



CITY OF RICHMOND HILL

Alcoholic Beverage Application For Calendar Year 20__

Form MUST be completed in full – ALL lines

Full Name of Licensee (No Initials – Spell Out All Names)			
Trade Name of Business (Must be same name on Local and State License)			
Business Address (NO PO Box)			
Business Phone		Email Address	
Address of Legal Residence (Full address, city, and zip)			
How long at current residence?		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 Ship", "Service Station" etc.....			
1 () Package Store 2 () Tavern 3 () Restaurant 4 () Club 5 () Grocery 6 () Other			
Other Identify:			
Type of Ownership: () Individually Owned () Partnership () Corporation			
If ownership is any category other than Individual, list partners or corporate officers. 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



AFFIDAVIT AND APPLICATION FOR PERMIT TO DISPENSE ALCOHOLIC BEVERAGES ON SUNDAY

RESTAURANT (CLASS 1) / CATERER

THE RICHMOND HILL CODE PERMITS A RESTAURANT HOLDING A CITY BUSINESS TAX CERTIFICATE TO DISPENSE ALCOHOLIC BEVERAGES ON THE PREMISES BETWEEN THE HOURS OF 11 AM SUNDAY AND 12 AM (midnight) UNDER CERTAIN CONDITIONS.

TO BE AUTHORIZED TO DISPENSE ALCOHOLIC BEVERAGES FOR CONSUMPTION ON THE PREMISES DURING THE SPECIFIED HOURS ON SUNDAY, YOUR ESTABLISHMENT MUST:

- (A) BE LICENSED BY THE CITY TO SELL ALCOHOLIC BEVERAGES BY THE DRINK FOR CONSUMPTION ON THE PREMISES;
- (B) BE A BONA FIDE PUBLIC EATING PLACE OR CATERING SERVICE, A LICENSED RESTAURANT WHICH ACTUALLY AND REGULARLY PREPARES AND SERVES FOOD ON THE PREMISES, OR IN CASE OF A CATERING SERVICE ACTUALLY DELIVERS AND SERVES FOOD AT THE CATERED LOCATION;
- (C) DERIVE AT LEAST 50% OF ITS TOTAL ANNUAL GROSS SALES FROM THE SALE OF PREPARED MEALS OR FOOD;
- (D) IN THE CASE OF A RESTAURANT, HAVE A FULL KITCHEN FACILITY OPEN AND OPERATING TO PREPARE FOOD ON THE PREMISES FOR CONSUMPTION IN THE ESTABLISHMENT, SUCH KITCHEN TO INCLUDE, AT A MINIMUM, ONE (1) COOKING STOVE AND OR OVEN OR EQUIVALENT APPARATUS (THIS REQUIREMENT IS NOT MET BY MICROWAVE OVEN AND/OR FOOD ROTISSERIE), ONE (1) STANDARD SIZE FOOD REFRIGERATOR AND FREEZER, KITCHEN SINK AND ANY AND ALL FOOD SERVICE REQUIREMENTS OF THE BRYAN COUNTY HEALTH DEPARTMENT; IN THE CASE OF A CATERER, HAVE A FULLY OPEN AND OPERATING CATERING BUSINESS TO PREPARE AND DELIVER FOOD TO THE CATERED VENUE FOR CONSUMPTION ON THE CATERED VENUE, INCLUDING ADEQUATE EQUIPMENT FOR THE TRANSPORTATION, KEEPING AND SERVING OF FULL COURSE MEALS AT THE CATERED VENUE, AND ANY AND ALL FOOD SERVICE REQUIREMENTS OF THE BRYAN COUNTY HEALTH DEPARTMENT;
- (E) IN THE CASE OF A RESTAURANT, HAVE A SPECIFIC AREA OF THE ESTABLISHMENT SET ASIDE, SET UP AND OPERATING TO SERVE PREPARED FOOD ON THE PREMISES; IN THE CASE OF A CATERER, HAVE A SPECIFIC AREA OF THE CATERED VENUE SET ASIDE, SET UP AND OPERATING TO SERVICE PREPARED FOOD AT THE CATERED VENUE;
- (F) HAVE A PRINTED OR POSTED MENU FROM WHICH SELECTIONS FOR PREPARED FOOD CAN BE MADE;
- (G) PROVIDE FULL FOOD SERVICE TO THE PUBLIC ON ANY SUNDAY WHEN ALCOHOLIC BEVERAGES ARE DISPENSED;
- (H) COMPLETE THE FOLLOWING AFFIDAVIT AND SUBMIT IT TO THE CITY OF RICHMOND HILL ALONG WITH THE REQUIRED SUNDAY SALES PERMIT FEE; AND DISPLAY ON YOUR PREMISES A CURRENT CITY ALCOHOLIC BEVERAGE LICENSE DOCUMENT WHICH INDICATES THAT SUNDAY SALES ARE PERMITTED.

1. License Year _____ 2. Date _____

3. Name of Business _____

4. Location of Business _____ 5. Phone _____

6. Name of Applicant _____ **(must be same as person holding alcoholic beverage license)**

7. Current Year's City License Numbers: Alcohol _____ Business _____

8. (A) _____ **Renewal or Transfer** Check here if you are filing this affidavit for an existing business, and complete following section.

I certify that the establishment names above (a) holds a current City of Richmond Hill restaurant/caterers business tax certificate; (b) is a bona fide public eating place, a restaurant, or catering service which actually and regularly prepares and serves food on the premises; (c) derived at least fifty percent of its total annual gross food and beverage sales income from the sale of prepared meals or food during the preceding calendar year, or portion if business was in operation for less than the full calendar year; (d) has a full kitchen facility open and operating to prepare food on the premises for consumption in the establishment, and such kitchen includes at a minimum one cooking stove and /or oven or equivalent apparatus, one standard size food refrigerator and freezer, kitchen sink, and meets all food service requirements of the Bryan county Health Department; (e) has a specific area of the establishment set aside, set up, and operating to serve prepared food on the premises; (f) has a printed or posted menu from which selections for prepared food can be made; (g) provides full food service to the public on any Sunday when alcoholic beverages are dispensed; (h) has provided true and correct revenue information below. If YES, _____ initial here.

Previous year's revenues from:

	Prepared meals and food	\$ _____	_____ %
	Alcoholic beverages, including all components of mixed drinks	\$ _____	_____ %
	Total revenues from food and alcoholic beverage sales	\$ _____	_____ %

(B) **New Business** Check here if you are filing this affidavit for a new business, and complete the following.

I certify that the establishment named above (a) holds a current City of Richmond Hill restaurant/caterers business tax certificate; (b) is a bona fide public eating place, a restaurant or catering service which will actually and regularly prepare and service food on the premises; (c) fully intends and expects to derive at least 50% of its total annual gross food and beverage income from the sale of prepared meals or food during the remainder of the current calendar year; (d) will provide full food service to the public on any Sunday when alcoholic beverages are dispensed. Further, I understand that I must submit a renewal affidavit if authority for Sunday alcoholic beverage sales is to be continued next year. If YES, initial here _____.

9. ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

(A) For a restaurant: Is a full kitchen facility open and operating to prepare food on the premises for consumption in the establishment? For a caterer: Is adequate equipment available and operating for the preparation, transportation, keeping and servicing of full course meals at the catered venue? _____ YES _____ NO (If no explain below)
Explain: _____

(B) For a restaurant: Does the kitchen include, at a minimum, one (1) cooking stove and/or oven or equivalent apparatus, one (1) standard sized food refrigerator and freezer, and kitchen sink? _____ YES _____ NO (if no explain below)
Explain: _____

(C) Does the kitchen meet all food service requirements of the Bryan County Health Department? _____ YES _____ NO (if no explain) Explain: _____

(D) For restaurant: Is a specific area of the establishment set aside, set up and operating to serve prepared food on the premises? For a caterer: Will a specific area of the catered venue be set aside, set up and operating to serve prepared food at the catered venue? _____ YES _____ NO (if no explain below)
Explain: _____

(E) Does the establishment have a printed or posted menu from which prepared food can be selected? _____ Yes _____ No
*Menu must be submitted with completed affidavit.
(if no explain) Explain: _____

- 10. Do you understand, acknowledge, and agree that if the City should call upon you to provide documentary evidence of any claim made in this affidavit, you will provide such evidence promptly and completely, including financial records in sufficient detail to prove that the required sales income ratio in being met? If YES, initial here _____
- 11. Do you affirm that you are familiar with and understand City ordinance and Georgia law on Sunday sale of alcoholic beverages, and that you intend to comply fully with said ordinance and law? If YES, initial here _____

BEFORE THE CITY OF RICHMOND HILL WILL ISSUE A SUNDAY ALCOHOL SALES PERMIT TO YOUR BUSINESS, A CITY REPRESENTATIVE MAY INSPECT YOUR FACILITY TO VERIFY THE OPERATION OF "A BONA FIDE FULL SERVICE RESTAURANT" AND THAT ALL REQUIREMENTS OF STATE LAW AND CITY ORDINANCES HAVE BEEN MET; A SUNDAY SALES PERMIT WILL NOT BE ISSUED UNLESS ALL REQUIREMENTS ARE MET.

TAKE NOTICE: ANY FALSE STATEMENT MADE ON THIS AFFIDAVIT SHALL BE GROUNDS FOR
(a) Revocation of your permit to sell alcoholic beverages on Sunday;
(b) Revocation of your City license to sell alcoholic beverages at any time;
(c) Action to prosecute you under the law for swearing to false information.

ALL ABOVE INFORMATION IS GIVEN UNDER OATH, WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND IS HEREBY SWORN TO BE TRUE, CORRECT, AND COMPLETE, UNDER PENALTY FOR FALSE SWEARING, AS PROVIDED BY LAW.

Applicants Signature Date

Sworn to and subscribed before me on this _____ day of _____ 2020.

Notary Public

ACCOUNTANT'S CERTIFICATION OF REVENUES

I certify that I have reviewed financial records of the business described above and based on my review of the records provided and to The best of my knowledge the revenue information given in question 8(A) truly and correctly represents the allocation of revenues of the business.

Public Accounting Firm Date

Public Accountant License/Professional Tax Number Date



**ACKNOWLEDGEMENT OF APPLICANT'S NON-CRIMINAL JUSTICE
PRIVACY RIGHTS AND PRIVACY ACT STATEMENT**

SECTION I – PRIVACY RIGHTS - TO BE COMPLETED BY INDIVIDUAL BEING FINGERPRINTED:

APPLICANT TYPE: Owner
 Manager
 Local Designee (owner must submit affidavit)
 Other _____

PRINT FULL NAME _____
Last First Middle Date of Birth
(mm/dd/yyyy)

Home Address _____
Street City / State Zip Code Social Security #

_____ Telephone No.

_____ Name of Business

_____ Street City State Zip

I hereby authorize the City of Richmond Hill, Office of the City Clerk, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand a State and Federal fingerprint criminal background check will be conducted. By signing below, I am indicating that I have read and understand the terms and conditions of the attached Non-Criminal Justice Applicant's Privacy Rights and Policy Act Statements.

_____ Applicant Signature Date



Non-Criminal Justice Applicant's Privacy Rights

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below:

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI 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 agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. §35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).



Privacy Act Statement

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.

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 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 Public

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 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 on of the following with respect to the application for the above mentioned documents:

1. Fill out this section after December 1, 2013.

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

b) On January 1st 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 this _____ 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 DAY OF _____, 20_____.

Notary Public

My Commission Expires



LOCAL AGENT CONSENT FORM

All licensed establishments must have and continuously maintain a "Local Agent" who may be served any process, notice, or demand required or permitted by law or under the City of Richmond Hill's Alcoholic Beverage Ordinance to be served upon the licensee or owner. This person must agree to act in this capacity for your business and submit this completed form to the City of Richmond Hill.

Name of Designated Local Agent: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Driver's License Number (Copy of License Required): _____

SSN: _____

Date of Birth: _____ Place of Birth: _____ Sex: M F

I, _____, hereby certify that I agree to serve as "Local Agent" on
Name
behalf of _____, a business located at
Business Name
_____, Richmond Hill, GA 31324. I consent to serve as
Address
Local Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such
agency under the Alcoholic Beverage Ordinance of the City of Richmond Hill. I understand that such
service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to
notify and forward such service to the owner or licensee.

Signature of Local Agent

Date

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____, 20__.

Notary Public, State of

NOTE: Business Owners must submit a copy of Local Agent's driver's license in addition to this form.

My Commission Expires: _____ (Seal)



Applicant Privacy Notification Policy

Notification

The City of Richmond Hill issues alcohol licenses and as a part of the process conducts fingerprint based background checks through the Georgia Crime Information Center. Prior to fingerprinting each individual must complete an application and receive a copy of both the Applicant Privacy Rights and the Privacy Act Statement. The City of Richmond Hill provides the applicant with the privacy rights. A copy is provided as part of the application packet.

Once the applicant had read and understands the Applicant Privacy Rights and the Privacy Act Statement, they will sign a form stating the notification was received and maintain such document for no less than 3 years.

Record Challenge/Correction

If an applicant chooses to challenge the accuracy of the criminal history record or needs to correct or update a record they will be given 30 days to do so. The applicant is notified that the procedures for challenging an FBI record are set forth in 28 CFR 16.30 through 16.34 and the procedures for challenging a Georgia record can be found on the GBI website. The applicants will be given a copy of the criminal history record.

Appeal Process

The applicant is provided an opportunity to appeal an adverse decision based on the criminal history record information provided from the fingerprint based background check. The procedures for the appeal process are as follows:

- 📍 City Attorney will review the CHRI and render their opinion in a closed door session with the Mayor, Council and City Manager.
- 📍 The applicant is aware prior to the hearing that CHRI may be disclosed;
- 📍 The applicant is not prohibited from being present at the hearing.
- 📍 CHRI is not disclosed during the hearing if the applicant withdraws from the application process.