



Henry County Tax Commissioner
140 Henry Parkway
McDonough, GA 30253
770.288.8180 opt 5
www.HenryCountyTax.com

Alcohol Beverage License Application

Occupational Tax Account #: _____

Alcohol License Account #: _____

License Applied For

All new applications and special event permits have a \$250.00 **non-refundable** application fee.

New Application License Holder Change (\$50.00 Fee) Special Event Permit (Fees Per Day Listed Below)

(Liquor: \$125.00, Malt Beverage: \$75.00, Wine: \$50.00)

Dates for Event: _____

What beverages will you be applying for? Please check all that apply:

Liquor Malt Beverages Wine

Applicant Information

Name of Licensee (Must Hold GA Driver's License): _____

Applicants Place of Birth: _____ Applicants Date of Birth: _____

U.S. Citizen? Yes No Driver's License Number: _____

Email Address of Licensee (Required): _____ Phone #: _____

YOU MUST ATTACH COPY OF DRIVER'S LICENSE WITH APPLICATION

Business Information

Manager/Owners Name: _____ Name of Business: _____

Business Address: _____
City State ZIP

Mailing Address: _____
City State ZIP

Email of Manager/Owner (Required): _____ Phone #: _____

All new applications for alcohol licensing may be required to submit a blue line survey excluding special events permits.

Signature: _____

Date: _____

ORI Consent

I, _____, swear and affirm that I am the applicant for an Alcohol Application. I have received Henry County's Occupational Tax's ORI number and have made application as the holder of the Alcohol License for _____ located at _____.

Printed Name of Applicant

Signature of Applicant

Please Read Carefully and Initial Below

_____ - I understand that applications are only valid for 60 days from the submittal date. If application has not received final approval from all departments within 60 days, a new application must be submitted.

_____ - I acknowledge that I have read **Chapter 3-14 - ALCOHOLIC BEVERAGES [1]** of the Henry County Ordinance pertaining to the local regulations of Alcohol in Unincorporated Henry County.

Legal Status and Private Employer Affidavit

LEGAL STATUS AFFIDAVIT

Please read carefully and check the appropriate box:

- 1. If you are a United States citizen 18 years of age or older, please check below.
- 2. If you are a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United State, please attach a copy of your Alien Registration Card and please check #2 below.

Pursuant of Official Code of Ga Annotated (OCGA) sec 50-36-1, verification of legal status is required for the administration of various public services/public benefits as defined in the Ga Security an Immigration Compliance Act (GSICA). Accordingly, applicants for various public benefits must certify of the following.

- 1. _____ The applicant must execute an affidavit that he or she is a United States Citizen 18 years of age or older.
Or,
- 2. _____ The applicant must execute an affidavit that he or she is a qualified alien or nonimmigrant under the Federal Immigration and Nationality act 18 years of age or older lawfully present in the United States

I, as applicant for public services/public benefits as defined in the Ga Security and Immigration Compliance Act (GSICA) certify my legal status to be in the United States of America as marked above, I understand that there may be state and or federal penalties for providing false information on the affidavit required under the GA Security and Immigration Compliance Act. Alien Registration Number of Non-Citizens: _____

In making the above representations 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 O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute. The granting of this business license or payment of the occupational tax does not waive the right of any federal, state, or local entity to regulate & enforce all laws, ordinances & regulations. I understand it is my company's responsibility to notify the occupational tax department of any changes or closure involved with this business.

Executed on the ___ date of _____, 202___ in _____ (city), _____ (state)

Signature of Applicant

NOTARY PUBLIC

Printed Name of Applicant

MY COMMISSION EXPIRES