

CITY OF TYBEE ISLAND BUSINESS AND ALCOHOL LICENSE APPLICATION



Application is hereby made for a license to do business within the City of Tybee Island as a dealer in alcoholic beverages as indicated below:

LICENSE CLASSIFICATION	FEE	CHECK
Retail Beer/Wine – Package Sales Only, Consumption on Premises Prohibited	1110.	
Retail Beer/Wine – Sale by Drink for Consumption on Premises Only	945.	
Retail Liquor – Sale by Package Only, Consumption on Premises Prohibited	1410.	
Retail Liquor – Sale by Drink for Consumption on Premises Only	1950.	
Retail Liquor – Sale by Package & Drink both in One Building under One Ownership	2,000	
Sunday Sales – Sale by Drink for Consumption on Premises Only	150	
Sunday Sales – Package Sales Only	50	
Wholesale Beer	765	
Wholesale Liquor	1,500	
Wholesale Wine	150	
Distiller, Brewer, or Manufacturer of Alcoholic Beverages	300	
Special Event – Public or Private Property - Beer, Wine (no current license) per event	50	
Special Event – Public or Private Property - Beer, Wine (no current license) 3 days	100	
Special Event – Public or Private Property - Beer, Wine (holding current license) per event	10	

Notice: The applicant for a license shall be a citizen of the United States, a resident of Chatham County, and owner of the business or if a corporation, partnership or other legal entity is the owner, a substantial and major stockholder or the applicant may be the manager of the business charged with the regular operation of said business on the premises for which the license is issued.

Business Name				
Business Location				
Mailing Address				
Phone			Email	
Federal ID#:		Sales Tax ID:		NAICS Code:
Business Type(Circle One): Sole Proprietor Partnership Corporation(State)____Date:____LLC Non-Profit Other:_____				
Names and Home Addresses of Owners, Partners or Corporate Officers with Ten Percent (10%) Interest in Business				
Names (attach additional pages if necessary)	Date of Birth	Home Addresses	City, State, Zip	Social Security #

Security Assistance Plan

What measures are taken to mitigate/control underage drinking? _____

Please state whether you will be using Security Guards:_____ If so, how many? _____How often / Seasonal dates?_____

Do you use off-duty police officers to provide security? ____ Number: _____Frequency?_____

Per City Ordinance (6-2021) All licensees are required to have proof of their employees, those serving or pouring alcohol, current certificates of completion from an alcohol server training program on file with licensee.

Is the building capacity notice clearly posted? Where? _____

How is occupancy load enforced?_____

International Fire Code 2018 ed: [BE] 1004.9 Posting of occupant load. Every room or space that is an assembly occupancy shall have the *occupant load* of the room or space posted in a conspicuous place, near the main *exit* or *exit access* doorway from the room or space, for the intended configurations. Posted signs shall be of an *approved* legible permanent design and shall be maintained by the owner or the owner’s authorized agent.

If special event, date(s) of event_____Name of event: _____

Names of landlord of the business location_____Address_____Phone_____

What other business is conducted at this location?_____

Has applicant, any person connected with, or any person having an interest in this business:

- o ever been convicted of any violation of law other than for a traffic violation? _____
- o ever served time in prison or other correctional institution? _____
- o ever had an alcohol beverage license suspended or revoked at any time in any location? _____

(if answer is yes, give details) _____

If this application is for RENEWAL of an existing license, enter License Number of existing license _____

If business is an eating establishment, are SUNDAY sales of alcoholic beverages contemplated? _____

o Proof of liquor liability insurance: Please attach the current declaration page or certificate of insurance showing the required liquor liability insurance coverage.

ALL OF THE FOREGOING INFORMATION IS HEREBY GIVEN AND ALL OF THE FOREGOING STATEMENTS ARE HEREBY MADE ON OATH WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND THE SAME IS AND ARE HEREBY SWORN TO ME TO BE TRUE UNDER PENALTY OF LAW.

Applicant Signature _____ Date _____

Approval	Signature	Date
City Manager		
Zoning		

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

Notary Public



Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Tybee Island, Georgia, Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract, or other public benefit as referenced in O.C.G.A. Section 50-36-1, the undersigned applicant representing _____ (name of business), verifies one of the following with respect to my application for public benefit:

1) _____ **I am a United States citizen.**
(document example: Driver's license, US Passport, US Military Card, etc.)

OR

2) _____ **I am a legal permanent resident of the United States**
(document example: I-551 Permanent Resident Card, Certificate of Citizenship, etc.)

2) _____ **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.**
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____
(document example: Temporary Resident Card; Employment Authorization Card, etc.)

- 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-(e), 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 Applicant

Date

Printed Name

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

Notary Public _____

My Commission Expires: _____

PLEASE COMPLETE THIS AFFIDAVIT AND SUBMIT A COPY OF THE IDENTIFICATION DOCUMENT (front and back) FROM THE LIST ON THE BACK OF THIS FORM. **PRESENT IN PERSON** AT 403 BUTLER AVE **OR FAX** TO 912-786-5832 **OR E-MAIL** TO: SSHAYER@CITYOFTYBEE.ORG. REFERENCE YOUR BUSINESS LICENSE NUMBER IN THE SUBJECT LINE OF YOUR E-MAIL

Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below: