

# 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 License – New Business Requirements

#### Chatham County (Unincorporated Areas)

- New businesses must submit completed applications and all required fees to the **Chatham County Department of Building Safety (Occupational Tax)**, located at **1117 Eisenhower Drive, Suite D, Savannah, GA 31406**.
- All new applicants whose business will sell, serve, or dispense alcoholic beverages must complete a **GBI non-criminal history/background check**.
- A valid government-issued ID (Driver's License, State ID, or Passport) must be provided for the applicant and any authorized agent, manager, or representative.
- Each new applicant for an alcoholic beverage license is required to pay a **non-refundable application fee for each license type**, regardless of whether the application is approved, denied, or withdrawn.
- All businesses must provide the **name, address, and telephone number of each wholesale distributor** supplying alcoholic beverages to the business.
- The alcoholic beverage licensing approval process may take **up to 45 business days**.
- Alcoholic beverage licenses are **non-transferable**. Any change in ownership or responsible party requires submission of a **new application** and payment of all applicable fees.
- All alcoholic beverage licenses **expire annually on December 31**.
- Applicants are responsible for ensuring that all required documentation and payments are submitted timely to avoid processing delays or potential penalties.
- A **state alcoholic beverage license** must be obtained through the **Georgia Department of Revenue (DOR)** before alcoholic beverages may be sold or served. Applicants must submit a copy of their **local license** to the state as part of the state licensing process.

For assistance with state licensing, contact the **Georgia Department of Revenue** at **1-877-423-6711** or via email at [atdiv@dor.ga.gov](mailto:atdiv@dor.ga.gov).

#### Please Note – Hours of Sale:

1. **Retail establishments selling alcoholic beverages by the package** may not open before **9:00 a.m.** and must close no later than **2:00 a.m.**, except on Sundays, when hours of operation are limited to **12:30 p.m. to 11:30 p.m.**
2. **Alcoholic beverages sold for consumption on premises in eating establishments and/or inns** are allowed between **9:00 a.m. and 2:00 a.m.**, except on Sundays, when sales may continue **no later than 2:55 a.m.**

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## DEPARTMENT OF BUILDING SAFETY & REGULATORY SERVICES

### Application for Alcoholic Beverage Certificate

[Please type or print clearly]

Property Identification Number (PIN): \_\_\_\_\_ Calendar Year: \_\_\_\_\_

#### 1. Applying Applicant's Information:

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

Your relationship with this business:  Manager  Officer  Registered Agent  Sole Owner

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

Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security/Fed. Tax I.D.#: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_ Georgia Sales Tax I.D. # \_\_\_\_\_

Have you ever been arrested?  YES  NO If Yes, give date and offense: \_\_\_\_\_

U.S Citizen:  Yes  No Legal Alien:  Yes  No Alien Registration (residency card) must be provided.

#### 2. Business Information:

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

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Has alcohol been sold or served at this location previously?  Yes  No I Yes, Previous License No. \_\_\_\_\_

4. Will your establishment provide "LIVE" entertainment?  Yes  No **If Yes, explain:** \_\_\_\_\_

Business hours of operation: M-F \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

#### 5. Type of Business (check all that apply):

Eating Establishment  Restaurant  Convenience Store  Super Market/Grocery  
 Hotel/Motel  Lounge  Package Shop  Private Club  Other: \_\_\_\_\_

6. License is for:  Drink for consumption on premises  Retail  Sunday Sale Retail  Alcohol Caterer  Wholesale

7. Type:  Beer  Wine  Liquor  ALL

#### Certification and Authorization

By signing below, I hereby authorize any agent or representative of Chatham County to conduct a non-criminal background check for purposes of determining my eligibility to operate within unincorporated Chatham County. I certify that I am authorized by the business named herein to file this application and all accompanying documents. I further certify that all statements and information provided are true, correct, and complete.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Zoning:**

This location  Is  Is **Not** properly zoned for the proposed business use. **Zoning District** \_\_\_\_\_

