ALCOHOL BEVERAGE LICENSE (ABL) ~ NEW APPLICATION

Finance Department | 2006 Heritage Walk | Milton, GA 30004 | 678-242-2511

Date: _____

Trade Name of Business (DBA): _____

Attached is the application and additional documents to apply for a new alcohol beverage license. Please complete forms and instructions as indicated.

New applications should be processed through the Georgia Centralized Alcohol Licensing portal at https://alp.dor.ga.gov/_/ .

You may complete the application, and make payment, in person Monday through Friday between 8:30 AM and 4:30 PM (excluding holidays). For your convenience, a notary public is on staff and available at no charge.

Payment is expected at time of application submittal.

Methods of Payment

For your convenience, you may pay utilizing any of the following methods: exact cash, check, e-check, money order, credit card (Visa, MasterCard, American Express and Discover are accepted). Payments made by credit card or e-check are subject to a convenience fee.
Please make check(s) or money orders payable to City of Milton.

Online: Visit www.miltonga.gov for more information regarding electronic payments.

By phone: Call 678.242.2511

By mail: 2006 Heritage Walk, Milton, GA 30004

In person: Finance Department, 2006 Heritage Walk, Milton, GA 30004

Advertising Requirements

Sec. 4-36 of the City of Milton Alcohol Code requires all new alcohol license applicants to give notice to the community before consideration of the application by City Council. The publication fee of $200 includes the cost of publishing a notice in the newspaper once a week for two weeks as required in Sec. 4-36. The sign required to be posted on the premises will be ordered by the city at the applicant's expense and payment will be made by the applicant directly to the sign vendor. The notice shall be posted on the premises for at least 15 days prior to the date of public hearing with the base of the sign not more than three feet from the ground on the most conspicuous part of the premises facing the more frequently traveled road, street or highway abutting the same, and not more than ten feet therefrom as required in Sec. 4-36.

CHECKLIST AND AUTHORIZATION

Important Information:

- **If there are any questions concerning the completion of the application, please call the Finance Department, Monday – Friday, 8:30 AM – 4:30 PM (excluding holidays) at 678-242-2511.**

- Satisfactory completion of the following requirements is necessary to file applications. **Incomplete applications will not be accepted.**

Initial each one to signify acceptance of the following requirements and sign below:

_____1. Fee Schedule – complete the fee schedule for currently approved licenses (new licenses will require a new application including Council Approval).

_____2. Applicant Information – complete and sign the applicant information sheets as they pertain to your business.

_____3. Registered Agent Information Form/Licensee Agent Information From/Alcohol Beverage License Affidavit/SAVE Affidavit/ Food and Alcoholic Beverage Sales Affidavit – complete and sign, **all forms require a notary (on-site notary is available M-F, 8:30 AM – 4:30 PM).**

_____4. Complete the Report of Land Survey and include boundary line survey if applicable (required for off-premises package sales licenses ONLY).

_____5. Read City of Milton Ordinance regarding Alcoholic Beverages as recent amendments may impact your license type (please visit www.miltonga.gov/alcoholcode for the most up-to-date revisions as approved by City Council on 10/17/2022).

_____6. Provide photocopy of a valid picture ID(s) for all registered agents, licensee agents and owners.

_____7. Ensure that all employees working for the establishment that dispense, sell, serve, take orders, or mix alcoholic beverages obtain their Pouring Permit with Milton Police Department. To make an appointment for a pouring permit, please visit https://cityofmiltonpd.as.me/schedule.php.

_____8. Ensure that the establishment has implemented an employee training program to all pouring permit holders on provisions of the law of this state and the City's ordinances regarding alcoholic beverages. Detailed records of such training, including content, date, time, persons attending and copy of pre/post tests, shall be maintained for a minimum of 36 months after training. Evidence of such training will be made available upon request for inspections by the City.

_____9. Fingerprints/Background Checks - complete the GCIC (Georgia Crime Information Center) consent form and requirements at the City of Milton Police Department at 13690 Highway 9, Milton, GA 30004. **Each manager. Licensee Agent and all persons owning twenty percent (20%) or more of the business must complete this form and meet the requirements**. To make an appointment for a background check, please visit https://cityofmiltonpd.as.me/schedule.php..

An applicant may establish the required lack of criminal history listed by providing an official Federal Clearance Letter from the Federal Court of the individual's state of residence or a Criminal History Report from a Police Department, Sheriff's Department, or the official state crime investigation center in the individual's state of residence. If applicant chooses this option, approval must be received from City of Milton Police Department prior to obtaining Letter.

Applicant Signature _____ **Date**_____

Staff Use Only	
Finance Director:	**Police Chief or Designee:**
Approved/Denied (circle one)	Approved/Denied (circle one)
Date:	Date:
City Manager:	**Community Development:**
Approved/Denied (circle one)	Approved/Denied (circle one)
Date:	Date:

FEE SCHEDULE

Processing Fees:	**Annual Fee**	**Total Due**
Administrative Fee (non-refundable)	$100	_____
Publication Fee (newspaper advertising)	$200	_____

Signage Fee to be paid directly to sign vendor

Investigative Fee to be collected by the Police Department $60 per 20% owner, Licensee Agent, Manager.

License Fees:

Standard Consumption On Premises Licenses (Sales by the Drink):

Qualifying establishments include restaurants, hotel, golf course, event facility.

Wine	$650	($54.17/month)	X _____	= _____
Malt Beverages	$650	($54.17/month)	X _____	= _____
Distilled Spirits	$3,200	($266.67/month)	X _____	= _____

Retail Package Licenses:

Wine	$400	($33.33/month)	X _____	= _____
Malt Beverages (including growlers)	$400	($33.33/month)	X _____	= _____
Distilled Spirits	$3,000	($250.00/month)	X _____	= _____

Hybrid:

Brewpub (*must qualify as an eating establishment*)	$1,650	($137.50/month)	X _____	= _____
Farm Winery	$1,450	($120.83/month)	X _____	= _____

(Farm Winery includes wholesale, retail package sales, consumption on premises and Sunday Sales)

Manufacturing:

Microbrewery	$250	($20.83/month)	X _____	= _____
Microdistillery	$250	($20.83/month)	X _____	= _____

Specialty Licenses:

Specialty Gift Shop	$100	($8.33/month)	X _____	= _____
Incidental Service	$100	($8.33/month)	X _____	= _____
Bring Your Own Beverage (BYOB)	$100	($8.33/month)	X _____	= _____

(BYOB is included with a standard consumption on premises license for restaurants at no additional fee)

Add-on Licenses:

Craft Beer and/or Wine Market (*optional add-on license specific to retail package sales license*)

Wine	$260	($21.67/month)	X _____	= _____
Malt Beverages (including growlers)	$260	($21.67/month)	X _____	= _____
Resident Alcoholic Beverage Caterer	$150	($12.50/month)	X _____	= _____
Sunday Sales (Package Sales)	$250	($20.83/month)	X _____	= _____
Sunday Sales (On premises must meet eligibility)	$500	($41.67/month)	X _____	= _____
Sunday Sales (Manufacturing)	$500	($41.67/month)	X _____	= _____
Sunday Sales (Specialty Licenses)	$250	($20.83/month)	X _____	= _____
Ancillary Tasting	$100	($8.33/month)	X _____	= _____

Subtotal Fees Due:			0.00
Temporary License Fee *	☐	25%	0.00
Total Fees Due:			0.00

**** Applicants wishing to apply for a temporary license must complete a separate temporary license application and pay an additional fee equal to 25% of the assessed annual fees due.***

APPLICANT INFORMATION

BUSINESS INFORMATION:

Corporate or Partnership Name of Business:_____

Trade Name of Business (DBA):_____

Business Location Address:_____

Business Mailing Address:_____

Business Phone: _____ Fax: _____

Fed Tax ID:_____

TYPE OF OWNERSHIP:

___Proprietorship ___Corporate ___Non-Profit ___Other (specify)
___Partnership ___For Profit ___LLC _____

What is the name of the person who, if the license is renewed, will be the active manager of the business and on the job at the business?

