

# CITY OF WARNER ROBINS

## Alcohol Beverage License Application Procedures and Requirements

1. The application for Alcohol Beverage License must be completed in full by the applicant. Every item on the application must be completed. No item shall be left blank.
2. Applicant signatures must be notarized prior to submitting application. All supporting documents and affidavits must be fully completed and submitted with the application. **We will not accept incomplete applications.**
3. Businesses that are new or under renovation must be at least 60% near completion before application will be accepted.
4. A copy of the following documents must be included with your application. **Any application that does not provide COPIES of the following documents will be returned to the applicant.**
  - Lease or Deed** for business location issued in the name of business owner (must provide a copy to remain with the application)  
Original Only of the following:
    - Proof of US Citizenship or Legal Permanent Resident**  
(Certified US Birth Certificate, Certificate of Naturalization, Certificate of US Citizenship, US Passport, Permanent Resident Card)
    - Picture ID** (Driver's License, GA Photo ID)
    - Health Permit** (required for on premises consumption of alcohol) Houston County Department of Environmental Health 478-218-2020
    - Passport size photos** (2) for local manager applicant
    - Registered Agent Consent Form**
5. If the business is listed as a Corporation you must provide a copy of the Certificate of Incorporation from the GA Secretary of State. (sos.state.ga.us)
6. All Tax liabilities required by the GA Department of Revenue must be met. 478-751-6055
7. All applications and supporting documents must be returned to the City of Warner Robins City Clerk's Office, 700 Watson Blvd, **between the hours of 8:30 a.m. and 4:00 p.m. ONLY.**
8. All administrative fees must be paid at the time of filing application. Investigative administrative cost of **\$150.00** payable to City of Warner Robins.
9. Investigative administrative cost of **\$50.00** for new Local Manager on existing license payable to City of Warner Robins (if applicable). In event of the change of a local manager, applicant **MUST** notify the City and apply for new Local manager within 3 business days.
10. **Fingerprints are required. You will be provided instructions upon submission of a complete alcohol application.**

**NOTE: Applications will not be accepted and forwarded to required departments for signatures until fully completed applications, with all required supporting documents and all required fees, have been submitted. Alcohol license will be issued when all signatures of approval have been acquired and an**

**Occupation Tax application has been submitted for any other business activity conducted in conjunction with alcoholic beverage sales from the location.**

**\*\*\*Each business must have 4-inch street numbers on building.**

**Section 6-1 of the City Code**

**\*\*\*Any license for alcoholic beverage packaged to go is required to install a continuous video recording system dedicated to each register area with cameras and lens of type, number and location approved by the Chief of the Police Department.**

**Section 4-34 of the City Code**

**\*\*\*All alcoholic beverage packaged-to-go establishments must have security cameras or three or more employees on duty at all times**

**Section 4-34 of the City Code**

**Warner Robins Police Department 478-302-5378**

**IDENTIFICATION CHECK**

It shall be the duty of the person selling or otherwise furnishing alcoholic beverages to any person to request to see and be furnished with proper identification in order to verify the age of such person.  
Section 4-5 of the City Code

**COPY OF ALCOHOLIC BEVERAGE ORDINANCE is attached for YOUR records.**

All holders of a license for the sale of alcoholic beverages shall keep a copy of ordinance on the premises. Section 4-28 of the City Code

Business Licenses expire **December 31** of the current year. The designated alcohol agent shall make application for renewal in person no later than **February 1** of the following year.

The Business License office can be reached for information during normal business hours,  
Monday – Friday, at 478-929-1133

**CITY OF WARNER ROBINS  
ALCOHOL APPLICATION  
P.O. BOX 8629  
WARNER ROBINS, GA 31093  
(478) 302-5593 / (478) 929-1133**

Received by  
(Office Use Only)

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(“Applicant” is the individual or corporation in which the license is to be issued)

**Type of License:**

- Retail
- Consumption on Premises
- Wholesaler
- Other (Specify) \_\_\_\_\_

**Alcohol Sold: (Check all that apply)**

- Beer
- Wine
- Liquor

**Type of Business:**

- Package/Liquor Store
- Bar/Lounge
- Convenience Store
- Distillery
- Tavern
- Grocery Store
- Brewery
- Winery
- Restaurant
- Other: \_\_\_\_\_

**Sunday Sales:**

Are you going to be selling alcohol beverages on Sunday?  Yes  No

If eating establishment, do you derive at least 50 percent of your total annual gross sales from the sale of prepared meals or food?  Yes  No

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner of Business \_\_\_\_\_ DOB \_\_\_\_\_

Owner Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check One: Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Sole Owner \_\_\_\_\_

Corporation Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Local Manager:** Name of person to be manager who shall actively operate the business on a day to day basis for which the application is filed. **(MUST RESIDE WITHIN 30 MILE RADIUS)**

Local Manager \_\_\_\_\_ DOB \_\_\_\_\_  
Manager Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Compensation \_\_\_\_\_ Hours on premises \_\_\_\_\_

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**Registered Agent:** Name of person to be registered agent must be a resident of Houston or Peach County.

Registered Agent \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residency (Must be a Houston or Peach County resident) \_\_\_\_\_

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Name of Partners if Partnership or Name of Officers if Corporation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of 20% Shareholders if Corporation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Business Entity:** (for correspondence and compliance with local ordinance)

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Taxpayer ID#: \_\_\_\_\_ Date Incorporated \_\_\_\_\_

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**Non-Profit Status:** (If applicant is applying on behalf of a non-profit organization, as recognized by the Internal Revenue Service, state the following)

Name of Organization \_\_\_\_\_  
When and where chartered \_\_\_\_\_  
Applicant's office and duties in said organization \_\_\_\_\_  
Federal Employer ID#: \_\_\_\_\_  
Has a federal tax for #9990 been filed for said organization for previous years? \_\_\_\_\_

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List all licenses currently in effect at this location.

<u>LICENSE TYPE</u>	<u>TRADE NAME</u>	<u>LICENSEE</u>

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No person may knowingly and intentionally sell or offer to sell:

- a. Any retail package liquor within 600 feet of any school ground O.C.G.A. 3-3-21 (a-c)
- b. Any retail package malt beverages or wine within 300 feet of any school ground.
- c. Any retail liquor within 300 feet of any church building.
- d. Any liquor, malt beverages and/or wine within 300 feet of any government owned and operated alcohol treatment center. O.C.G.A. 3-4-49
- e. Any new retail package liquor within 500 yards of an existing licensed retail package liquor location GA Admin Reg 560-2-2-32

Do you comply with distance requirements as above stated? ( ) Yes ( ) No

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Do you own the property in which this business will be operated? ( ) Yes ( ) No

(If no, list below the name and address of the property owner and/or building owner, if separate. Also, a copy of the lease agreement must be attached.)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Monthly Payment \_\_\_\_\_

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Has any individual, firm, partnership, or corporation currently or previously applied for a Warner Robins License in alcoholic beverage and liquors at the address where the Business is to be conducted? ( ) Yes ( ) No

If yes, complete the following:

Name \_\_\_\_\_

Business Address \_\_\_\_\_

Date of Application \_\_\_\_\_

Disposition \_\_\_\_\_

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Date \_\_\_\_\_

Business Name: \_\_\_\_\_

Location: \_\_\_\_\_

**APPLICANT  
ALCOHOLIC BEVERAGE APPLICATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(must be within 30 mile radius of Warner Robins)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence: \_\_\_\_\_ Length of Residency \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_ (Yes or No)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Have you ever been arrested, indicted, or convicted for any offense by any state, county, municipal, or federal authority? ( ) YES ( ) NO

If yes, give full details below. Failure to make full disclosure in response to this question will result in a denial of the application or a revocation of the license if information should have been given but was not for any reason whatsoever is forthcoming to the granting of the license.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OATH AND CONSENT STATEMENT**

I declare, under penalty of perjury, that this information has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. I further acknowledge that any false information contained herein shall be grounds for rejection of the application or revocation of license.

The applicant consents that all necessary investigation reports on the application, including but not limited to credit reports and reports from law enforcement agencies, may be obtained by the City and the applicant will be responsible for the costs thereof. The City requires photographs of the applicant for the purpose of conducting the investigation.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

NOTARY \_\_\_\_\_

Date \_\_\_\_\_

Business Name: \_\_\_\_\_

Location: \_\_\_\_\_

\$50.00 App Fee for Mgr Chg

**LOCAL MANAGER  
ALCOHOLIC BEVERAGE APPLICATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(must be within 30 mile radius of Warner Robins)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence: \_\_\_\_\_ Length of Residency \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_ (Yes or No)  
(must provide birth certificate or naturalization paper)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Are you currently, or have you ever been designated as a local manager for alcohol for another business in the City of Warner Robins? ( ) YES ( ) NO

If yes, list name of business \_\_\_\_\_

Have you ever been arrested, indicted, or convicted for any offense by any state, county, municipal, or federal authority? ( ) YES ( ) NO

If yes, give full details below. Failure to make full disclosure in response to this question will result in a denial of the application or a revocation of the license if information should have been given but was not for any reason whatsoever is forthcoming to the granting of the license.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Applicant must supply two (2) passport size photos that must be submitted with application.

**OATH AND CONSENT STATEMENT**

I declare, under penalty of perjury, that this information has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. I further acknowledge that any false information contained herein shall be grounds for rejection of the application or revocation of license.

The applicant consents that all necessary investigation reports on the application, including but not limited to credit reports and reports from law enforcement agencies, may be obtained by the City and the applicant will be responsible for the costs thereof. The City requires photographs of the applicant for the purpose of conducting the investigation.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

NOTARY \_\_\_\_\_

**REGISTERED AGENT**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverages Sales ordinance of the City of Warner Robins. I understand the basic purpose is to have and continuously maintain in the city a Registered 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 the Registered Agent must be a resident of Houston or Peach County.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF AGENT

\_\_\_\_\_  
TYPED NAME OF AGENT

\_\_\_\_\_  
AGENT'S ADDRESS

\_\_\_\_\_  
PHONE NUMBER

Sworn to and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

APPROVED:

\_\_\_\_\_  
SOLE OWNER/PARTNER

\_\_\_\_\_  
OFFICER OR DIRECTOR (TITLE)

**FOR OFFICIAL USE ONLY**

Application Fee \_\_\_\_\_

New Manager Fee \_\_\_\_\_

	<b>Police Department Recommendation</b>	<b>City Clerk Recommendation</b>
Applicant	( ) Approve ( ) Denied	( ) Approve ( ) Denied
Local Manager	( ) Approve ( ) Denied	( ) Approve ( ) Denied
Registered Agent	( ) Approve ( ) Denied	( ) Approve ( ) Denied
Alcohol Approval	( ) Approve ( ) Denied	( ) Approve ( ) Denied
Sunday Sales Approval	( ) Approve ( ) Denied	( ) Approve ( ) Denied

\_\_\_\_\_  
Police Department

Date

\_\_\_\_\_  
City Clerk

Date

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**CITY OF WARNER ROBINS OFFICIAL USE ONLY**

Lease/Deed \_\_\_\_\_  
Health Permit \_\_\_\_\_  
State License \_\_\_\_\_

SAVE \_\_\_\_\_  
E-VERIFY \_\_\_\_\_  
S.O.S. Registration \_\_\_\_\_

Dept. of Ag. \_\_\_\_\_  
(If required)

COMMENTS:

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## City of Warner Robins Retail Excise Tax Return on Liquor by the Drink

Business Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Business Address: \_\_\_\_\_ Month of: \_\_\_\_\_

There is hereby imposed and levied upon every sale of an alcoholic beverage containing distilled spirits purchased by the drink in City of Warner Robins a tax in the amount of 3 percent of the purchase price of said beverage. Every person and/or business licensed for on-premise consumption of distilled spirits in City of Warner Robins shall collect and remit a tax of three percent (3%) of the purchase price of said beverages. The tax is collected monthly on a calendar month basis. The taxes due are to be remitted on or before the 20<sup>th</sup> of the month succeeding collection. When paid on or before the 20<sup>th</sup> of the month, the licensee may deduct and retain three percent (3%) of the amount of tax as a vendor's credit.

**Failure to pay by the due date causes the tax to be delinquent and the licensee loses the vendor's credit. Penalty and interest, shall be assessed at the maximum rate allowed by state law.**

Gross Sales for the Month:

Liquor: \$ \_\_\_\_\_

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This return is subject to audit:

1. Gross Sales of liquor-by-the-drink \$ \_\_\_\_\_

2. Tax (3% of line 1) \$ \_\_\_\_\_

3. Vendor's Credit (deduct 3% of line 2, if paid on or before the 20th of the month) - \$ \_\_\_\_\_

4. Penalty + \$ \_\_\_\_\_

5. Interest (if delinquent, add 0.542%/month) + \$ \_\_\_\_\_

**TOTAL AMOUNT DUE = \$ \_\_\_\_\_**

*I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.*

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Name-Based Criminal History Record Information Consent / Inquiry Form

I hereby give consent for the Warner Robins Tax Office to conduct an inquiry and receive any Georgia criminal history information pertaining to me which may be contained in the files of any state or local agency in Georgia.

<b>Full Name (print):</b>			
<b>Address:</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

- This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

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**Date of Inquiry:** \_\_\_\_\_ **Time of Inquiry:** \_\_\_\_\_ **Operator's Initials:** \_\_\_\_\_

**Purpose Code used: (check one)**

<input type="checkbox"/> <b>Employment (E) - Provides Georgia Criminal History Record Information.</b>

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**The inquiry resulted in the following: (check all that apply)**

<input type="checkbox"/> <b>No Georgia CHRI results available.</b>
<input type="checkbox"/> <b>Georgia CHRI attached / released.</b>
<input type="checkbox"/> <b>No NCIC/GCIC Warrant results available.</b>
<input type="checkbox"/> <b>Possible NCIC/GCIC Warrant. Contact Agency listed below.</b>

<b>Wanting Agency Name:</b>
<b>Agency Telephone:</b>

\_\_\_\_\_  
**Agency Designee Signature and Title** \_\_\_\_\_  
**Date**