial entrée selected by patrons? YES / NO
- 2. Are the facilities adequate with sufficient full-time employees to prepare, cook and serve meals for consumption on premises? YES / NO
- 3. Is the dining room located within the licensed premises? YES / NO
- 4. Is at least 50% of the total annual income derived from the sale of meals Prepared, cooked and consumed on the licensed premises? YES / NO
- 5. Total annual sales from sale of meals prepared, cooked and consumed: \$ _____
- 6. Total annual gross sales from ALL sources: \$ _____
- 7. Percent of food sales amount to total sales amount (divide #5 by #6) _____%

AFFIDAVIT BY LICENSEE

I _____ Certify that the restaurant named above holds a current Glynn County Alcohol Beverage license and that the restaurant derived at least 50% of its total annual gross income from the sale of meals prepared, cooked and consumed on the licensed premises during the preceding twelve (12) month period and that this restaurant is a “bona fide full-service restaurant” and any sales of alcoholic beverages, malt beverages or wine sold on Sunday are served as an accessory to a food service as define by the ordinance.

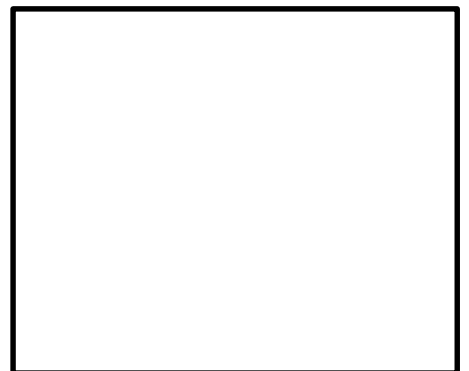
The foregoing certification is hereby made on oath willfully, knowingly and absolutely and the same is hereby sworn to be true under penalty for false swearing, as provided by law. I have answered the preceding questions truthfully and agree to make my records available to substantiate such.

APPLICANT’S PRINTED NAME: _____ **DATE:** ___/___/___

APPLICANT’S SIGNATURE: _____

Notary Public **Date:** ___/___/___

Seal:



**GLYNN COUNTY
REPORT ON SALE OF ALCOHOLIC BEVERAGES BY THE DRINK**

DUE ON OR BEFORE THE TWENTIETH (20TH) DAY OF THE MONTH FOLLOWING MONTH IN WHICH THE BEVERAGES WERE SOLD OR
DISPOSED OF. ENVELOPE MUST BE POSTMARKED BY THE TWENTIETH (20TH) DAY OF THE MONTH.

INFORMATION

BUSINESS NAME:

ADDRESS:

REPORT FOR MONTH: MONTH: YEAR:

COMPUTATION OF TAX

**1. GROSS AMOUNT OF ALCOHOLIC BEVERAGES SOLD BY THE DRINK
DURING THE MONTH:**

1.

2. AMOUNT OF EXCISE TAX (LINE 1 X .03)

2.

**3. PENALTY - \$100 OR TEN PERCENT (10%) OF THE TAX ON LINE
WHICHEVER IS GREATER**

3.

**4. INTEREST (ONE PERCENT (1%) PER MONTH OF THE TAX ON LINE
2)**

4.

**5. ADD DEBIT MEMO ISSUED BY GLYNN COUNTY FINANCE DEPT.
(Attached debit memo)**

5.

**6. DEDUCT CREDIT MEMO ISSUED BY GLYNN COUNTY FINANCE DEPT
(Attach credit memo)**

6.

**7. DEDUCT THREE PERCENT (3%) COLLECTION FEE
(line 2 X .03 if tax is not delinquent)**

7.

8. TOTAL AMOUNT DUE (Line 2, 3, 4, and 5 less line 6 and 7)

8.

CHANGE OF REGISTERED INFORMATION

FOR ANY CHANGES, CHECK PROPER BOX(ES) AND FURNISH APPLICABLE INFORMATION BELOW

New Business Location

New Trade Name

New and Mailing Address of Owner's)

Telephone No.

New Mailing Address

Date Business Discontinued

I declare under penalties prescribed, that the information contained in this document is true and correct to the best of my knowledge.

Signature: _____ **Date** ____/____/____ **Title** _____

Return Prepared By: _____ **Telephone No.** _____ - _____ - _____

FINANCE DEPARTMENT ONLY

Postmark date on Envelope ____/____/____

MAKE CHECK PAYABLE TO GLYNN COUNTY BOARD OF COMMISSIONERS AND
REMIT TO: GLYNN COUNTY, 1725 REYNOLDS ST. SUITE 300, BRUNSWICK, GA. 31520



Glynn County Police Department

157 Public Safety Boulevard Brunswick, GA. 31525

Dispatch: (912) 554-7800 Fax: (912) 554-7873

Administration: (912) 554-7800

www.police.glynncounty-ga.org



CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

I hereby authorize the **Chief of the Glynn County Police Department John Powell, or his designee(s)**, to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Printed) _____ Maiden or Other Names Used _____

Home Address: _____
City _____ State _____ Zip _____

Sex _____ Race _____ Date of Birth _____ SSN _____

Place of Birth: _____
City _____ State _____

Business Name: _____

Business Location: _____
City _____ State _____ Zip _____

Business Number: _____ - _____ - _____ Home Phone: _____ - _____ - _____

Signature _____ Date _____

******* The following to be completed by the Glynn County Police Chief *******

RECOMMEND APPROVAL: _____ RECOMMEND DENIAL: _____

COMMENTS: _____

Chief, Glynn County Police Dept. _____ Date _____