Full Name:_____

Home Address_____

Cell / Home phone: _____ Date of Birth: ___/ ___/ _____

Email Address: _____Driver's License Number:_____

No. of Full-Time W2 Employees: _____ No. of Part-Time Employees: _____

Wholesalers Utilized

Name Business Address Business Phone

_____

_____

_____

(If more, please indicate on the back of this form)

Solid Waste Hauler Utilized

Name Business Address Business Phone

_____

_____

_____

(If more, please indicate on the back of this form)

APPLICANT INFORMATION *(CONTINUED)*

OWNER/PARTNER/OFFICER/LICENSEE AGENT/ SHAREHOLDER, HOLDING MORE THAN 20% OF ANY CLASS OF CORPORATE STOCK:

If a partnership, complete information below for each partner holding 20 percent (20%) or more ownership; if corporation, the names of the officers. List names of all shareholders holding 20 percent (20%) or more of any class of corporate stock, or any other entity having a financial interest in each entity which is to own or operate the establishment for which a license is sought. For corporation or partnership list name of Licensee Agent. Any person listed solely on this page is required to be fingerprinted and undergo a background check. A Criminal History Request form can be completed and submitted with a letter of clearance in lieu of fingerprinting by persons listed here who reside out of state.

Full name of Sole Proprietor or Licensee:_____

Home Address:_____

Cell/ Home phone: _____ Date of Birth: ___/ ___/ _____

Social Security No. _____ Dr. License No. _____

Email Address: _____

Full name of 1st Partner/Officer:_____

Home Address:_____

Cell/ Home phone: _____ Date of Birth: ___/ ___/ _____

Social Security No. _____ Dr. License No. _____

Email Address: _____Job Title:_____

Full name of 2nd Partner/Officer:_____

Home Address:_____

Cell/ Home phone: _____ Date of Birth: ___/ ___/ _____

Social Security No. _____ Dr. License No. _____

Email Address: _____Job Title:_____

Full name of 3rd Partner/Officer:_____

Home Address:_____

Cell/ Home phone: _____ Date of Birth: ___/ ___/ _____

Social Security No. _____ Dr. License No. _____

Email Address: _____Job Title:_____

(If more, please indicate on the back of this form)

REGISTERED AGENT INFORMATION FORM

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors of and to perform all obligations of such agency under the Alcohol Beverage Ordinance of the City of Milton, Georgia. I understand the basic purpose is to have and continuously maintain a Registered Agent upon, which any process, notice, or demand required or permitted by law or under said ordinance to be served upon the licensee owner may be serviced upon the Registered Agent. I understand that the Registered Agent must be at least 21 years of aga and a resident of Fulton County, or any county that borders Fulton County. I further certify that I will notify the City of Milton's Finance Department of any changes affecting my status and/or position with this company. Persons serving solely as the Registered Agent for a business are not required to complete a background check and fingerprinting.

Full Name:_____

Home Address_____

Cell / Home phone:_____ Date of Birth: ___/ ___/ _____

Email Address: _____Driver's License Number:_____

Signature of Registered Agent:_____

Type or Print Name of Registered Agent:_____

Signature of Applicant or Licensee Agent:_____

Type or Print Name of Applicant or Licensee Agent:_____

Subscribed and sworn to before me

This _____day of _____, 20___.

_____
(Clerk/Notary Public)

My commission expires:_____

LICENSEE AGENT INFORMATION FORM

Corporations, Partnerships or Limited Liability Corporation

I, _____, do hereby consent to serve as the Licensee Agent for the licensee, owners, officers, and/or directors of and to perform all obligations of such agency under the Alcohol Beverage Ordinance of the City of Milton, Georgia. I that I must have sufficient involvement with the partnership or corporation to have supervisory authority over the day-to-day operations on the licensed premises. I understand the basic purpose is to have and continuously maintain a Licensee Agent upon, which the Alcohol Beverage License will be issued jointly the corporation and its designated applicant or Licensee Agent which that I will act as the representative/applicant and on its behalf on all matters related to the alcohol license. In addition, an alcoholic beverage license application may be denied where the applicant or the Licensee Agent does not have sufficient control over the operations of the business to assure compliance with the provisions of this Chapter, or where it appears that the application is intended to be a mere surrogate for a person who would not otherwise qualify for a license for any reason whatsoever. I further certify that I will notify the City of Milton's Finance Department of any changes affecting my status and/or position with this company. License Agents are required to be fingerprinted and have a background check completed by the MPD. If the Licensee Agent is also the sole owner of a business, the fingerprinting and background check completed for owner will meet this requirement.

Full Name:_____

Home Address_____

Cell/ Home phone:_____ Date of Birth: ___/ ___/ _____

Email Address: _____Driver's License Number:_____

Signature of Licensee Agent:_____

Type or Print Name of Licensee Agent:_____

Subscribed and sworn to before me

This _____day of _____, 20___.

_____

(Clerk/Notary Public)

My commission expires:_____

ALCOHOL BEVERAGE LICENSE AFFIDAVIT

I, _____, being duly sworn to law, do swear that the statement made by me in the above and forgoing answers to questions are true, and no false, or fraudulent statement is made herein, and such statements were made to procure of such a license. I hereby authorize the City of Milton or its designated agent to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the City of Milton's investigation. I further certify that I will notify the City of Milton's Finance Department of any changes affecting my status and/or position with this company. I understand that issuance of license hereby applied for be granted, shall be constituted only as a privilege and not a right and that said license may be revoked or suspended by the City of Milton.

I am familiar with all laws, rules and regulations of the State of Georgia and I have read all ordinances and amendments of the City of Milton covering the operation of the alcoholic beverage, wine, malt beverage, and/or distilled spirit establishment I will operate under this license. I understand that each partnership, corporation, or entity shall be jointly responsible for the actions of its named licensee, its employees while acting in the scope of their employment, and the conduct of the licensed business. Sec. 4-15 City of Milton Ordinance

I understand that the license issued shall cover the period of one (1) year commencing the 1st day of January and expiring December 31. License must be renewed annually, along with payment, on or before November 15 of each year. If renewal application and payment is received between November 16 and December 15 there will be accessed a 10% late fee, plus interest. If I fail to renew on or before December 15, I must reapply for an alcoholic beverage license. Sec. 4-50 (b) (c) (d). Processing fees are nonrefundable.

I swear that all the information contained in this application is true. I understand that a false statement in this application will void the application and make be liable to prosecution for perjury under the laws of Georgia.

Full Name:_____

Home Address_____

Cell / Home phone: _____ Date of Birth: ___/ ___/ _____

Email Address: _____Driver's License Number:_____

Signature of Licensee Agent:_____

Type or Print Name of Licensee Agent:_____

Subscribed and sworn to before me

This _____day of _____, 20__.

_____
(Clerk/Notary Public)

My commission expires: _____

O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit Verifying Status for City Public Benefit

This form is required for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an applicant for a pouring permit, as referenced in O.C.G.A. § 50-36-1, from the City of Milton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

_____1. I am a United States Citizen.
(Must include copy of either current State Drivers' License, Passport, or Military ID)

_____2. I am a legal permanent resident of the United States.
(Must include copy of your current State Drivers' License and either a copy of your Permanent Resident card or Employment Authorization Card.)

_____3. 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. (*Must include copy of your current State Drivers' License and either a copy of your Permanent Resident card or Employment Authorization Card.)*

*My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____. *

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)(1), 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.

Executed in _____(city), _____(state).

Applicant Name *(Please print)*: _____

Applicant's Signature: _____

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

Notary Public/Seal: _____ My Commission Expires: _____

FOOD AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

Name of Establishment:

Food and Alcoholic Beverage Sales: Please initial and complete one of the four options based on establishment/license type below. The projected information below should be provided from the financial records of the above establishment on an annual basis (the previous twelve months of operation) or such period during which the establishment has been open. Please see Sec. 4-212 for additional details.

_____**A. Establishments qualifying as a restaurant (inclusive of eating establishments and limited food service restaurants) must provide the following (percentage of annual gross revenues should total 100%):**

Annual gross revenues derived from prepared food or meals: $_____ (_____%)
Annual gross revenues derived from alcoholic beverage sales: $_____ (_____%)
Annual gross revenues derived from other sales: $_____ (_____%)
Percentage of interior square footage devoted to restaurant seating: _____%

Any business applying as a restaurant must submit floor plans of location at time of application.

_____**B. Establishments applying for a craft beer and/or wine market license must provide the following (percentage of annual gross revenues should total 100%):**

Annual gross revenues derived from the sales of retail package craft beer and or wine for off-premises consumption, groceries, or any combination thereof: $_____ (_____%)
Annual prepared food and meals: $_____ (_____%)
Annual gross revenues derived from on-premises alcoholic beverage sales: $_____ (_____%)
Annual gross revenues derived from other sales: $_____ (_____%)
Percentage of interior square footage devoted to retail sales of craft beers and/or wine for consumption off-premises, food preparation, or grocery sales including shelving and displays: _____%

Any business applying as a craft beer and/or wine market must submit floor plans of location at time of application.

