



APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES BY:

- _____ Beer & Wine for Consumption on Premises Only (\$1,000.00)
- _____ Distilled Spirits for Consumption on Premises Only (\$1,500.00)
- _____ Package Beer and Wine (\$1,000.00)
- _____ Package Distilled Spirits (\$4,000.00)

FOR THE YEAR 20 _____ NEW APPLICATION _____ RENEWAL

1. Type of business applying for license: _____ Partnership _____ Corporation
 _____ Private Club _____ Sole Proprietorship

Sole Proprietorship

Name of Business: _____ FEI# _____
 Address: _____
 Name of Owner: _____
 Address: _____
 SS#: _____ Date of Birth: _____

Partnership, Corporation, Private Club (circle one and fill out below):

Name: _____ FEI# _____

List all partners, stockholders, or officers, whichever is applicable:

Name: _____
 Address: _____
 SS#: _____ Date of Birth: _____
 Name: _____
 Address: _____
 SS#: _____ Date of Birth: _____

(If additional space is needed, please attach an extra sheet to application.)

2. Trade Name Which Business Will be Operated: _____

3. Name as Shown On State License: _____

4. Are you a resident of the City of Baxley? Yes _____ No _____

If the answer is no, please give the following information of the required resident designee. (Applies to retail distilled spirits applications only.)

Name: _____
 Address: _____
 SS#: _____ Date of Birth: _____

5. Have you ever had a license revoked or suspended by either the City or State?

Yes _____ No _____ If yes, explain: _____

6. Have you been presented with the Local Ordinances and are you familiar with State Regulations governing the possession and sale of alcohol? Yes _____ No _____

7. Have you ever been convicted of a felony? Yes _____ No _____

If yes, explain: _____

8. Location of Business: _____

9. Nearest Church and distance to closest property line _____

10. Nearest School and distance to nearest portion of school ground to closest property line:

11. Nearest Public Recreation area and distance to closest property line:

12. List name, address, social security #, and title of all employees:

13. Attach plans of building where product will be sold/served.

14. If you do not own the building, attach a copy of the lease.

15. If grocery store – Inventory amount \$ _____

If package store – inventory amount \$ _____

16. If restaurant, what percent of gross receipts results from the sale of food (estimated or actual)?

17. Name of Manager on Location: _____

**FALSE INFORMATION REPORTED ON THIS APPLICATION MAY RESULT IN A FINE OR
REVOCATION OF LICENSE OR BOTH**

Sole proprietorship Signature _____ Date _____

Partnership, Corporation, Private Club (Circle One)

Signature of Partners, Stockholders, or Officers, whichever is applicable. Date _____

Notary Public: _____ Commission Expires: _____

Date: _____

(STAMP)



NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.



P.O. Box 290
Baxley, Georgia 31515
(912) 367-8300

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I Have Received a Copy of Non-Criminal Justice Applicant's Privacy Rights and
Privacy Act Statement.

Applicant Signature

Date



Name of Business	
DBA	
Location	
Owner	
Manager	

By signing below I affirm I have received a copy of the
City of Baxley's Ordinance Regulating the Sale of Alcoholic Beverages.

Signature

Date

Printed Name

P.O. Box 290
 Baxley, GA. 31515
 (912) 367-8300



**Occupational Tax
 Certificate Application**

Name of Business (DBA)

Business Address

Mailing Address (if different)

Business Phone

Email Address

Ownership Type: Georgia Corporation Foreign Corporation Sole Owner Partnership

GA State Sales & Use Tax Number <http://gtc.dor.ga.gov>

Federal ID (FEIN) www.irs.gov/business/small

E-Verify Number www.uscis.gov/everify

NAICS Code www.census.gov/naics

Description of Business Activity

OWNER INFORMATION: Individual listed below must, at time of application, provide a copy of their driver's license or other government approved identification.

Business Owner

Owner Address

Home Phone

Drivers License Number

Estimated Gross Receipts

Information provided by a business or practitioner to the City of Baxley for the purpose of determining applicability and amount of the Occupation Tax or levying or collecting the Occupation Tax is confidential. Georgia Open Records Act prohibits public viewing of gross receipts but the public may view other information on this application.

Per O.C.G.A. 48-13-9, certain Practitioners of Professions may choose to pay a flat tax of \$400 per practitioner in lieu of paying a tax based on gross receipts. Any eligible business that chooses this option of taxation must still pay the \$50 administration fee. If your business is eligible, and all practitioners agree to pay the flat tax, please select option B below.

OPTION A: Gross Receipts (Previous year)

Tax Class	Tax Class Decimal	Tax Class	Tax Class Decimal
1	.00035	4	.00050
2	.00040	5	.00055
3	.00045	6	.00060

***Please see enclosed list to determine NAICS and Tax Class.**

(A) NAICS*	(B) Tax Class*	(C) Gross Receipts	(D) Tax Class Decimal	(E) Admin. Fee	(F) Tax Amount Due
				\$50	

To calculate the tax amount due, please multiply the business gross receipts by its tax class decimal then add the administrative fee. $(C) \times (D) + (E) = (F)$.

