



City Of  
**RICHMOND HILL**  
GEORGIA

Incorporated March 3, 1962

Mayor  
E. Harold Fowler

City Council Members

Jan Bass  
John Fesperman, Jr.  
Russ Carpenter  
Van Hunter

City Manager  
Chris L. Lovell

City Clerk

Ursula G. Lee

11/6/2013

Dear License Holder;

Enclosed you will find an application for renewal of your Alcoholic/Beverage Tax Certificate for the year 2014. Also, here is an **SAVE AFFIDAVIT and E-Verify** that needs to be notarized and turn in with your application. The 2013 tax certificate expires December 31, 2013. Please fill out the enclosed application fully and return to City Hall along with **payment**. All fees shall be due and payable on or before January 01, 2014.

For a License holder name change, there will be a \$25.00 charge for a background record check and the enclosed form for Authorization for Release of Personal Information will need to be completed.

**FEE SCHEDULE**

Beer	\$ 500.00
Beer & Wine	\$1,000.00
Beer, Wine, Liquor	\$1,500.00
Consumption on Premises	\$1,750.00
Sunday Sales	\$ 250.00

If you have any questions, please feel free to contact me at (912) 756-3345 or by email at [gsmith@richmondhill-ga.gov](mailto:gsmith@richmondhill-ga.gov).

Thank You,

*Grace D. Smith*

Grace D. Smith  
Tax Clerk

# CITY OF RICHMOND HILL

## ALCOHOLIC BEVERAGE APPLICATION

For Calendar Year 20\_\_\_\_

### Licensee - Business - Information

#### Office Use Only

Lic. No. \_\_\_\_\_

Fee \$ \_\_\_\_\_

Issue Date \_\_\_\_\_

(All Questions Must Be Answered)

Full Name of Licensee (No Initials – Spell out all Names) \_\_\_\_\_

Trade Name of Business (Must be Same on Local and State License) \_\_\_\_\_

Business Address (Street – Road – R.F. D. No. - Box No.) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone \_\_\_\_\_

#### GENERAL INFORMATION – LICENSEE

Full Name of Licensee (No Initials – Spell out all Names) \_\_\_\_\_

Address of Legal Residence (Street – Road – R.F.D. No. and Route) \_\_\_\_\_ How Long? \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Type of Business. (If none of the categories are appropriate check "Other" and write in the appropriate classification, such as "Marina", "Bait Shop", "Service Station", etc.)

1 ( ) Package Store      2 ( ) Tavern      3 ( ) Restaurant      4 ( ) Club      5 ( ) Grocery

6 ( ) Other (Identify) \_\_\_\_\_

Type of Ownership:      ( ) Individually Owned      ( ) Partnership      ( ) Corporation  
(If Ownership is any category other than individual, list partners or corporate officers in the space provided below. Give names and titles).

Have you ever been convicted of any crime? If so, name offense: \_\_\_\_\_

Alcoholic Beverage to be consumed      ( ) On Premises      ( ) Off Premises

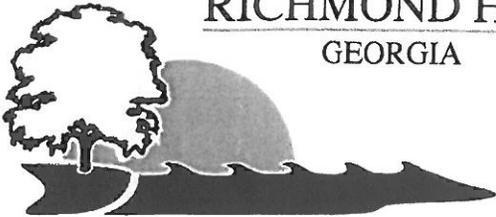
I wish to be licensed at this location to sell: ( ) Wine Only      ( ) Beer and Wine Only      ( ) Wine and Liquor Only  
( ) Beer Only      ( ) Beer, Wine and Liquor

Is Business located within: Two Hundred (200) yards of any church, shrine, chapel, mortuary or other place used exclusively for religious services or any school, college campus, kindergarten, or daycare center, where more than five children are kept on a regular basis? ( ) Yes ( ) No

All distances set out hereunder shall be measured in accordance with the provisions of Georgia State Regulation 560-2-2-32.

I, \_\_\_\_\_ do solemnly swear that the facts and statements made by me in the above and foregoing answers to questions in the application as a dealer to sell alcoholic beverages are true, and no false or fraudulent statement is made therein to procure the granting of such license.

\_\_\_\_\_  
Applicant's Signature



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**CITY OF RICHMOND HILL  
LAWFUL PRESENCE  
AFFIDAVIT**

Pursuant to O.C.G.A. § 50-36-1, all persons who - either on behalf of themselves or on behalf of an individual, business, corporation, partnership, or other private entity - apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A. § 50-36-1(a)(3)(A), include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State or local government.

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

- I am a United States citizen, or
- I am a legal Permanent Resident of the United States, or
- I am a qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Georgia under O.C.G.A. § 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title \*Alien Registration # for Non-citizens

\_\_\_\_\_  
Business Name TIN or SSN

*Applicant must submit a notarized copy of this affidavit.*

Notarized this \_\_\_\_ Day of \_\_\_\_\_, in the State of \_\_\_\_\_,  
County of \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires

\*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:  
\_\_\_\_\_ Another Identifying Number

**CITY OF RICHMOND HILL-PRIVATE EMPLOYER AFFIDAVIT**

Pursuant to O.C.G.A. § 36-60-6(d), by executing this affidavit under oath, as an applicant for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Richmond Hill, the undersigned applicant representing the private employer, verifies one of the following with respect to the application for the above mentioned documents:

**1. Fill out this section after July 1, 2013.**

a) \_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

b) \_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected (a) please fill out section 2 below. This is not your Federal Tax ID Number (EIN).*

**2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false statement, 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 by such statute.

Executed on the \_\_\_ day of \_\_\_\_\_, 20 \_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

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

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires