



City of Varnell

PO Drawer C
Varnell, Georgia 30756
Phone: (706)694-8800
Fax: (706)694-2150

ALCOHOL LICENSE APPLICATION ADMINISTRATIVE FEE AND PERMIT FEE

A license or permit for the sale of alcohol shall constitute the mere grant of privilege for the term of the license. The license holder will be subject to all the terms and conditions and laws imposed by the City of Varnell and the State of Georgia.

Pursuant of O.C.G.A. Section 3-3-2 and local Ordinance of April 5, 1993, any application may be denied upon any noncompliance with any State or Local laws and regulations. Any applicant requesting an alcohol permit must possess a local occupational tax license, pay any local, county and state fees related to the sale of Alcohol and operation. Applicants must also submit to a background check to be completed by Varnell Police Department.

Hours of operation for alcohol sales must maintain in accordance with all State laws and local ordinance regulations. Businesses are to maintain a copy of the Local Ordinance that will pertain to the Sale of Alcohol that they must comply with. All local Zoning and building codes must be in compliance. By maintaining a license to sale retail/ wholesale the business will be ineligible to maintain a license for consumption on premises of Malt Beverages, Wine & Distilled Spirits.

The applicant must meet the following criteria: Be a legal United States Citizen, at least 21 years of age, never been adjudicated as incompetent in any legal proceeding and/or convicted or pled Nolo Contendre to offenses listed in Ordinance 040593. If the business is owned through a partnership or Corporation the application must contain the Partners/ Officers names & addresses.

As a license holder you will be expected to maintain a knowledge of all amendments and additives to local and State laws and Ordinances. Excise tax rates will be the responsibility of the Wholesaler to maintain current amounts assessed.

Malt Beverages Retail License	.....	\$ 650.00
Wholesale Malt Beverages	.....	\$ 100.00
Wine Retail License	.....	\$ 300.00
Wholesale Wine	.....	\$ 100.00
Malt Beverage on Premises Consumption	.....	\$ 600.00
Wine On Premises consumption	.....	\$ 600.00
Distilled Spirits by the Drink	.....	\$ 2100.00
Brew Pub	.....	\$ 500.00
Packaged Home Delivery	.....	\$ 500.00
Distilled Spirits Package Sales (lottery)	..... (\$100.00 admin at time of application)....	\$ 5000.00

All New Applicants must undergo a fingerprint background check at the Whitfield County Sheriff's Office.

All Ordinances may be produced by the City Clerk when requested.

*** Any individual who fails or refuses to pay by January 1st shall be subject to suspension of the taxpayer's right to conduct business in the city. Businesses also assume the risk of having a penalty and interest added to the amount owed. ***

For any further questions you may contact the City Clerk at (706)694-8800.

Sincerely,

City of Varnell, GA



City of Varnell Alcohol License Application

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Varnell, Georgia 30756
Phone: (706)694-8800
Fax: (706)694-2150

Year _____

Date of Application _____

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Renewal of Application | <input type="checkbox"/> Change |
| <input type="checkbox"/> On Premise | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Retail |

Name of Applicant: _____ Date of Birth: ____ - ____ - ____

Address: _____ City: _____ State: _____ Zip code: _____

Telephone where applicant can be reached: _____ Years resided in Georgia: _____

Name, address, and age of Business partner(s) if any: _____

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Is the business within 100 feet of any school, hospital, housing authority or any facility that would be construed as a public community building? : _____

Name of Establishment Manager: _____

Owner of Property: _____

Corporation: (Yes) (No) and stockholders. If answer is yes, please provide names of officers. _____

Seating capacity: (Only for On-Premises Restaurant applicants): _____

Do you have any interest in any other beer or wine establishments? If your answer is yes list Name, location, and Type: _____

Have you ever had an application for beer or wine rejected or license revoked? If your answer is yes, please explain why: _____

Have you ever been charged with the violation of any criminal statute, of any State, Federal or Municipal Government? If you answer is yes, attach separate statement explaining your answer. _____

I have read and understand the Ordinances governing Alcohol sales and regulations of the City of Varnell pertaining to my business and scope of services offered to the public and have complied with all its requirements.

Signature _____ Date _____

Check the box for all that apply:

- \$650.00 Malt Beverages Retail License
- \$100.00 Wholesale Malt Beverages
- \$300.00 Wine Retail License
- \$100.00 Wholesale Wine
- \$600.00 Malt Beverage on Premises Consumption
- \$600.00 Wine on Premises consumption
- \$2100.00 Distilled Spirits by the Drink
- \$500.00 Brew Pub
- \$500.00 Packaged Home Delivery
- \$ 100.00 Admin Fee for Distilled Spirits Package
- \$ 5000.00 Distilled Spirits Package (to be paid only after lottery drawing)

\$ _____ .00- Total Amount Due

The undersigned certifies that he or she is the person duly authorized by the business herein named to file this registration and application for a license and all information listed are accurate and true. I also understand that falsification of any information on this return could result in denial of license without a refund. Applicant also understands that any violation of said ordinance or state law will result in disciplinary action taken by the City and/or the Varnell Police Department.

Print Name _____ Applicants Signature: _____

Official Use Only: Background Completed on: ____ / ____ / ____		Mayor and Council Approved on: ____ / ____ / ____	
Payment Received on: ____ / ____ / ____		Total Amount paid: \$ _____ .00	
Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check - # _____		<input type="checkbox"/> Money order # _____	
License Number: _____		License Issued on: ____ / ____ / ____	
_____ City Clerk, City of Varnell		_____ Mayor, City of Varnell	

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ Varnell Police Department _____ to conduct an inquiry for
Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record

Full Name (print) _____

Address _____

Sex _____ Race _____ Date of Birth _____ SSN: _____

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history back ground checks for the duration of my employment.

Signature

Date

NON-CRIMINAL JUSTICE PURPOSES

NON-CRIMINAL JUSTICE PURPOSES		
	E-EMPLOYMENT / LICENSING	
	M- WORKING WITH MENTALLY DISABLED	
	N- WORKING WITH ELDERLY	
	W- WORKING WITH CHILDREN	
	P- PUBLIC RECORDS (NO CONSENT REQUIRED)	
*****	***** OFFICIAL USE ONLY BELOW THIS LINE*****	
	The inquiry resulted in the following: (check all that apply)	
	No Criminal Record Available	
	Criminal Record (Attached/ Released)	
	No NCIC/ GCIC Warrant	
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)	
	Wanting Agency:	Wanting Agency Telephone:
	Date of Inquiry:	Time of Inquiry: Purpose Code Used:
	Agency Designee Signature and Title:	