OPTION B: Practitioners of Professions

State License Number: _____

_____ I elect to pay a flat tax in lieu of reporting gross receipts and paying a tax based on gross receipts.

Examples of professions that are eligible to pay a flat tax in lieu of paying a tax on gross receipts per O.C.G.A. 48-13-9 include, but are not limited to: Architect, Chiropractor, Dealers in precious metals, Dentist, Embalmer, Engineer, Funeral Director, Land Surveyor, Landscape Architect, Lawyer, Locksmiths, Optometrist, Osteopath, Physician, Physiotherapist, Podiatrist, Psychologist, Public Accountant, Social Worker, Therapist, Veterinarian.

(A) Profession	(B) Number of Practitioners	(C) Flat Tax	(D) Administrative Fee	(E) Total Amount Due
		\$400	\$50	

To calculate the tax amount due: multiply the number of practitioners by the flat tax & add administrative fee. (B) X(C) + (D) = (E)

Employee Discount (if applicable)

Any business that generates more than 25 full time jobs will be eligible for a tax discount according to the following schedule:

No. of Employees	Cost of License	% of Discount	Amount of Discount	Cost of License Less Discount
25-50	\$	X10%=		
51-100	\$	X20%=		
101 -250	\$	X30%=		
251 - 500	\$	X40%=		
501 & over	\$	X50%=		

Certification

I hereby certify that I have provided complete and accurate information above. I acknowledge that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate. Furthermore, I understand that any false information provided herein may void this application or become cause for revocation of my occupation tax certificate. I also understand that this information will be provided to the Georgia Department of Revenue.

Signature

Date

Print Name

Title

Notary

Commission Expires

(STAMP)

Business License Check List

- Application Completed, Signed, & Notarized
- Copy of Owner's Driver's License (or other approved government ID)
- Copy of State License (if applicable)
- Completed, Signed, & Notarized E-Verify Form
- Completed, Signed, & Notarized SAVE Affidavit
- Payment for License (Check or cash payment ONLY)
- Copy of official document stating gross receipts
- If option b applies, provide copy of professional state license.

There are Notary Services available at City Hall. If using a notary at City Hall, please DO NOT sign the forms prior to hand delivery to City Hall. A Notary MUST see your photo ID and see you sign your name in order to notarize your signature. If you have any questions, please call City Hall at (912) 367-8300.

**Application/Payment can be brought in person to:
City Hall (282 East Parker Street, Baxley)
or mailed to
City of Baxley
P.O. Box 290
Baxley, GA 31515**

**NOTE. A LATE FEE WILL APPLY TO ANY PAYMENT MADE
AFTER APRIL 1 OF CURRENT YEAR.**

E-Verify/Private Employer Affidavit

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit www.uscis.gov/everify. The CITY OF BAXLEY will not issue initial licenses, certificates, or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a business license/occupational tax certificate as reference in O.C.G.A § 36-60-6(d), from the CITY OF BAXLEY, the undersigned applicant representing the private employer known as:

(printed name of private employer – individual, firm or corporation)

verifies one of the following with respect to my application for the above mentioned business document:

The individual, firm or corporation employs the following number of employees: Check ONE

500 or more employees – must comply on or after January 1, 2012

- o You must provide the following information in order to receive a 2015 business license/occupational tax certificate:

Federal Work Authorization User Identification Number

Date of Authorization

100 – 499 employees – must comply on or after July 1, 2012

- o You must provide the following information in order to receive a 2015 business license/occupational tax certificate:

Federal Work Authorization User Identification Number

Date of Authorization

11 – 99 employees – must comply on or after July 1, 2013.

- o You must provide the following information in order to receive a 2015 business license/occupational tax certificate:

Federal Work Authorization User Identification Number

Date of Authorization

10 or fewer employees – automatically exempt from participation in E-Verify program.

Furthermore, I, as the applicant, affirmatively state that the employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

In making the above reference 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 allowed by such statute.

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

Signature of Authorized Officer or Agent

Notary Public

Printed Name of and Title of Authorized Officer or Agent

My Commission Expires

(STAMP)

SAVE Public Benefits Affidavit

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (GA Code 50-36-1(e)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city.

I, _____ (representative for) _____
(Name of Individual) (Name of Business)

By executing this affidavit under oath, as an applicant for: (Please Check One)

Business License/Occupational Tax Certificate Alcohol License Contract

As reference in O.C.G.A. § 50-36-1, from the City of Baxley, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Please Check ONE

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- 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 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: Check ONE

- U.S. Driver's License U.S. Passport U.S. Military ID U.S. ID Card
 - U.S. Permanent Resident Card/Alien Registration Receipt Card Certificate of Citizenship/Naturalization
- For other documents not listed please call the City of Baxley (912) 367-8300.*

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).

Signature of Applicant

Notary

Printed Name of Applicant

My Commission Expires

(STAMP)

Date