### **CHATHAM COUNTY**



### **DEPARTMENT OF BUILDING SAFETY & REGULATORY SERVICES**

1117 Eisenhower Drive, Suite D, Savannah, Georgia 31406
Phone: 912-201-4313 | Fax: 912-201-4301 | https://buildingsafety.chathamcountyga.gov/

## Alcoholic Beverage Renewal Requirements

Provide proof of up-to-date Alcoholic Beverage Excise Tax payment to the Chatham County Finance Department.
$\label{eq:address} \textbf{All retail applicants must provide the name, address, and telephone of each of their wholesale distributor(s).}$
Copy of Driver's License / State ID/ Passport.
All Alcoholic Beverage licenses will expire on December 31.
Alcoholic beverage license is <b>NON-TRANSFERABLE</b> , and a change of ownership will require a new application and fees.
Applications received after January 31 will not be permitted to sell alcoholic beverages during the reapplication process. ALL sales will be suspended immediately.
Provide a copy of your current alcohol license issued by Georgia Department of Revenue for Compliance purposes.
Incomplete or inaccurate applications for Alcoholic Beverage licenses will not be accepted and may result in delays or denial of license

### **NOTICE:**

All renewal applications received after January 31 will require a new application for an Alcoholic Beverage license, and the application fee will be assessed at 150% of the original application fee.

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# **Renewal Application for**

Alcoholic Beverage Certificate

Application must be fully completed before processing. Please type or print clearly with a ballpoint pen. All alcohol licenses expire on December 31st of the year issued. Report any changes of location/mailing address promptly to the Occupational Tax Division.

License #:	Calendar Year:			
1. Business Information:				
Advertised Business Name:				
Business Address:		City	State:	Zip Code:
Business Phone:	Other Phone:		Email:	
Corporate Name:				
Mailing Address:		City	State:	Zip Code:
2. Applicant's Information: <mark>(To cha</mark> i	nge a responsible party, a new	application mus	st be filed)	
Name:				
Your relationship with this business	:: □ Manager □ Officer □ Reg	istered Agent [	Sole Owner	
Residence:		City:	State:	Zip:
Contact Phone:	Cell Phone:	Ema	il:	
Date of Birth: Sex	Race: Social	Security/Fed. T	ax I.D.#:	
Driver's License Number	State:	Georgia S	ales Tax I.D. #	
Have you ever been arrested? □YE	ES □NO If Yes, give date a	nd offense:		
3. Will your establishment provide "L	IVE" entertainment? □Yes □I	No <b>If Yes, exp</b> l	ain:	
Business hours of operation: M-F _	Saturda	ay	Sunda	ау
4. Type of Business (check all that	apply):			
Eating Establishment Re	estaurant Convenience	Store S	uper Market/G	rocery
Hotel/Motel Lounge	Package Shop P	rivate Club _	Other:	
5. License is for:   Drink for consu	mption on premises □Retail	Sunday Sale	Retail □Whol	lesale
<b>6. Type:</b> □ Beer □ Wine □ Liqu	or 🗆 ALL			
By signing below, I hereby authorize any ago unincorporated Chatham County limits and o accompanying documents. I further certify complete.	certify that I am the person authorize	ed by the busines	s herein named to	ofile this application, including

Date

Signature of Applying Applicant

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### **Alcoholic Beverage Fees**

☐ Beer Application	\$ 150 Sunday Sales \$100.00 GBI Background Check \$45.00
☐ Wine Application	·
☐ Liquor Application	• •
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<b>Application Late Pe</b>	nalties Charges: Beer \$225   Wine \$225   Liquor \$450   Sunday Sales\$150
Sale by Package I	Fees (Retail Only):
☐ Beer \$600	☐ Sunday Sales Permit for Package \$100
☐ Wine \$600	
☐ Liquor \$2500	
☐ Package Shop	\$3700
Sale by Drink for	Consumption Fees (Pouring Only)
□ Beer \$600	□ Sunday Sales \$200
□ Wine \$600	
☐ Liquor \$2500	
Wholesale Distrib	
□ Beer \$1500	☐ Distiller, Brewer, or Manufacturer of Alcoholic Beverages \$5000
□ Wine \$1500	
□ Liquor \$5000	
TOTAL AMOUNT DU	IF· ¢
OTAL AMOUNT DO	<b>/-</b> : Ψ

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