



CITY OF MADISON

Alcohol Beverage License Information Packet and Application

Office of the City Clerk
132 N Main Street
Madison, GA 30650

updated 9/17/2019

BASIC INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- This application must be completed in its entirety. Incomplete applications will not be reviewed, and we cannot complete any portion of the application for you. If the space provided is not enough to fully and correctly answer a question, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached.
- At the time of submission, the application must be dated, signed and verified, under oath, by the applicant.
- Completed applications must be delivered to the City Clerk at 132 North Main Street, Madison, GA 30650

LICENSE FEES

- License granted prior to January 1st shall pay the license fee for the entire year.
- Licenses granted after January 1st are issued for the remainder of the year. The license fee will be prorated quarterly, and the license will be due for renewal at the end for the year at the regular rate. (**Q1**: January to March / 100%, **Q2**: April to June / 75%, **Q3**: July to September / 50%, **Q4**: October to December / 25%)
- License Fees are non-refundable.

KEY CONTACTS

MAILING ADDRESS

City Of Madison
Attn: City Clerk
PO Box 32
Madison, GA 30650

OCCUPATIONAL TAX LICENSE

City Of Madison
Attn: City Clerk
PO Box 32
Madison, GA 30650
Tel: 706-342-1251 x 205
ahawk@madisonga.com

FINGERPRINT & BACKGROUND CHECK

Morgan County Sheriff's Office
Attn: Olivia Laborn
1380 Monticello Road
Madison, GA 30650
Tel: 706-342-1507

CHECK LIST FOR COMPLETING APPLICATION PACKET

This checklist is provided for your information and convenience. Only when you can checkoff every item on the list below will your application packet be complete and ready for submission.

Notarized Application Form: Details the following information: contact, financing, type of ownership, and percentage of ownership.

License Application Form: Application specific to type of license being applied for.

Consent/Release Form: Everyone with 20% or more ownership & all managers must complete this form for the City of Madison Police Department.

S.A.V.E. Affidavit: must be presented in person with a secure & verifiable document

Photograph: Licensee and all managers are required to be photographed at City Hall.

Picture Identification & One Other Form of Identification: Everyone With 20% Or More Ownership & All Managers

Fingerprints: Live Scan - Everyone With 20% Or More Ownership & All Managers. Pick up fingerprint cards at City Hall & leave a check payable to City of Madison for \$41.00 (per set) and take \$5 cash to the Sheriff's office.

Bond: \$1,000 for Beer and Wine & \$2500 for Beer, Wine and Liquor

Affidavit – Oath confirming the compliance of the applicant with the City of Madison ordinance.

Fee – Money orders, cashier's checks, or certified checks made payable to the City of Madison are acceptable forms of payments

Insurance: Proof of liquor & general liability insurance coverage in the amount of no less than \$1,000,000 per occurrence, \$2,000,000 aggregate with a company listed on the U.S. Treasury's Circular 570

Written Acknowledgement: Acknowledgement that the City has the right to subpoena or audit financial information.

Evidence of Ownership of Building or Copy of Lease: A legal and complete document proving ownership or lease of the building in which the business will operate.

Ordinance Verification Form: Acknowledgement of state and local laws.

Occupational Tax Certificate: A copy of the current City of Madison Occupational Tax Certificate must

Advertisement – Pouring Establishments only: 2 consecutive weeks of advertising in the legal section of the local newspaper.

REVIEW OF CODE AND FOLLOWING NOTES

It is advisable that applicants for any business, liquor, beer, and/or wine license do not sign any contracts or make any expenditures and/or obligations in any other manner without first making themselves aware of all requirements for compliance with the City of Madison Ordinances and the laws of the State of Georgia.

All applicable distance requirements for liquor, beer and/or wine licenses are to be measures as follows:

Pouring License - No license shall be granted unless the front door of the building at the proposed location is situated not less than 40 yards from the property line of any school ground or college campus, and not less than 20 yards from any church building or 100 yards from any housing authority property or any building used as an alcohol rehabilitation center. This distance is to be measured by the most direct route of travel on the ground. Each application shall include a scale drawing of the location of the proposed premises showing the distances or a certificate of a registered surveyor that such location complies.

