



CLASS V ALCOHOL BEVERAGE LICENSE APPLICATION GUIDE

Sale and/or serving of alcoholic beverages at a one-time special event shall require a Licensed Alcoholic Beverage Caterer or a bona fide nonprofit civic organization to obtain a Class V Alcohol Beverage License for consumption on premise.

All Class V Licenses must be applied for and fees paid no later than thirty (30) days from the first day of the event. Applications will not be accepted if submitted less than thirty (30) days prior to the event.

Only Licensed Alcoholic Beverage Caterers, as defined in O.C.G.A 3-11-1(2) or bona fide nonprofit civic organizations, as defined in O.C.G.A. 3-9-5, are authorized to obtain a Class V Alcohol Beverage License. Class V Licenses to sell and/or serve alcohol must be approved by Mayor & City Council. City Council meetings are held the first and third Thursday of every month.

Applicant must determine the type of event in which alcohol will be sold/served. The three (3) types are:

One-time event is a private event of no more than three (3) days duration in which alcohol is served/sold by a Licensed Alcoholic Beverage Caterer or bona fide nonprofit organization.

Public event is an event no more than three (3) days duration in which the public is invited.

Quasi-public event is a private event of no more than three (3) days duration, held in a public place, with the potential to attract the notice of people not a part of the event.

Return completed application to the Business License Office for review. All forms must be signed and notarized.

All fees are due when the application is submitted, including a \$55.00 non-refundable Administrative Fee.

All applicants must submit to a background check conducted by the Hinesville Police Department.

A picture ID of the applicant must accompany the application.

Upon approval by the City Council and successful completion of all other requirements, the Class V Alcohol Beverage License will be issued.

The local license is only valid with a State of Georgia Special Event Permit.

LICENSE YEAR: _____



DATE: _____

CLASS VALCOHOL BEVERAGE LICENSE APPLICATION

(must be submitted at least thirty (30) days prior to the planned event)

NAME OF APPLICANT: (spell out full name, no initials)

LEGAL MAILING ADDRESS OF APPLICANT:

SSN: _____ DOB MONTH/DAY/YEAR: _____ HOME PHONE: _____ BUSINESS PHONE: _____

WERE YOU BORN A U.S. CITIZEN? ____ (YES) ____ (NO)

ARE YOU A LIBERTY COUNTY RESIDENT? ____ (YES) ____ (NO)

Type of Event: **One Time Event** ____ **Public Event** ____ **Quasi-Public Event** ____
(circle one)

Type of Organization:

____ **Licensed Alcohol Beverage Caterer** - must provide copy of state & local license

____ **Bona Fide Nonprofit Organization** - must provide proof of tax-status 501(C) (3)

NAME OF ORGANIZATION:

BUSINESS MAILING ADDRESS:

BUSINESS PHONE NUMBER:

FEDERAL TAX ID NUMBER:

DESCRIPTION AND/NAME OF EVENT:

LOCATION OF EVENT (ADDRESS/AREA DESCRIPTION:

DATE: _____ TIME: _____ ANTICIPATED NUMBER OF PARTICIPANTS: _____ COST TO ATTEND: _____

TYPE OF ALCOHOLIC BEVERAGE(S) TO BE SOLD/SERVED:

BEER (\$50) _____ WINE (\$50) _____ LIQUOR (\$50) _____

LICENSE YEAR: _____

DATE: _____

DESCRIBE THE NATURE AND ESTIMATED QUANTITY OF ALCOHOL BEVERAGES TO BE SOLD/SERVED:

DESCRIBE THE PARKING ARRANGEMENTS:

DESCRIBE THE PLANNED SECURITY ARRANGEMENTS:

WILL SIGNS OR STRUCTURES BE ERECTED: YES____ NO____

(if yes, please describe below)

The City Council has the authority to approve or reject this application. The City Council may decide the nature of any security and/or parking arrangements, for which the organization staging the event will be responsible. The City Council has the discretion to require event organizers to designate and clearly mark the specific areas in which alcohol beverages may be consumed, using ropes, barricades, stanchions, or similar devices.

STATEMENT OF APPLICANT

"I do solemnly swear/affirm that I have provided true and accurate information on this application; and understand if I have been untruthful in any way, it will result in denial and/or revocation of my Alcohol Beverage License."

Please read and initial each of the following:

- A. _____ Alcohol Beverage Licenses are not transferable to another individual or organization, or from one location to another without permission from City Council.
- B. _____ I will allow my business premise to be open to inspection at any reasonable time by City officials authorized to conduct said inspection.
- C. _____ I understand that no license will be processed or issued until all fees are paid.
- D. _____ I have completed all attached consent forms and understand this gives authorization to the Hinesville Police Department to conduct a background check.
- E. _____ I will comply with all applicable state and federal laws regarding events and the sale, taxation, and transportation of alcohol beverages.
- F. _____ I will obtain a State Alcohol License from the Georgia Department of Revenue.
- G. _____ I will provide a copy of my State Alcohol License from the Georgia Department of Revenue to the City of Hinesville and only then can sell/serve alcohol beverages.
- H. _____ I will request to see and be furnished with proper identification for every person purchasing alcohol.
- I. _____ I am a U.S. Citizen.
- J. _____ I am a resident of Liberty County or have designated a local individual as manager.
- K. _____ All employees are required to have an identification bar card to serve alcohol for on premise consumption. (Available at the HPD)
- L. _____ I understand that any violation of the provisions as prescribed in the City of Hinesville Code Book of Ordinances, state laws, rules and regulations could be grounds for the suspension, probation or revocation of my Alcohol Beverage License.
- M. _____ I will ensure a copy of the City of Hinesville Alcohol Beverage Ordinance is kept on the premise and instruct every employee of the terms therein.

Note: All laws and regulations relating to the sale of alcoholic beverages must be complied with. State and City Licenses must have the same name.

Notarized this ____ Day of _____, in the State of _____,

County of _____

Notary

Commission Expires



INFORMATION
LOCAL MANAGER/OPERATING PARTNER

Use one sheet for each partner or manager
(Consent form and \$20.00 fee per person)

FULL NAME: (LAST, FIRST, MIDDLE)

MAILING ADDRESS:

CITY: STATE: ZIP:

SSN: DOB MONTH/DAY/YEAR: HOME PHONE: BUSINESS PHONE:

PLACE OF BIRTH (CITY AND STATE)

MAILING ADDRESS OF PARTNER OR MANAGER IF DIFFERENT FROM ABOVE:

MAILING ADDRESS:

CITY: STATE: ZIP:

**** ATTACH COPY OF PICTURE ID AND PROOF OF CITIZENSHIP****
(Check all that apply)

- Passport
- Driver's License
- Certificate of Naturalization
- Birth Certificate
- Other _____

SIGNATURE:

DATE:

CONSENT FORM

I hereby authorize the Hinesville Police Department and the City of Hinesville Business License Department to receive any Criminal or Driver's History record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

FULL NAME: (LAST, FIRST, MIDDLE)

MAILING ADDRESS:

CITY:

STATE:

ZIP:

SEX:

DOB MONTH/DAY/YEAR:

RACE:

SSN:

SIGNATURE:

DATE:

Notarized this ____ Day of _____, in the State of _____,

County of _____

Notary

Commission Expires

FEE FOR CRIMINAL HISTORY CHECK: \$20.00 PER PERSON OR PER CORPORATION MEMBER (MAKE COPIES IF NEEDED)

HOW PAID	X	AMOUNT
Check		
Cash		
Money Order		
Cashier's Check		

RECEIVED BY:

DATE: