



CITY OF PORT WENTWORTH ALCOHOLIC BEVERAGE LICENSE PROCESS FOR NEW APPLICANTS

Thank you for your interest in applying for an Alcoholic Beverage License with the City of Port Wentworth. *Refer to Chapter 3 - Alcoholic Beverages Ordinance included with this packet for more information.*

Thus, the following material is designed to assist you in successfully completing the application process as a prospective license holder. Should you have any questions or concerns, after reviewing this information please contact the Occupational Tax Registration Clerk at 912-964-4379 or email business@cityofportwentworth.com

Step 1: Obtain and complete the City of Port Wentworth **New Occupational Tax Registration Application** for new certifications. *See the New Occupational Tax Registration Checklist for a list of applicable items required for licensure.*

Step 2: Obtain and complete the City of Port Wentworth **Alcoholic Beverage License Application**. Applications are available at Port Wentworth City Hall, 7224 GA Highway 21, Port Wentworth, Georgia 31407, during normal business hours Monday through Friday, 8:30 a.m. to 4:00 p.m. However, to speak with the Occupational Tax Clerk, you must request an **appointment** by phone 912-964-4379 or email business@cityofportwentworth.com. Applications may also be downloaded via the City's website, www.cityofportwentworth.com.

Step 3: Obtain and complete the **SAVE Affidavit (Affidavit Verifying Status For City Public Benefit)**. This document must be signed in the presence of a notary then notarized. City Hall offers complimentary Notary services with proper photo identification. *Refer to the Secure and Verifiable Documents sheet at the back of this packet for more information.*

Step 4: Obtain and complete the **Georgia CJIS Network Consent Form** authorizing a Criminal History/Background Check. Applicants with an unfavorable criminal history/background check will automatically be denied.

Step 5: Submit the completed application packet in person at Port Wentworth City Hall, Monday thru Friday by **appointment only**. Upon arrival, applicants will be asked to present one form of a government issued identification. *Refer to the Secure and Verifiable Documents sheet at the back of this packet for more information.*



The Municipal Clerk will submit the signed Georgia CJIS Network Consent Form for processing. Please allow three (3) to five (5) business days for examination. If favorable, applicants may proceed to Step 6. Again, applicants with an unfavorable criminal history/background check will automatically be denied.



CITY OF PORT WENTWORTH ALCOHOLIC BEVERAGE LICENSE PROCESS FOR NEW APPLICANTS

Step 6: Applicants with a clear history/background check should return to City Hall to remit full payment (administrative fee for new licenses, fee for each license type, and costs for advertisements).

PLEASE NOTE: Per the Port Wentworth Code of Ordinances, Sec. 3-34. Public hearing on application. All applications for licenses shall be acted upon by the city council after a public hearing and advertisement in at least one issue of the legal organ of the city, which notice shall contain a particular description of the location of the proposed business and shall give the name of the applicant; and, if a partnership, the names of all the partners, both general and limited; and, if a corporation, the names of the officers and board of directors.

. Refer to Chapter 3 - Alcoholic Beverages Ordinance included with this packet for more information.

Step 7: The Alcoholic Beverage License Application packet will be forwarded to the Director of Development Services for review and placement on the agenda for approval by the Port Wentworth Planning Commission. (Planning Commission convenes the 2nd Monday of each month at Port Wentworth City Hall Council Chambers unless a change in date notification has been posted).

Step 8: Once the application has been approved by the Port Wentworth Planning Commission, the Director of Development Services will place the application as an agenda item for approval by Mayor and Council during the next regularly scheduled City Council Meeting. (City Council Meetings are held on the 4th Thursday of each month at Port Wentworth City Hall Council Chambers, unless a change in date notification has been posted).

PLEASE NOTE: Your presence is requested during both the Planning Commission Meeting and the City Council Meeting so that you can answer any questions the Commission and/or Mayor and Council may have related to your application.

Step 9: Per the Port Wentworth Code of Ordinances, the Clerk of Council or designated clerk will submit payment to Savannah Morning News requesting an advertisement be published once a week for one (1) consecutive weeks (at least five (5) days prior to the schedules meeting) notifying interested parties of the filing of the Alcoholic Beverage License and calling upon persons who wish to object to the granting of the license at or before the Regular City Council Meeting.

Step 10: Upon successful review and approval by Mayor and Council, applicants will be contacted via email with an official approval letter. The email will state the date the license will be available for pickup from City Hall.

PLEASE NOTE: Alcoholic Beverage Licenses will not be issued if a building is under construction. In this instance, the license will be issued after the project site has been cleared for use by receipt of an official Certificate of Occupancy (CO).

CITY OF PORT WENTWORTH
ALCOHOL BEVERAGE LICENSE APPLICATION

Administration Department | 7224 GA Highway 21, Port Wentworth, Georgia 31407

Phone: 912.964.4379 | Fax: 912.966.7429

This application must be completely filled out for processing. Please type or print legibly in blue or black ink.

LICENSE DETAILS

ALL LICENSES REQUIRE AN ANNUAL RENEWAL. FAILURE TO RENEW MAY RESULT IN FINES, SUSPENSION OR LOSS OF LICENSE.

TYPE OF ALCOHOL PERMIT:

____ New License

LICENSE TYPE:

____ \$1,500.00 Distilled Spirits Consumption on premises within the Central Business District

____ \$4,000.00 Distilled Spirits Consumption on premises outside the Central Business District

____ \$2,000.00 Distilled Spirits Wholesale

____ \$4,000.00 Distilled Spirits Manufacturer

____ \$5,000.00 Distilled Spirits by the Package Retail

____ \$500.00 Wine Package Retail

____ \$300.00 Wine Consumption on Premises

____ \$250.00 Wine Wholesale

____ \$250.00 Wine Manufacturer

____ \$200.00 Wine Importer

____ \$500.00 Malt Beverage Package Retail

____ \$500.00 Malt Beverage Consumption on premises

____ \$250.00 Malt Beverage Wholesale

____ \$750.00 Malt Beverage Manufacturer

\$50.00 **Administrative Fee** (Applied to all NEW licenses)

TOTAL ALCOHOL PERMIT FEE \$ _____

ALCOHOL LICENSE REGISTRATION:

Georgia Alcoholic Beverage License Number

Issued by the Georgia Department of Revenue

Occupational Tax Number

Issued by the City of Port Wentworth

Alcohol License Number

Issued by the City of Port Wentworth

APPLICANT INFORMATION

APPLICANT FULL LEGAL NAME (Last, First, Middle):

ISSUING STATE/DRIVER LICENSE NUMBER:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH (mm/dd/yyyy):

PLACE OF BIRTH (City, State, Country):

RACE:

SEX:

HEIGHT:

WEIGHT:

HAIR COLOR:

EYE COLOR:

PHYSICAL HOME ADDRESS:

CITY:

STATE:

ZIP CODE:

MAILING ADDRESS: (if different)

CITY:

STATE:

ZIP CODE:

HOME PHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

RESIDENT STATUS

Are you a U.S. citizen? ____YES ____NO If YES, answer the following: ____Native Born ____Naturalized

If Naturalized, provide Alien Registration Number _____
Issued from the U.S. Citizenship & Immigration Services (USCIS)

If NO, please state your legal status in the United States?

Provide supporting documents i.e. Visa, Resident Alien, Employment Authorization Documents, etc. Attach additional sheet if needed.

RESIDENTIAL ADDRESSES

List residential addresses for the past five (5) years starting with your current address. If additional space is needed, please attach a list with the information shown below.

| Number and Street | City, State, Zip | From (mm/yyyy) | To (mm/yyyy) |
|-------------------|------------------|----------------|--------------|
| | | | PRESENT |
| | | | |
| | | | |

EMPLOYMENT HISTORY

List employment for the past five (5) years beginning with your current employer. Indicate periods of unemployment, retirement or self-employment, including dates. If retired or self-employed, include name of company from which you retired or owned, and the position you held, or type of business owned. If additional space is needed, please attach a list with the information shown below.

| Name of Employer/Company | Address (Street, City, State, Zip) | Position Held/Business Type | From (mm/yyyy) | To (mm/yyyy) |
|--------------------------|------------------------------------|-----------------------------|----------------|--------------|
| | | | | |
| | | | | |
| | | | | |

EDUCATION

List schools attended including High School and Postgraduate, location, certificates, diplomas or degrees received, and dates attended. If additional space is needed, please attach a list with the information shown below.

| Name of School | Address (Street, City, State, Zip) | Certificate/Diploma/Degree | From (mm/yyyy) | To (mm/yyyy) |
|----------------|------------------------------------|----------------------------|----------------|--------------|
| | | | | |
| | | | | |
| | | | | |

MILITARY SERVICE

List branch of service, serial numbers, type of discharge *if applicable* and periods of service. If additional space is needed, please attach a list with the information shown below.

| Branch of Service | Serial Number | Type of Discharge | From (mm/yyyy) | To (mm/yyyy) |
|-------------------|---------------|-------------------|----------------|--------------|
| | | | | |
| | | | | |
| | | | | |

CRIMINAL HISTORY

WARNING – Failure to make full disclosure in responses to these questions may result in denial or subsequent revocation of the license.

Has the applicant or any person connected with or having an interest in said business:

- Ever been convicted of any crime or violation of law in any locality?
If yes, was conviction for other than a traffic violation? ____Yes ____No ____Yes ____No
- Ever served time in prison or other correctional institution? ____Yes ____No
- Ever had an alcoholic beverage license suspended or revoked at any time in any locality? ____Yes ____No
- Ever been cited for an alcoholic beverage violation? ____Yes ____No
If yes, list on separate sheet of paper.

If the answer to any part of the above questions is yes for the applicant or any person connected with or having an interest in said business, describe the circumstances for each person. For *convictions* include (a) the name of the person convicted, (b) nature of the crime, (c) the sentence or fine levied, (d) the date of the conviction, and (e) the jurisdiction in which said conviction occurred. For *alcoholic beverage license suspensions and revocations* include (a) the name of the person involved, (b) basis for suspension or revocation, (c) the punitive action taken, (d) the date of the action, and (e) the jurisdiction in which the suspension or revocation action was taken.

Listed on separate paper? ____Yes ____No, such convictions, license suspensions or revocations.

| BUSINESS INFORMATION | | | |
|--|--|--|---------------------|
| LEGAL BUSINESS NAME: <i>(As filed with Clerk of Superior Court Chatham Co.)</i> | | DOING BUSINESS AS (DBA) NAME <i>If applicable:</i> | |
| BUSINESS TYPE: <input type="checkbox"/> Convenience Store <input type="checkbox"/> Hotel <input type="checkbox"/> Package Shop <input type="checkbox"/> Restaurant <input type="checkbox"/> Wholesale <input type="checkbox"/> Supermarket <input type="checkbox"/> Other <i>(Explain)</i> _____ | | | |
| FEDERAL EMPLOYMENT ID NUMBER (FEIN): | | GEORGIA SALES TAX ID NUMBER (STIN): | |
| BUSINESS ADDRESS (Physical Location): | | CITY: | STATE: ZIP CODE: |
| BUSINESS MAILING ADDRESS: | | CITY: | STATE: ZIP CODE: |
| DISTANCE FROM NEAREST SCHOOL OR CHURCH <i>(Distance in miles or feet):</i> | | ZONING DISTRICT: | |
| PRIMARY PHONE NUMBER: | | SECONDARY PHONE NUMBER: | |
| BUSINESS EMAIL ADDRESS: | | | |

| OWNER INFORMATION <i>If business has more than one owner, attach additional sheet with the information below.</i> | | | | | |
|---|----------------|----------------|-----------------------------|--|------------|
| LEGAL STRUCTURE OF OWNERSHIP ENTITY: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership | | | | | |
| OWNER FULL LEGAL NAME (Last, First, Middle): | | | | ISSUING STATE/DRIVER LICENSE NUMBER: | |
| SOCIAL SECURITY NUMBER: | | | DATE OF BIRTH (mm/dd/yyyy): | PLACE OF BIRTH (City, State, Country): | |
| RACE: | SEX: | HEIGHT: | WEIGHT: | HAIR COLOR: | EYE COLOR: |
| PHYSICAL HOME ADDRESS: | | CITY: | STATE: | ZIP CODE: | |
| MAILING ADDRESS: (if different) | | CITY: | STATE: | ZIP CODE: | |
| HOME PHONE NUMBER: | MOBILE NUMBER: | EMAIL ADDRESS: | | | |

| FINANCING | | | |
|---|----------------------------|-----------------|----------|
| Please provide investment details, including notes, loans, gifts, cash, services or equipment, and operating capital. If additional space is needed, please attach a list with the information shown below. | | | |
| INVESTOR | Owner | AMOUNT INVESTED | \$ _____ |
| INVESTOR | Party Other Than the Owner | AMOUNT INVESTED | \$ _____ |
| INVESTOR | Any Party / Parties | AMOUNT INVESTED | \$ _____ |
| TOTAL AMOUNT OF INVESTMENT | | | \$ _____ |

| BORROWED CAPITAL | | | |
|---|---------------|-----------------|---------------|
| Name of Lender | Date Borrowed | Amount Borrowed | Interest Rate |
| | | \$ _____ | % _____ |
| | | \$ _____ | % _____ |
| | | \$ _____ | % _____ |
| Please list the names all of parent, affiliates, or subsidiary corporations who own more than 10% of the business who have received or will receive, as a result of your operation under the requested license, any financial gain, loss or payment derived from any interest or income from the operation. If additional space is needed, please attach a list with the information shown below. | | | |

| | | | | | |
|--|------------------------------------|-------------------------------------|---------------|-----------------------|----------------|
| Individual/Business Name | Social Security Number | Issuing State/Driver License Number | Date of Birth | Sex | % of Ownership |
| Individual/Business Name | Social Security Number | Issuing State/Driver License Number | Date of Birth | Sex | % of Ownership |
| Individual/Business Name | Social Security Number | Issuing State/Driver License Number | Date of Birth | Sex | % of Ownership |
| Individual/Business Name | Social Security Number | Issuing State/Driver License Number | Date of Birth | Sex | % of Ownership |
| REFERENCES | | | | | |
| Give the names, addresses, and telephone numbers of three (3) <u>citizens residing within City limits of Port Wentworth</u> as references: | | | | | |
| Name | Address (Number and Street) | | | Contact Number | |
| | | | | | |
| | | | | | |
| | | | | | |

| |
|--|
| ACKNOWLEDGEMENT |
| <p>The applicant for a license to dispense alcoholic beverages shall be (a) a citizen of the United States of America or Resident Alien, (b) a resident of Chatham County, Georgia, or if not, the designated manager with day-to-day operating responsibility must be a resident of Chatham County, and (c) the owner of the business, or if the owner of the business is a corporation, partnership, or other legal entity, the applicant shall be (1) a substantial and major stockholder or (2) the manager of the business who regularly operates and supervises the business on the licensed premises.</p> <p>ALL ABOVE INFORMATION IS FULLY UNDERSTOOD AND ALL STATEMENTS SHOWN ABOVE, AND ON ANY ATTACHMENTS ARE GIVEN UNDER OATH, WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND ARE HEREBY SWORN TO BE TRUE, CORRECT AND COMPLETE, UNDER PENALTY FOR FALSE SWEARING AS PROVIDED BY LAW.</p> |

| |
|---|
| SIGN AND NOTARIZE APPLICATION |
| <p>WARNING – Georgia Code Title 16. Crimes and Offenses § 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.</p> |
| <p>I, under penalty of law, hereby swear that I have read all the information provided in this document and any attachments and the information is true and correct. I also understand any false statement or representation in this application can result in my application being denied and/or criminal charges filed against me. I also authorize the City of Port Wentworth to use all legal means to verify the information provided.</p> |
| <div style="text-align: right;">SUBSCRIBED AND SWORN BEFORE ME ON THIS THE</div> <div style="text-align: right;">_____ DAY OF _____, 20 ____.</div> <div style="text-align: right;">_____</div> <div style="text-align: right;">NOTARY PUBLIC</div> <div style="text-align: right;">My Commission Expires: _____</div> <div style="text-align: right;">(SEAL)</div> <div style="text-align: center;"> <div style="display: flex; justify-content: space-between;"> <div> <div style="text-align: center;">_____ A P P L I C A N T S I G N A T U R E</div> <div style="text-align: center;">_____ DATE SIGNED BY A P P L I C A N T</div> </div> <div> <div style="text-align: center;">_____ A P P L I C A N T S I G N A T U R E</div> <div style="text-align: center;">_____ DATE SIGNED BY A P P L I C A N T</div> </div> </div> </div> |

OFFICE USE ONLY

\$ _____
License Fee

\$ _____
Advertising Fee

\$ _____
Total Amount Paid

FORM OF PAYMENT:

_____ Cash _____ Cashier's Check/Money Order _____ Credit/Debit Card

REVIEW DATES:

_____ Date Reviewed by Planning & Zoning _____ Date Reviewed by Council



LICENSE STATUS:

_____ Approved

_____ Denied

_____ Temporary License Issued

APPROVAL SIGNATURES:

_____ City Manager

_____ Director of Public Safety

_____ Director of Development Services

**GEORGIA CJIS NETWORK
POLICY MANUAL
CONSENT FORM**

I hereby authorize the **City of Port Wentworth** to receive any criminal history record information pertaining to me which may be in files of any state or local justice agency in Georgia.

Full Name (*Please Print*)

Date

Address

City, State

Zip

Sex

Race

Date of Birth

Social Security Number

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.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ day of _____, 20____ in _____ (City), _____
(State).

Printed Name and Title of Authorized Officer or Agent

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME THIS

____ DAY OF _____, 20____.

(SEAL)

NOTARY PUBLIC

My Commission Expires:

SAVE AFFIDAVIT
AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT
PURSUANT TO O.C.G.A. § 50-36-1(E)(2)

By executing this affidavit under oath, as an applicant for a City of Port Wentworth, Georgia Occupational Tax Certificate (Business License), Alcoholic Beverage License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, the undersigned applicant representing the entity known as

Name of Private Employer (Business)

verifies one of the following with respect to my application for a public benefit:

- 1)____ I am a United States citizen.
- 2)____ I am legal permanent resident of the United States.
- 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.

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

The undersigned applicant also 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 be best 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. I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in _____(City), _____(State).

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME THIS

____ DAY OF _____, 20 ____.

Signature of Applicant Date

Notary Public

My Commission Expires: _____

(SEAL)

*Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under 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 here: _____.**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license 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 [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An 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 [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, 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. A listing of federally recognized Native American tribes may be found at:
http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind_ex.htm
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document for proof of or documentation of identity, that document will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

