



Opportunity in every direction.

CITY OF WAYCROSS, GEORGIA

P. O. Drawer 99 – 417 Pendleton Street – Waycross, GA 31502
Tele (912) 287-2900 – Fax (912) 287-2946 – jpowell@waycrossga.gov

2025 APPLICATION FOR NEW AND RENEWAL ALCOHOLIC BEVERAGE LICENSE

Applicant Name _____

Business Name _____

Renewal applications other than E-verify affidavits are due November 15. Renewals submitted after November 15 will be scheduled for Commission meetings after December 31. The privilege to sell alcoholic beverages will cease at midnight on December 31 and will not be reinstated until the renewal license is approved. E-verify affidavit is due by January 15th of each year. Failure to submit E-verify affidavit will result in license revocation. The applicant is required to submit renewal application in person and provide at least one secure verifiable document, as defined by the Georgia Attorney General, before the application can be processed.

Check all appropriate boxes below:

Type of license _____ New _____ Renewal _____ Applicant Change
Beverage _____ Beer _____ Wine _____ Liquor
Method of Sale _____ Consumption on premises _____ Package sales, not for consumption on premises _____ Private Club

Table with 4 columns: Fees, Beer, Wine, Liquor. Rows include Consumption on premises, Package sales, not for consumption on premises, and Sale by private club.

Applications are to be made by an individual residing in Ware County with a fiduciary relationship to the business.

Date _____

Applicant Name _____

Applicant Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Applicant's relationship to business _____

Applicant SSN _____ Date of Birth _____

Applicant E-mail _____

Business Name _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Fax _____

Business Owner _____ Property Owner _____

Year Business Began _____ Operations Business Type _____

State License # _____ Tax ID # _____



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Applicant Name _____

Business Name _____

Please answer the following questions by checking the appropriate boxes:	Yes	No
1. Are you familiar with all City of Waycross ordinances regulating the sale of alcoholic beverages?		
2. Are you a citizen of the United States? Please complete affidavit. Legal aliens are required to attach documentation of their legal alien status.		
3. Are you a resident of Ware County?		
4. Have you ever been convicted of any local, state or federal law that would make you ineligible to receive an alcoholic beverage license, as specified by the Waycross City Code? If yes, please explain:		
5. Have you ever made application for a similar or other license on premises other than described in this application? If application was disapproved, please explain:		
6. Have you paid in full the required license fee?		
7. Do all required servers have valid servers' permits?		
8. Have you ever had an alcoholic beverage license revoked for cause by any state or subdivision thereof? If yes, please explain:		
9. Do you own the premises for which the license is sought? (If NO, attach a copy of the lease that covers the license period)		
10. Are you eligible for a state alcoholic beverage license?		
11. Has the business paid all due City of Waycross Occupation Tax and/or property taxes?		
12. For consumption on premises licenses, have you attached a copy of your most recent financial statements?		
13. Have you attached a copy of the required newspaper advertisement? (Required for a new license or applicant name change)		

State law requires certain affidavits related to E-Verify and the Save program. Related to E-Verify, an affidavit is required stating the employer is authorized to use E-Verify or is not required to use E-Verify. This requirement is effective for employers with 500 or more employees on January 1st of each year and for employers with more than 100 employees on July 1st of each year and for employers with more than 10 employees on July 1st of each year.



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Applicant Name _____

Business Name _____

EXEMPTION FROM E-VERIFY

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 10 employees on January 1st each year, and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10- 90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

Number of employees on January 1, 20 _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20 _____ in _____ (city),
_____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS ___ DAY OF _____,
20 _____.

NOTARY PUBLIC
My Commission Expires: _____

NOTE: Either this affidavit or the Exemption from E-Verify affidavit must be filed by January 15th each year, or the Alcoholic Beverage License will be revoked.



APPLICATION FOR NEW AND RENEWAL ALCOHOLIC BEVERAGE LICENSE

Applicant Name _____

Business Name _____

SAVE AFFIDAVIT
Affidavit Pursuant to O.C.G.A § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for an Alcoholic Beverage, as referenced in O.C.G.A. § 50-36-1 from the City of Waycross, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1. _____ I am a United States citizen.
2. _____ I am a legal permanent resident of the United States.
3. _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code § 16-10-20 of the Official Code of Georgia and face criminal penalties as allowed by such criminal statute.

I, _____, do solemnly swear that all facts and statements by me in this application are true and that no false or fraudulent statement is made herein.

Applicant's Signature

Personally before me came _____ who deposes on oath says the facts set forth in the foregoing application are true.

This _____ day of _____, 20 _____.

Notary Public



APPLICATION FOR NEW AND RENEWAL ALCOHOLIC BEVERAGE LICENSE

Applicant Name _____

Business Name _____

OFFICE USE

	Date	Approved	Disapproved
City Clerk			
Code			
Fire			
Police			
Commission			

EMERGENCY CONTACT INFORMATION

The information requested below is not part of the application but will enable emergency personnel to contact the person who is enlisted in case your business is damaged or someone has entered your business. Please contact 911 at (912) 287-4335 to notify them of any changes to this list. List as many contacts as you wish but at least two are required.

Business Name _____

Physical Address _____

Phone _____

Owner's Name _____

Physical Address _____

Phone _____

Emergency Contact _____

Phone _____

Emergency Contact _____

Phone _____

Emergency Contact _____

Phone _____



Office of the City Clerk

Dear Business Owner,

We are required by City Ordinance Section 18-17 (c) to have proof that all your current and prior years taxes have been paid before issuing a new or renewing an Occupational Tax Certificate to operate your business. You will need to contact the Tax Commissioner for this information. Their phone number is 912-287-4305 and their fax number is 912-287-4468. You will need to have the Tax Commissioner or his clerk sign this form prior to obtaining your Occupational Tax Certificate.

NAME OF BUSINESS: _____
OWNER OF REAL PROPERTY: _____
ADDRESS OF REAL PROPERTY: _____
REAL PROPERTY ACCOUNT: _____
STATUS OF ACCOUNT (PAID, UNPAID, APPEALED, INSTALLMENT AGREEMENT): _____
BUSINESS OWNER: _____
BUSINESS INVENTORY ACCOUNT: _____
STATUS OF ACCOUNT (PAID, UNPAID, APPEALED, INSTALLMENT AGREEMENT): _____
SIGNATURE OF TAX COMMISSIONER OR CLERK: _____

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www.waycrossga.com*

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.

APPLICANT SIGNATURE

DATE

NOTARY SIGNATURE

DATE

SEAL