

City of Blue Ridge

ALCOHOL LICENSE INSPECTION CHECKLIST



Business Name: _____ Phone: _____

Location: _____

Owner: _____ Email: _____

- Zoning Review:(City permit/License Clerk): _____
- County Building Inspection (**New Buildings & Remodeling**): _____
- Grease Trap: (City Chief w/w treatment Plant Operator) _____
- Health Department Approval: (ShannonBradburn) _____
- County Fire Department Approval:(Fire Chief) _____
- Alcohol Application Submitted: (City permit/License Clerk) _____
- Review by the Police Chief: _____
- Residential Agent Consent Form/Driver's License
(Must be Fannin County Resident)
- Public Benefits Affidavit of Citizenship
- Background Check Authorization Received from Each Owner _____
- Photo ID of Each Owner
- Copy of Lease Agreement Received
- Copy of Proposed Menu/Hours of Operation Received
- SAVE Affidavit Received
- E-Verity Affidavit Received
- Sales Tax Certificate
- State of Georgia Alcohol License Received
- BUILDING LOCATION**
 - Drawing of Premises Received/Location meets Requirements on pages 14-16/Patio meets Requirements on pages 55-56 of the City of Blue Ridge Alcohol Ordinance(Must show location with respect to all streets within 600 feet in every direction. Must also depict the distance from the premises(being the front door) to each premise(being the front door)of each church ,school building ,or other pertinent facility)
 - Seating Requirements Met: Max No of Seats for customers: _____
Max No of Staff: _____

OWNER/OPERATOR ACKNOWLEDGEMENT'S



By signing below, I have reviewed and read the City Alcohol Ordinance and acknowledge the following:

- that I have been informed of the City of Blue Ridge policy on initial licensing fee proration. I understand that any alcohol license application submitted prior to July 1ST will not be prorated, and that the full license fee will be due.
- that I have been informed that to be granted an alcohol license from the City of Blue Ridge for pouring on the premises (and to maintain said license), my establishment must meet the requirements of a restaurant that are set forth in the City Alcohol Ordinance. I understand that my establishment must derive at least 50% of the business volume from the sale of prepared meals or food (not including the Sale of alcoholic beverages). I also understand that I will be required to submit a monthly report under oath by the 15th of each month to the Blue Ridge Licensing Clerk demonstrating that the food sales requirements have been met.
- Restaurants serving alcohol are prohibited from having sound amplification devices in the patio/open area.
- Once the City has completed an Alcohol license, an application must be filed and approved by the Georgia Department of Revenue, Alcohol Division PRIOR to buying inventory, selling, or serving. Once the state alcohol license has been issued, the applicant will need to submit a copy to the City Licensing Clerk. Upon receipt of the state alcohol license, the City Licensing Clerk will release the occupational license.

Signature

Print Name

Date

• **TYPE OF BUSINESS**

____ Grocery Store ____ Convenience Store ____ Restaurant ____ Brew Pub
____ Farm Winery/Tasting Room ____ Brewery.

• **BUSINESS INFORMATION**

Name of Business: _____

Business Location Address: _____

City: _____ State: _____ Zip: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

• **APPLICANT**

Full Name: _____

Address of Residence: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

• **PROPERTY OWNER:(Owner of the property (land and building) where business is located)**

Property Owner's Name: _____

Property Owner's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

If space is rented, please attach a copy of the lease.

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

• RESIDENTIAL AGENT CONSENT FORM

All licensed establishments must have and continuously maintain a "Residential Agent" upon whom any process notice, or demand required or permitted by law or under the City of Blue Ridge's Alcoholic Beverage Ordinance to be served upon the licensee or owner may be served. This person must be a City of Blue Ridge or Fannin County, GA resident and agree to act in this capacity for your business.

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ (Proof of Residence Required)

Phone# _____ GA Driver's License# _____

I hereby certify that I am a resident of Fannin County GA and agree to serve as

"Residential Agent" on behalf of _____, a business located at

(Business Name)

As Residential Agent I, _____, do hereby consent to serve as the Residential 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 Blue Ridge.

I understand the basic purpose is to have and continuously maintain in the City of Blue Ridge a Residential Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

Signature of Residential Agent

Date

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____, 20____

Notary Public Signature

(SEAL)

• **Public Benefits Affidavit of Citizenship**

Note: Georgia Law requires that the City of Blue Ridge, Georgia obtain an affidavit regarding subjects indicated herein from any person who wishes to apply for a "Public Benefit" as that term is defined by Georgia Law.

- 1) I am over the age of 18, of sound mind, and competent to make this Affidavit.
- 2) I am executing this affidavit under oath, as an applicant for the City of Blue Ridge, GA, Public Benefit. Public Benefits include Retirement Benefits, Health Benefits, Disability Benefits, Occupational Tax Certificates, Alcohol Licenses, Vehicles for Hire Permits, Contacts, or other public benefits as referenced and defined in O.C.G.A. Section 50-36-1.
- 3) I make this affidavit as part of my application for a City of Blue Ridge, Public Benefit for

_____ Alcohol License

_____ Occupational Tax Certificate

- 4) With respect to my presence in the United States, I state as follows:

_____ I am a United States citizen.

OR

_____ I am a legal permanent resident 18 years of age or older or I am an otherwise, qualified alien or non-immigrant under the Federal Immigration and Nationally Act lawfully present in the United States. I have provided my Alien Registration Number, I have provided another identifying number below*.

- 5) In making the above representation under oath, I understand that any person who knowingly and willfully make a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of code Section 16-10-20 of the Official Code of George.

Signature of Applicant

Date

* _____

Alien Registration or Other Identifying Number

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____, 20_____

Notary Public Signature

(SEAL)