Package Establishments - Per O.C.G.A. § 3-3-21, no license shall be granted to any person unless the entire business premises of the proposed location is situated beyond 100 yards from the property line of any church (no such restriction for beer/wine only sellers) or of any housing authority property and beyond 200 yards from the property line of any school ground or college campus (100 yards for beer/wine only sellers) and not less than 100 yards from any building used as an alcohol rehabilitation center. The distance shall be measured by most direct route of travel on the ground. Each application license shall include a scale drawing of the location of the proposed premises showing distance to nearest church, (no such restriction for beer/wine only sellers), housing authority property, school and alcohol rehabilitation center or a certificate of a registered surveyor that such location complies with this section.

No license shall be issued to any person unless complete and detailed diagrams of the building and the outside premises are attached to the application, or unless proposed plans and specifications and a building permit of a proposed building are attached. The building shall comply with ordinances of the city, regulations of the state revenue commissioner, and the laws of Georgia. Upon completion, the proposed building shall be subject to final inspection and approval by the building inspector. Each applicant shall attach evidence of ownership of the building or proposed building or a copy of the lease. Licensees shall provide on the premises adequate sanitary toilet facilities as required by the health and building codes and the building shall be adequately illuminated so that all hallways, passageways and open areas may be clearly seen by customers therein.

In addition to the City of Madison license, a State license shall be required. Please contact the [Georgia Department of Revenue](#) for assistance.

ALCOHOL TRAINING REQUIRED FOR **ALL** EMPLOYEES

All employees serving, pouring, taking orders for and selling alcoholic beverages must obtain a certificate from one of the following vendors.

- 1) Techniques of Alcohol Management - contact Cindy at 800-292-2896
- 2) Training for Intervention Procedures (TIPs) – contact Faye Craft (call City Hall)
- 3) Evindi, Inc. – contact Michele Stumpe at 678-336-7160 or mlstumpe@evindi.com
- 4) [Reserving.com Online Course](#)
- 5) [eTips.com – Online Course](#)



CITY OF MADISON
Alcohol Beverage License
Fee Schedule

License Fee: Consumption on Premises

Restaurants

- | | |
|--------------------------|------------|
| 1. Beer, Wine and Liquor | \$4,300.00 |
| 2. Beer and Wine | \$800.00 |
| 3. Brewpub | \$500.00 |
| 4. Catering | \$250.00 |

Private Clubs (As defined in Madison Code – Chapter 6, Section 6-.341 (C)

- | | |
|------------------|----------|
| 1. Beer and Wine | \$500.00 |
|------------------|----------|

Limited Pouring (As defining Madison Code - Chapter 6, Section 6-.341 (E)

- | | |
|---|----------|
| 1. Arts and Entertainment – Beer and Wine | \$500.00 |
|---|----------|

License Fees: Package Sales

- | | |
|--|------------|
| 1. Distilled Spirits, Retail License- Initial | \$5,000.00 |
| 2. Distilled Spirits, Retail License - Renewal | \$1,500.00 |
| 3. Malt Beverages & Wine, Retail License | \$500.00 |

License Fees: Wholesale Permits

- | | |
|---|------------|
| 1. Distilled Spirits, Wholesale Permit | \$100.00 |
| 2. Malt Beverages & Wine, Wholesale Permit | \$100.00 |
| 3. Malt Beverages Only, Wholesale Permit | \$100.00 |
| 4. Malt Beverages Only, Wholesale Permit ¹ | \$2,500.00 |
| 5. Wine Only, Wholesale Permit | \$100.00 |

License Fees: Specialty Gift Shop

- | | |
|------------------|----------|
| 1. Beer and Wine | \$250.00 |
|------------------|----------|

Bond Fees

- | | |
|------------------|-----------|
| 1. Beer and Wine | \$1000.00 |
| 2. Liquor | \$2500.00 |

Per the City of Madison Code of Ordinances, Chapter 6, Sec. 6-35 & 6-315 (a) all payments must be cash or a bank check. *certified bank check for liquor package sales*



Contact Information

Business Name:
Contact Name: Contact Email:
Contact Telephone: Contact Mobile:

License Information

Please select the most appropriate response. This application is being filed due to:

- New Location New License New Ownership
Other. Please Specify:

Please select the category that best describes the business for which this application is being submitted.

- Package Store Grocery Store/Super Market Convenience Store
Wholesale Dealer Restaurant Private Club/Non-Profit
Arts & Entertainment/Limited Pouring Specialty Shop
Other. Please specify:

Please indicate the type of license for which you are applying (check all that apply):

- Wholesale / Distilled Spirits/Liquor Wholesale /Malt Bev. / Beer & Wine Wholesale / Malt Bev. / Beer Only
Wholesale / Wine Only Package License / Liquor (NEW) Package License / Liquor (Renewal)
Package License / Malted Beverages / Beer & Wine Pouring License / Beer/Wine/Distilled Spirits
Pouring License / Beer & Wine Pouring License / Private Club Pouring / Art & Entertainment
Pouring license / Brewpub Limited License / Catering Limited License / Specialty Shop

This Section for City Staff Use Only

Date Received: Ad. Week 1:
Type of License: Ad. Week 2:
Fee Due: M& C Approval Date:
Applicant: Alcohol Training Due:
Managers:
Insurance Exp. Date:
Bond Exp Date:
Date Approved:



Owner

Legal Name: _____

Corporation or LLC Name (if applicable): _____

Location Street Address: _____

Email: _____ Phone: _____

Type of Ownership

- checkbox Sole Owner
checkbox Partnership
checkbox Private Held Corporation
checkbox Public Held Corporation
checkbox Public Held Corporation Subject to S.E.C
checkbox Other, explain:

For PARTNERSHIPS Only

a. Date Partnership was Formed: _____
b. Attach Partnership Agreement: _____
c. List All Partners (attach additional sheets as necessary): _____
Interest Investment Participation \$: _____

For CORPORATION and LLC Only:

b) Date of Formation: _____
c) Place of Formation: _____
d) Parent Corporation or LLC (if applicable): _____
e) Number of Shares of Capital Stock Authorized: _____
f) Number of Shares of Outstanding Stock: _____
g) List of All Officers, Directors, Members, and/or Principal Shareholders with 20% or more of the stock or membership interest (attach sheets): _____
h) Is the company owned by a parent company or held by a holding company? _____ If yes, attach explanation.



For PRIVATE CLUBS only:

- a) Date of Organization under the laws of Georgia:
b) Total Number of Regular Dues Paying Members:
c) Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of distilled spirits beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club? If yes, attach explanation.

FINANCING for all applicants:

- a) Bank to be used by business. Include Branch and Address:
b) State total amount of capital that is or will be investing in the business by any party or parties:
c) State total amount of funds invested by the owner:
d) State total amount of funds invested by the parties other than the owners:
e) If any capital is borrowed indicate the name of the lender, date, amount, and interest rates:
f) Attach financial Statements

FINANCING for all applicants:

- a) Has owner and/or individual partner, member, shareholder, director or officer:
1) Any financial interest in any manufacturer or wholesale of alcoholic beverage?
2) Received any financial aid or assistance from any manufacturer of alcoholic beverages?
*If yes to either of immediate foregoing, attach explanation.
b) List all other businesses engaged in the sale of alcoholic beverages that you the owner, or any individual, partner, member, shareholder, officer of director is interest in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past. List name of business, and interest %.

CERTIFICATION

I, _____, do solemnly swear subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing statement are true and correct.

_____ (Applicant's signature) _____ (Print name)

I hereby certify that _____ signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made therein, and under oath actually administered by me, has sworn that said statements and answers in foregoing statement are true and correct. This ___ day of ___, 20__.