**Zoning Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Fire Prevention:**

This proposed business & location:  Does  **Does Not** meet the Chatham County Alcoholic Beverage

Ordinance. **Occupancy Load** \_\_\_\_\_

**Fire Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Police Approval:**

Distance to nearest School: \_\_\_\_\_ Church: \_\_\_\_\_

Type of Neighborhood:  Residential  Commercial Number of similar establishments in vicinity: \_\_\_\_\_

**Will traffic be a factor:** [ ] Yes [ ] No

If Yes, explain: \_\_\_\_\_

**Previous Police Department Complaints:**  Yes  No

If Yes, explain: \_\_\_\_\_

**GBI Background Record Completed:**  Yes  No

**The applicant and/or business:**  Is  Is **NOT** approved by CCPD.

**Police Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Alcoholic Beverage License #** \_\_\_\_\_

**District** \_\_\_\_\_

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I understand it is the responsibility of the applicant/licensee to ensure that all licenses to sell alcoholic beverages are renewed no later than January 31<sup>st</sup> of each year or I will have to apply for a new alcohol license.  Yes  No

I understand that a state alcohol license must also be obtained before any alcoholic beverage can be served or sold in the unincorporated areas of Chatham County. I further understand that the state license is obtained after the county license is obtained and I am responsible for contacting the Georgia Department of Revenue to obtain a state alcohol license.  Yes  No

I understand that I am required to pay Alcohol Beverage Excise Taxes in accordance with Chatham County Alcoholic Beverage Ordinance, §17-123 Alcoholic Beverage Excise Tax, and failure to pay excises taxes imposed by this ordinance will be grounds for suspension or revocation of my alcohol license.  Yes  No

I understand that Chatham County Occupational Tax has administrative and enforcement provisions; authority to require my business financial information. I further understand that any time the Occupational Tax Department has reason to believe that the dominant business activity has changed or has been misreported, or that the gross receipts bracket has changed or has been miscalculated or misreported. I agree to provide such financial information to the Department within thirty days if so, requested shall be considered a violation of this Article.

I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Application for Alcoholic Beverage Sales and Service and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application.  Yes  No

I, \_\_\_\_\_, confirm that I have received a copy of the Privacy Act Statement, Applicant's Privacy Rights and Title 28 CFR 16.30 through 16.34. I further confirm that I have read and understand these guidelines.

\_\_\_\_\_  
**Applying Applicant's Signature**

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

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### TITLE 28 CFR 16.30 THROUGH 16.34

#### § 16.30 Purpose and Scope

This subpart contains the regulations of the Federal Bureau of Investigation (FBI) concerning procedures to be followed when the subject of an identification record requests production of that record to review it or to obtain a change, correction, or updating of that record.

**Initial:** \_\_\_\_\_

#### § 16.31 — Definition of identification record

An FBI identification record, often referred to as a “rap sheet,” is a listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, includes information taken from fingerprints submitted in connection with federal employment, naturalization, or military service. The identification record includes the name of the agency or institution that submitted the fingerprints to the FBI. If the fingerprints concern a criminal offense, the identification record includes the date of arrest or the date the individual was received by the agency submitting the fingerprints, the arrest charge, and the disposition of the arrest if known to the FBI. All arrest data included in an identification record are obtained from fingerprint submissions, disposition reports, and other reports submitted by agencies having criminal justice responsibilities. Therefore, the FBI Criminal Justice Information Services Division is not the source of the arrest data reflected on an identification record. **Initial:** \_\_\_\_\_

#### § 16.32 — Procedure to obtain an identification record

The subject of an identification record may obtain a copy thereof by submitting a written request via the U.S. mails directly to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Such request must be accompanied by satisfactory proof of identity, which shall consist of name, date and place of birth and a set of rolled-in inked fingerprint impressions placed upon fingerprint cards or forms commonly utilized for applicant or law enforcement purposes by law enforcement agencies. **Initial:** \_\_\_\_\_

#### § 16.33 — Fee for production of identification record

Each written request for production of an identification record must be accompanied by a fee of \$18 in the form of a certified check or money order, payable to the Treasury of the United States. This fee is established pursuant to the provisions of 31 U.S.C. 9701 and is based upon the clerical time beyond the first quarter hour to be spent in searching for, identifying, and reproducing each identification record requested as specified in § 16.10. Any request for waiver of the fee shall accompany the original request for the identification record and shall include a claim and proof of indigency. Subject to applicable laws, regulations, and directions of the Attorney General of the United States, the Director of the FBI may from time to time determine and establish a revised fee amount to be assessed under this authority. Notice relating to revised fee amounts shall be published in the Federal Register. **Initial:** \_\_\_\_\_

#### § 16.34 — Procedure to obtain change, correction or updating of identification records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned 2018-05 Attachment C information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. **Initial:** \_\_\_\_\_

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**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.

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**Printed Name of Applicant**

# CHATHAM COUNTY



## DEPARTMENT OF BUILDING SAFETY & REGULATORY SERVICES

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### NEW APPLICANT PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. The Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the employment, 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>).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

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**O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status  
for County Public Benefit Application**

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in **O.C.G.A. § 50-36-1**, from the **Department of Building Safety and Regulatory Services**, the undersigned applicant **verifies ONLY one** of the following with respect to my application for public benefit:

- 1)  I am a United States citizen: **or**;
- 2)  I am a legal permanent resident of the United States. **or**;
- 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 the Department of Homeland Security or other federal immigration agency is \_\_\_\_\_**

*\*(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)*

The undersigned applicant also hereby verifies that he or she is 18 years 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 be classified as \_\_\_\_\_**  
*(such as: state issued driver's license, state issued identification, passport, etc.)*

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 **O.C.G.A. §16-10-20** , and face criminal penalties as allowed by such criminal statute.

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_(City), \_\_\_\_\_(State)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

**Sworn to and subscribed before me this**

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

**SEAL**

\_\_\_\_\_  
Notary Public Signature

My Commission expires:

# CHATHAM COUNTY



## DEPARTMENT OF BUILDING SAFETY & REGULATORY SERVICES

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### Alcoholic Beverage Fees

#### **Application Fees** \*Application fees are non-refundable

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- Beer Application \$150     Sunday Sales \$100.00     GBI Background Check \$45.00  
 Wine Application \$150     Newspaper Ad \$20.00  
 Liquor Application \$ 300

**Application Late Penalties Charges: Beer \$225 | Wine \$225 | Liquor \$450 | Sunday Sales \$150**

#### **Sale by Package Fees (Retail Only):**

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- Beer \$600                       Sunday Sales Permit for Package \$100  
 Wine \$600  
 Liquor \$2500  
 **Package Shop**        \$3700

#### **Sale by Drink for Consumption Fees (Pouring Only)**

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- Beer \$600                       Sunday Sales \$200  
 Wine \$600  
 Liquor \$2500

#### **Wholesale Distributors**

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- Beer \$1500                       Distiller, Brewer, or Manufacturer of Alcoholic Beverages \$5000  
 Wine \$1500  
 Liquor \$5000

**TOTAL AMOUNT DUE: \$** \_\_\_\_\_

### **Alcohol License Renewal Requirements: Alcohol Deadline: January 31<sup>st</sup>.**

Please read the following carefully to ensure timely renewal of your alcohol license:

1. Failure to renew your business license at the time of your alcohol license renewal will result in denial of your alcohol license. Additional penalties may also apply.
2. Include a complete list of all alcoholic beverage wholesale distributors associated with the business.
3. Provide proof of up-to-date Alcoholic Beverage Excise Tax payment to the Chatham County Finance Department.
4. Provide a copy of your current alcohol license issued by the Georgia Department of Revenue for compliance verification.
5. It is the responsibility of the business owner, authorized agent, or corporation to ensure the timely annual renewal of the alcohol license.