



City of Concord
Alcoholic Beverage License Application
P O Box 175 ~ Concord, GA 30206
770-884-5221 ~ 770-884-9666 (fax)

Instructions/Checklist

- _____ 1. Deed or Lease - A copy of a deed showing the applicant to be the owner of the premises for which the license is sought or a copy of a lease showing any interest the owner of the premises has in the business for which the license is sought. No license shall be issued to an applicant who leases premises under a variable rent system whereby the landlord shares in the profits from the sale of alcoholic beverages.
- _____ 2. Background Check (obtained at Pike County Sheriff's office) Applicants cannot have been convicted of, nor entered a pleas of nolo contendere to, any felony or misdemeanor relating to the sale or use of alcoholic beverages, gambling, narcotics, or sexually based offense within five years or twice within ten years prior to the date of this application: Applicants must read and understand the City of Concord Ordinance regarding the rules and regulations of the sale of alcoholic beverages. A background check must be done prior to the issuance of a alcohol license.
- _____ 3. Occupational Tax Certificate for business license must be applied for at or before an alcohol application will be accepted. The Occupational Tax Certificate and the Alcohol Beverage License are both non-transferable; change of ownership applications will require a new alcohol license to operate.
- _____ 4. License Fee - must be paid at the time of the issuance of the license (refundable if unable to secure a State of GA license) See rates in application. No license shall be issued to any applicant if any person holding a beneficial interest in the business to be licensed owes any delinquent taxes or assessments to the city.
- _____ 5. A state license must be obtained through the GA State Department of Revenue (DOR) before any alcoholic beverages can be served or sold in the City of Concord. (A copy of the license must be provided to the City of Concord.) The contact number for DOR is (404) 417-4490.
- _____ 6. In addition to license fees, all alcoholic beverage dealers for consumption on the premises are imposed an excise tax. Monthly excise tax reports with payment are due by the 20th day of the month next succeeding each respective calendar month. (Attached is a form you may duplicate to submit monthly reports.)



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- | | | |
|---|--|--|
| <p>Beer</p> <p><input type="checkbox"/> Microbrewery</p> <p><input type="checkbox"/> Brewpub</p> <p><input type="checkbox"/> Retail packaging</p> <p><input type="checkbox"/> Consumption on Premise</p> | <p>Wine</p> <p><input type="checkbox"/> Retail packaging</p> <p><input type="checkbox"/> Consumption on Premise</p> | <p>Distilled Spirits</p> <p><input type="checkbox"/> Consumption on Premise</p> |
|---|--|--|

Alcohol Caterers License

- | | |
|--|---------|
| <input type="checkbox"/> Microbrewery | \$1,000 |
| <input type="checkbox"/> Brewpub | \$1,500 |
| <input type="checkbox"/> On-premise consumption: malt beverages | \$500 |
| <input type="checkbox"/> On-premise consumption: wine | \$500 |
| <input type="checkbox"/> On-premise consumption: distilled spirits | \$1,500 |
| <input type="checkbox"/> Retail package: malt beverages/wine | \$500 |
| <input type="checkbox"/> Alcohol Caterers License | \$300 |

Legal Name of Business: _____

Address of Business: _____

Owner of Business: _____ Contact # _____

Applicant is: Sole Proprietorship Partnership Corporation

Applicant's Name _____

Local Mailing Address _____

City _____ State _____ Zip Code _____

Local Phone Number _____

Are you a resident of the United States? ___ Yes ___ No

If no, are you a resident legal alien? ___ Yes ___ No

Social Security # _____ Driver's License #/State of Issue _____

(For Partnerships only)

Partnership or LLP Name _____

Name of Partner/Member: _____

Title: _____

Date of Birth: _____ Percentage of Ownership: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

(For Corporations only)

Primary Stockholder _____

Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

I **have / have not ever** (circle one), had beneficial interest in any other alcoholic beverage business in this or any other state in which the alcohol license was denied, revoked or other disciplinary action taken. (Beneficial interest means when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives any economic benefit from, or has control over a business.) If so, please describe in detail:

I hereby agree to submit to a fingerprint screening and personal history statement and consent for a background check for a non-criminal justice purpose (requirement for all applications for retail license (beer/wine) or on-premises consumption of alcohol beverages) for a non-refundable fee of \$45.00. (You may take this application to the Pike County Sheriff's office to have your fingers printed/background check done there.) The \$45.00 fee will be due when you submit your application to the City of Concord.

I hereby affirm that the information submitted in my City of Concord Alcoholic Beverage License application is true and correct and that I have not misrepresented any fact or concealed any fact. I further affirm that I have read and fully understand the regulations of The City of Concord with reference to the licensing and sale of alcohol, and that I am cognizant of the discretion of the Mayor and Council of the City of Concord to revoke any license granted for failure to comply with sale regulations.

Signature of Applicant

Print Name of Applicant

Notary Public _____

Sworn to and subscribed before me this _____ day of _____



City of Concord
Mixed Drink Monthly Tax Report
P.O. Box 175
Concord, GA 30206

Business Name: _____

Month of Report: _____ (due by the 20th day of the following month)

Gross Receipts from Spirituous Liquor: \$ _____

3% Local Sales Tax Collected \$ _____

Total Tax Remitted \$ _____

I certify under penalty of perjury that this is a true and correct report of all spirituous liquors by the drink sold in the City of Concord during the month shown in this report.

Signature of Person Preparing Report

Printed Name of Person Preparing Report:

Contact Number of Person Preparing Report: