



**INFORMATION FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION  
COLUMBUS CONSOLIDATED GOVERNMENT  
OCCUPATION TAX SECTION  
P. O. BOX 1397  
COLUMBUS, GA 31902-1397  
PHONE: (706) 653-4100 FAX: (706) 225-3780**

1. Please read the Alcoholic Beverage ordinance in Chapter 3 of the Columbus Code of Ordinances before attempting to complete the application.
  2. The application must be completed in its entirety and each question answered in full before being accepted by the Occupation Tax Section. The application and all attachments **must be typed or legibly written in black or blue ink.** The use of any liquid paper correction fluid will not be permitted on the application. The Occupation Tax Section reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible or incomplete. All dated material submitted must not bear a date more than 30 days prior to submission
  3. The applicant, manager, owner, partners, and all stockholders (owning 25% or more of the stock), must meet the requirements as outlined in Chapter 3-6 of the Columbus Code. The location must meet the distance requirements as outlined in Chapters 3-5 and 3-7 of the Columbus Code.
  4. **NEW APPLICATIONS AND ALCOHOL UPGRADES:**  
COMPLETE PAGES 1, 2, 3, 4, 5 AND 7. MIXED DRINKS APPLICANTS MUST COMPLETE PAGE 8 AS WELL. EACH PERSON REQUIRING A CRIMINAL HISTORY BACKGROUND CHECK MUST COMPLETE THE WAIVER(S) FOR POLICE RECORDS CHECK FORM AND THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) AFFIDAVIT.
- LICENSE AND LOCATION TRANSFERS:**  
COMPLETE PAGES 1 THROUGH 7. MIXED DRINKS APPLICANTS ON LOCATION TRANSFERS MUST COMPLETE PAGE 8 AS WELL. EACH PERSON REQUIRING A CRIMINAL HISTORY BACKGROUND CHECK MUST COMPLETE THE WAIVER(S) FOR POLICE RECORDS CHECK FORM AND THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) AFFIDAVIT.
5. Upon completion of the application, the applicant shall pay a nonrefundable **\$50.00** application fee and a **\$20.00** fee for **each** Waiver For Police Records Check. The fees must accompany this application at the time it is submitted for processing. The applicant must also submit a valid, legible copy of their Georgia State Driver's License or Georgia State Identification card with the application.
  6. For **ON PREMISE** locations only, the following additional actions must be completed, if application is approved:
    - A. A Certificate of Occupancy must be obtained from the Inspection and Codes office, located at 420 10<sup>th</sup> Street, Columbus, GA, (706) 653-4126.
    - B. A Health Marshall Slip must be obtained from the Columbus Health Department Environmental Division, located at 2100 Comer Avenue, (706) 321-6170.
    - C. A Fire Permit must be obtained from the Columbus Fire Department, located at the Public Safety Building, 510 10<sup>th</sup> Street, (706) 653-3520.
  7. For **OFF PREMISE** locations, the following additional actions must be completed if application is approved:
    - A. A Certificate of Occupancy must be obtained from the Inspection and Codes office, located at 420 10<sup>th</sup> Street, Columbus, GA, (706) 653-4126.
    - B. An Agriculture Inspection Report, approved for licensing, must be obtained from the Georgia Department of Agriculture, the contact number is (404) 363-4646 (not required for Retail Liquor)..
  8. For **TRANSFERS** only. No alcoholic beverage license will be transferred without all prior city taxes being paid in full.
  9. For **RETAIL LIQUOR** only:  
O.C.G.A 3-4-49 restricts new locations of retail liquor business from being within 1500 feet of another retail liquor establishment already in operation, or has ceased operation within the last twelve (12) months.
  10. For the State of Georgia licensing requirements, please contact the Georgia Department of Revenue Alcohol & Tobacco Division at (706) 649-7328.

**Department of Finance - Revenue Division**  
**Occupation Tax Section**  
**P. O. Box 1397**  
**Columbus, Georgia 31902-1397**



- \_\_\_\_\_ NEW
- \_\_\_\_\_ TRANSFER
- \_\_\_\_\_ UPGRADE
- \_\_\_\_\_ LOCATION TRANSFER

**APPLICATION TO SELL ALCOHOLIC BEVERAGES**

**1. BUSINESS TITLE:**

- a. Legal name of business \_\_\_\_\_
- b. Trade name \_\_\_\_\_
- c. Business location \_\_\_\_\_
- d. Business telephone number \_\_\_\_\_

**2. APPLICANT:**

- a. Name \_\_\_\_\_
- b. Social Security No. \_\_\_\_\_ Date of birth \_\_\_\_\_
- c. Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- d. Home telephone number \_\_\_\_\_
- e. U. S. Citizen by (please check one): Birth \_\_\_\_\_ Naturalization \_\_\_\_\_  
If naturalized, number of: Years \_\_\_\_\_ Months \_\_\_\_\_  
Please include a copy of the **original** certificate of naturalization with this application.
- f. Have you, your spouse, or an immediate family member either owned or managed a business that sold or served alcoholic beverages? YES \_\_\_\_\_ NO \_\_\_\_\_

*If yes*, please submit all details below or on an attached sheet that includes the individual's name(s), date of birth(s), and social security number(s). State each individual's relationship to the applicant.

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- g. What is the applicant's relationship to the business?

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**3. TYPE OF OWNERSHIP (please select one):**

Sole Proprietor ( )	Partnership ( )	Corporation ( )
LLP ( )	LLC ( )	Other ( ) _____

**A. If Sole Proprietor - (Police criminal history background check will be conducted on sole proprietor)**

Owner's Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home telephone number \_\_\_\_\_

Have you ever applied for an alcoholic beverage license before?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please submit all details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. If Partnership or LLP -**

Partnership or LLP Name: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_ Date Formed: \_\_\_\_\_

Partnership or LLP Street Address: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Please provide a list of all persons owning interest in the business. Please include the name residential address, date of birth, Social Security Number and percentage of interest held.

*PARTNERS NAME*	RESIDENTIAL ADDRESS (No P.O. boxes)	DATE OF BIRTH	SOCIAL SECURITY NO.	INTEREST %

(\*Police criminal history background check will be conducted on all partners/members\*)

Has the Partnership or the LLP or any of the partners ever applied for an alcoholic beverage license before? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please submit all details (include additional information on a separate attachment.

\_\_\_\_\_

\_\_\_\_\_

**C. If Corporation or LLC -**

Corporation or LLC Name: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_

Date Incorporated or Formed: \_\_\_\_\_

Corporation Street Address: \_\_\_\_\_

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

Telephone number \_\_\_\_\_

Please provide a list of all persons owning interest/stock in the business. Please include the name, residential address, date of birth, Social Security Number and percentage of interest held.

*SHAREHOLDER/MEMBERS NAME & TITLE*	RESIDENTIAL ADDRESS (No P.O. boxes)	DATE OF BIRTH	SOCIAL SECURITY NO.	INTEREST %

(\*Police criminal history background check will be conducted on all stockholders/members with 25% or more interest\*)

Has the Corporation or the LLC or any of the shareholders or members ever applied for an alcoholic Beverage license before? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please submit all details (include additional information on a separate attachment.

\_\_\_\_\_

\_\_\_\_\_

4. Are there any other individuals or firms owning any interest in or receiving any funds from or having loaned funds to the operation of this business? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list those firms or individuals to include the names, addresses, Social Security Numbers, and loan amounts.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Is the applicant or any individual listed as having interest in this business or their spouse, a law enforcement officer? YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, please provide the specific details.

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6. Has the applicant, or any individual listed as having an interest in this business, ever been convicted, pleaded nolo contendere or forfeited bond for any of the disqualifying conditions listed in Section 3-6 of the Columbus Code? YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, please provide details for each instance.

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7. Please list the active manager's name, date of birth, and social security number.  
(Police criminal history background check will be conducted on active manager)

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Has the active manager, ever been convicted, plead nolo contendere or forfeited bond for any of the disqualifying conditions listed in Section 3-6 of the Columbus Code?  
YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, please provide details for each instance.

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8. I, \_\_\_\_\_ (Applicant), being duly sworn according to law, do swear that the facts stated in the above application are true and correct. I will promptly notify the Director of Finance, through the Tax Supervisor of any changes to the above information. I have read and understand, and also agree to abide by the City of Columbus's Ordinance, and any State or Federal Laws or regulations governing the sale of alcoholic beverages. I further swear that this application is made in order to procure an alcoholic beverage license in the City of Columbus, GA.

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SIGNATURE OF APPLICANT

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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NOTARY PUBLIC

MY COMMISSIONS EXPIRES \_\_\_\_\_

*PLEASE NOTE: All questions must be answered.*

TYPE OF APPLICATION (Indicate type and category with an "X")

New License: \_\_\_\_\_

License Transfer: \_\_\_\_\_

Location Transfer: \_\_\_\_\_

Alcohol Upgrade: \_\_\_\_\_

A. Manufacturer

Liquor \_\_\_\_\_

Beer \_\_\_\_\_

Wine \_\_\_\_\_

B. Wholesaler

Liquor \_\_\_\_\_

Beer \_\_\_\_\_

Wine \_\_\_\_\_

C. Broker

Liquor \_\_\_\_\_

Beer \_\_\_\_\_

Wine \_\_\_\_\_

**FOR RETAIL OFF PREMISE APPLICATIONS ONLY**

Liquor \_\_\_\_\_

Beer \_\_\_\_\_

Wine \_\_\_\_\_

Convenience Store \_\_\_\_\_

Grocery Store \_\_\_\_\_

Package Store \_\_\_\_\_

Other \_\_\_\_\_

**FOR CONSUMPTION ON PREMISE APPLICATIONS ONLY**

Please check: Mixed Drinks \_\_\_\_\_

Beer \_\_\_\_\_

Wine \_\_\_\_\_

PLEASE CHECK YOUR SPECIFIC TYPE OF BUSINESS (indicate one only):

TRADITIONAL RESTAURANT: \_\_\_\_\_

RESTAURANT: \_\_\_\_\_

BAR/PUB: \_\_\_\_\_

NIGHT CLUB: \_\_\_\_\_

ADULT ORIENTED ESTABLISHMENT: \_\_\_\_\_

HOTEL/MOTEL: \_\_\_\_\_

SMALL MULTI-PURPOSE THEATRE: \_\_\_\_\_

MULTI-PURPOSE THEATER: \_\_\_\_\_

PRIVATE CLUB (NON-PROFIT): \_\_\_\_\_

RIVERBOAT: \_\_\_\_\_

MULTI-PURPOSE FACILITY: \_\_\_\_\_

MUNICIPAL GOLF COURSE: \_\_\_\_\_

MUNICIPAL SPORTS FACILITY: \_\_\_\_\_

DINNER THEATER: \_\_\_\_\_

BOWLING CENTER: \_\_\_\_\_

\*NON-ALCOHOL RETAIL ESTABLISHMENT: \_\_\_\_\_

\*(Please write in Dominant Line of Business Activity)

I hereby certify that I have read and understand the provisions of Chapter 3, Section 1, Definitions of the Columbus Code. I further certify that my business meets the required specifications and qualifications for the type of business as indicated above.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

THIS IS TO CERTIFY THAT EFFECTIVE THIS DATE, I HAVE:  
(indicate appropriate condition by a circle or an underline)

- (A) SOLD MY BUSINESS
- (B) PENDING SALE OF BUSINESS
- (C) TRANSFERING ALCOHOL LICENSE
- (D) MOVING BUSINESS TO NEW LOCATION

1. \_\_\_\_\_  
NAME OF BUSINESS AS CURRENTLY LICENSED
2. \_\_\_\_\_  
ADDRESS OF BUSINESS AS CURRENTLY LICENSED
3. \_\_\_\_\_  
NAME OF LICENSEE AS CURRENTLY LICENSED
4. \_\_\_\_\_  
NAME OF APPLICANT LICENSE BEING TRANSFERRED TO
5. \_\_\_\_\_  
NEW BUSINESS NAME IF DIFFERENT FROM ORIGINAL NAME
6. \_\_\_\_\_  
NEW LOCATION IF DIFFERENT FROM ORIGINAL LOCATION
7. \_\_\_\_\_  
ALCOHOLIC BEVERAGE LICENSE NUMBER
8. \_\_\_\_\_  
ALCOHOLIC BEVERAGE LICENSE NUMBER
9. \_\_\_\_\_  
ALCOHOLIC BEVERAGE LICENSE NUMBER

I RESPECTFULLY REQUEST THAT THE ABOVE LISTED LICENSE BE TRANSFERRED WITH THE APPROVAL OF THE DIRECTOR OF FINANCE.

\_\_\_\_\_  
ORIGINAL LICENSEE SIGNATURE

sworn to and subscribe before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_

PLEASE ATTACH A COPY OF THE APPLICANTS VALID GEORGIA STATE DRIVER'S LICENSE  
OR A VALID GEORGIA STATE IDENTIFICATION CARD.



NEW MIXED DRINK APPLICANTS ONLY

ALL APPLICANTS FOR NEW MIXED DRINK LICENSEES SHALL GIVE NOTICE OF THEIR INTENT TO MAKE SUCH APPLICATION BY ADVERTISING AT LEAST (5) TIMES ON DIFFERENT DAYS IN THE DAILY PAPER PUBLISHED IN THE CITY IN WHICH THE LEGAL ADVERTISEMENTS OF THE CITY ARE CARRIED. SUCH NOTICE SHALL CONTAIN A PARTICULAR DESCRIPTION OF THE LOCATION OF THE PROPOSED BUSINESS AND SHALL GIVE THE NAME OF THE APPLICANT, AND IF THE BUSINESS IS A PARTNERSHIP, THE NAME OF THE PARTNERS, AND IF A CORPORATION, THE NAMES OF THE CORPORATE MANAGER OR ASSOCIATE MANAGER TO WHOM ISSUED AND THE DATE THAT SUCH APPLICATION WOULD BE CONSIDERED BY THE DIRECTOR OF FINANCE. THE ADVERTISEMENT REFERRED TO HEREIN SHALL NOT BE SMALLER THAN TEN-POINT CAPITAL AND LOWER CASE AND SHALL BE AT LEAST A ONE-INCH, TWO-COLUMN ADVERTISEMENT.

ATTACH RECEIPT FROM LOCAL NEWSPAPER HERE

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APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_



**COLUMBUS CONSOLIDATED GOVERNMENT**

*Georgia's First Consolidated Government*

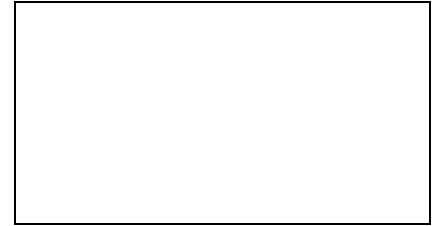
0101-099-1999-4869

**FINANCE DEPARTMENT**

**REVENUE DIVISION - Occupation Tax Section**

3111 Citizens Way, P.O. Box 1397 Columbus, Georgia 31902-1397

706-653-4100, Fax 706-225-3780



**Amount To Be Validated: 20.00**

**WAIVER FOR POLICE RECORDS CHECK**

I understand that in order for the Finance Department to approve my application for an **alcoholic beverage license**, the Columbus Police Department will have to perform a criminal record check on myself. I hereby authorize the Columbus Police Department to conduct such a criminal record check locally and statewide, and release the information to the Finance Department, or it's authorized agent.

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

Maiden Name: (if applicable) \_\_\_\_\_

Any Aliases Used: (if applicable) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Principal

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

<b>(For Office Use Only)</b>
Subject does / does not have felonies on his or her record
Subject does / does not have misdemeanors relating to moral turpitude, drugs, or alcohol.
Subject does / does not have ordinance violations relating to moral turpitude, drugs, or alcohol.
_____ Columbus Police Department
<b>(Please attach applicable records.)</b>



**COLUMBUS CONSOLIDATED GOVERNMENT**

*Georgia's First Consolidated Government*

0101-099-1999-4869

**FINANCE DEPARTMENT**

**REVENUE DIVISION - Occupation Tax Section**

3111 Citizens Way, P.O. Box 1397 Columbus, Georgia 31902-1397

706-653-4100, Fax 706-225-3780



**Amount To Be Validated: 20.00**

**WAIVER FOR POLICE RECORDS CHECK**

I understand that in order for the Finance Department to approve my application for an **alcoholic beverage license**, the Columbus Police Department will have to perform a criminal record check on myself. I hereby authorize the Columbus Police Department to conduct such a criminal record check locally and statewide, and release the information to the Finance Department, or it's authorized agent.

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

Maiden Name: (if applicable) \_\_\_\_\_

Any Aliases Used: (if applicable) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Principal

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

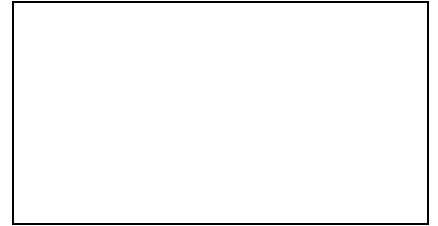
<b>(For Office Use Only)</b>
Subject does / does not have felonies on his or her record
Subject does / does not have misdemeanors relating to moral turpitude, drugs, or alcohol.
Subject does / does not have ordinance violations relating to moral turpitude, drugs, or alcohol.
_____ <b>Columbus Police Department</b>
<b>(Please attach applicable records.)</b>



**FINANCE DEPARTMENT**

**REVENUE DIVISION - Occupation Tax Section**

3111 Citizens Way, P.O. Box 1397 Columbus, Georgia 31902-1397  
706-653-4100, Fax 706-225-3780



**Amount To Be Validated: 20.00**

**WAIVER FOR POLICE RECORDS CHECK**

I understand that in order for the Finance Department to approve my application for an **alcoholic beverage license**, the Columbus Police Department will have to perform a criminal record check on myself. I hereby authorize the Columbus Police Department to conduct such a criminal record check locally and statewide, and release the information to the Finance Department, or it's authorized agent.

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

Maiden Name: (if applicable) \_\_\_\_\_

Any Aliases Used: (if applicable) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Principal

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

<b>(For Office Use Only)</b>	
Subject does / does not have felonies on his or her record	
Subject does / does not have misdemeanors relating to moral turpitude, drugs, or alcohol.	
Subject does / does not have ordinance violations relating to moral turpitude, drugs, or alcohol.	
_____ Columbus Police Department	
<b>(Please attach applicable records.)</b>	