_____**C. Establishments applying for an incidental service license must provide the following:**

Annual gross revenues: $_____ (_____%)
Amount/percent of gross revenues spent on alcoholic beverages: $_____ (_____%)

_____**D. Establishment/license type does not qualify as A, B, or C above**

_____
Signature, Owner/Licensee Agent

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

Notary Public/Seal: _____

My Commission Expires: _____

REPORT OF LAND SURVEY (Required for Off-Premises Package Sales Licenses ONLY)

[ ] Location of the business noted in this application is a new owner of an establishment at a location where the sale of alcoholic beverages was lawful within the past 12 months immediately preceding application, therefore survey is not required. Sec. 4-30 (f)
DBA of preceding business: _____

[ ] The City Manager has waived the survey requirement as there is clear evidence that there is no school, church, or other restricted facility in proximity to the proposed licensed premises. Sec. 4-30 (f) City of Milton Ordinance.

City Manager Approval: _____ _____
Signature Date

[ ] Survey attached

This form must be signed by Georgia Registered Land Surveyor and returned with a boundary line survey clearly indicating that the proposed retail establishment meets Milton's City Code of Ordinances regarding distance requirements.

The attached boundary line survey should be prepared by a Georgia Registered Land Surveyor and include the following information.

- Building location within boundaries of property.
- Indicate location of main/front entrance of building to determine appropriate distance requirements.
- Name, address, and telephone number of applicant.
- Date of survey, graphic scale, and north arrow.
- Location of attract (land district and land lot) and acreage.
- Signature and certification statements as listed below on survey for related alcoholic beverage use.
- Include one (1) of the certification statements as listed below on survey for related alcoholic beverage use.

1) Any liquor by the package in or within 100 yards of any church building or within 200 yards of any school building, educational building, school grounds, or college campus.

2) Any beer or wine by the package within 100 yards of any school building, school grounds, or college campus. This subparagraph shall not apply at any location for which a license has been issued prior to July 1, 1981, nor to the renewal of such license. Nor shall this subparagraph apply at any location for which a new license is applied for if the sale of beer or wine was lawful at such location at any time during the 12 months immediately preceding such application.

3) Any beer, wine, or liquor by the package within 100 yards of an alcoholic treatment center owned and operated by this state or any county or city government therein. This paragraph shall not apply to any business having a license in effect on July 1, 1981.

_____
Business Name (Business applying for license)

_____
Location Address

_____ _____
Surveyor Name (printed) Company

_____ _____
Signature Date

POURING PERMITS FOR EMPLOYEES

All Employees who dispense, sell, serve, take orders, or mix alcoholic beverages in Establishments must obtain a Pouring Permit from:

City of Milton Police Department
13690 Highway 9
Milton, GA 30004

To make an appointment for a pouring permit, please visit https://cityofmiltonpd.as.me/schedule.php

Sec. 4-172. – Alcohol seller/server permits required; application process and conditions; appeals; training.

(a) The following regulations shall apply to all establishments holding an alcoholic beverage license other than non-profit Special Event Alcohol licenses:

1) No person shall be employed or allowed to dispense, sell, serve, take orders, mix alcoholic beverages, or serve in any managerial position, by an establishment holding a license under this Chapter until such person has been cleared by the Chief of Police or his or her designee, indicating that the person is eligible to hold an alcohol seller/server permit.

2) This section shall not be construed to include volunteer groups with nonprofit tax- exempt status from the Internal Revenue Service whose volunteer efforts financially benefit a nonprofit organization with no direct financial benefit, either by wages, tips, or donations, to the individual volunteer. However, no volunteer under the age of 18 years shall be allowed to dispense, sell, serve, take orders, or mix alcoholic beverages. Employees of a licensed establishment whose duties are limited solely to those of busboy, cook, or dishwasher shall also be excluded from this section.

3) No alcohol seller/server permit shall be issued until such time as a signed application has been filed with the City Police Department and upon paying a fee which shall be established by the City Council, and a search of the criminal record of the seller/server is completed. The application shall include, but not be limited to, name, date of birth, and social security number. These applications and the resulting criminal investigative report shall be regarded as confidential and shall not be produced for public inspection without a court order.