_____ (Notary Public)

(seal)



CITY OF MADISON
Alcohol Beverage License
Application

I, _____, am a potentially eligible applicant under the City of Madison, Georgia _____ License regulations, a copy of which I have received and read and shall have cause to be complied with all times. I make application for a pouring license for distilled spirits a restaurant or food service as follows:

Name of Proposed License Holder: _____

Name of Business: _____

Business Street Address: _____

I am a citizen of the United States or a resident alien legally entitled to work in the United States, at least 25 years of age and have been a resident of the State of Georgia for at least one (1) year prior to the filing of this application. I shall be actively involved in the management and operation of the business for which the license is requested. If I am making this application as an agent for a corporation or LLC or other entity, I state that the corporation or LLC or other entity is eligible for such a license, and I am authorized to act on its behalf and bind it through my actions herein. I agree on behalf thereof that any license to sell distilled spirits is a privilege, and not a right.

I understand that a violation of any of the laws, ordinances, regulations, or statutes of the State of Georgia and/or the City of Madison, Georgia, pertaining to the sale of _____ may result in the suspension or revocation of the license. I further understand that this license can be revoked because of the violation of such a law, statute, regulation, or ordinance by any agent or employee of the business, including, but not limited to, the sale of alcoholic beverages to a person under 21 years of age. I understand such offenses could lead to incarceration for up to six months.

I further agree to accept all communications at the above address from the City of Madison, Georgia, regarding this application and any malt beverage and wine license granted there under, and waive any right to notification at a different address.

Signature

Sworn to and subscribed before me, this _____ day of _____, 20_____.



Notary Public, Morgan County, Ga.
My commission expires _____

License approved: _____ not approved: _____ CITY OF MADISON, GEORGIA

Date: _____

By: _____ (Mayor)

Attest: _____ (City Clerk)



PERSONAL/CRIMINAL HISTORY RELEASE FOR INVESTIGATION OF APPLICANT

I, _____, (Full legal name) authorize the review of and full disclosure of all relevant public (and where expressly specified below, non-public) records concerning myself, my company, or my corporation to the city of Madison. This authorization is to give my consent for disclosure only of the records necessary to determine suitability for an alcoholic beverage license. This is limited to the city of Madison Police Department pulling a criminal history which may be in the files of any state or local criminal justice agency in Georgia, and it includes the Madison city clerk and her alcoholic beverages staff acquiring (and/or reviewing) only those alcoholic beverage related documents as follows: financial statements of the business; relevant business records wherever publicly filed; employment records of the business; and complaints or grievances filed by or against me related to the operation of the business.

I understand that any information obtained by a criminal background check upon this release authorization will be considered by Madison Police Department in compiling any criminal history report for the City of Madison. I agree that I may be required to provide my Social Security number on request of the Madison Police Department if and only if law enforcement require such to perform an accurate criminal background check on me, and I further understand that said Social Security number will not be retained in the city records. I certify that any person(s) who will endeavor to honestly and in good faith furnish such information concerning me to the Madison Police Department shall not be held accountable for giving this information to a law enforcement officer thereof; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I understand all information obtained will be reviewed only by a law enforcement investigator, maintained in confidence, and will be shredded after review. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

SPECIAL CONDITIONS PER O.C.G.A. §35-3-35: IF AN ADVERSE EMPLOYMENT OR LICENSING DECISION IS MADE AGAINST THE PERSON WHOSE RECORD WAS OBTAINED UNDER THIS LAW, THE PERSON SHALL BE INFORMED: THAT A RECORD WAS OBTAINED; THE SPECIFIC CONTENTS OF THE RECORD; THE EFFECT THE RECORD HAD UPON THE DECISION; AND THAT THEY HAVE an opportunity to dispute and correct any inaccurate information.

Signature _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Gender _____ Race _____

Sworn to and subscribed before me this ____ day of _____, 20____, in the presence of the undersigned Notary Public:

Notary Public

My Commission Expires: _____





CITY OF MADISON
SAVE Affidavit

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

- I am a United States citizen.
I am a legal permanent resident of the United States.
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:

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.

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.

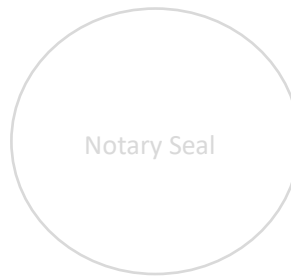
Executed in (city), (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE day of, 20.

Notary Public My commission expires:



- US Passport, U.S. Driver's License, Alien Registration Card, Merchant Mariner Card, SENTRI Card, Certificate of Naturalization, U.S. Passport Card, Tribal ID Card, Foreign Gov. Passport, Free & Secure Trade Card, Canadian Driver's License, Matricula Consular ID, U.S Military ID, U.S. Permanent Resident Card, Employment Authorization Card, Nexus Card, Certificate of Citizenship

Documentation Verified by:

Date:



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 §35-335(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).

Name: _____
Signature: _____
Date: _____



CITY OF MADISON
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.

Name: _____
Signature: _____
Date: _____



CITY OF MADISON
Financial Guarantee Bond

Bond No. _____

State of Georgia,
County of Morgan;
City of Madison;
Know all men by these presents:

That for ten dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is agreed that _____ as principal, and _____ as surety, are jointly and severally held and firmly bound unto mayor and city council of Madison, Georgia, 132 north main street, Madison, Georgia, and successors in office, for the use and benefit of said city in the sum of _____, for the payment of which, well and truly made, principal and surety bind themselves, and their heirs, executors, administrators, assigns and successors, as the case may be, jointly, severally and firmly by these presents to said mayor and council which is hereinafter called obligee.

The condition of the above obligation is as follows:

Whereas, principal has applied to obligee for a retail pouring license to sell beer and wine for consumption on the licensed premises under city ordinance, chapter 6, and title 4 of the official code of Georgia annotated, as amended, for a period beginning on the _____ day of _____, 20____, and ending on the _____ day of _____, 20____.

Now, therefore, should principal promptly pay to the obligee for the use of said city all sums which may become due by said principal to obligee and/or said city of Madison as taxes, license fees, or otherwise, by reason of, or incident to, the operation of said business, together with expenses incurred by the city in the collection of any sum due the city, and shall faithfully comply with all laws, rules and regulations governing the sale of distilled spirits as required by the state law and city ordinance, and such other conditions as the state of Georgia and/or obligee may by rules and regulations require, then this bond shall be void, otherwise, to remain of full force.

It is further agreed that this bond may only be cancelled by surety, not principal, and only if surety has by written notice served by registered mail upon obligee's mayor at 132 North Main Street, Madison, Georgia, 30650, specified the effective date of said cancellation, which in no event shall be less than thirty (30) days after the date of receipt signed by obligee's mayor.

in witness whereof, the parties hereto have executed these presents this _____ day of _____, 20____.

By: _____ (seal)

(print name and title of surety representative)

By: _____ (seal)

(print name and title of principal representative)

Unofficial witness

Notary public,
_____ County, Georgia

Countersigned: _____
Georgia Resident Agent



Personally, appeared before the undersigned officer, duly authorized to administer oaths, _____ who states under oath as follows:

1. My name is _____. I am of the age of majority, competent to testify, and have personal knowledge of the facts stated herein.
2. I am the CPA, CEO, CFO, OWNER (circle one) for _____, a licensee under the City of Madison, Georgia Alcohol regulations. I have held that position since _____. I am giving this affidavit for use in connection with the licensee's obligation to demonstrate compliance with the alcohol regulations of the City of Madison.
3. I am familiar with and the custodian of and have carefully reviewed the relevant financial documentation of the licensee, and can certify based upon my personal knowledge as follows:
4. I have reviewed the financial statements and other proof of the finances of the business. It is my professional opinion and judgment as a CPA, CEO, CFO, OWNER (circle one) that the licensee is a viable going concern, being operated in a fiscally responsible manner, which maintains reasonable reserves and maintains and follows a responsible business plan, and that the licensee is therefore "financially responsible" and meets that requirement of the City of Madison alcohol regulations.
5. The licensee's manager/operator, _____, has adequate financial participation in the business to direct and manage its affairs, and is not a mere surrogate for a person who would not otherwise qualify for a license for any reason whatsoever. This certification is based on my familiarity with and review of all the relevant documentation.
6. (a) Restaurants; The licensee maintains quarterly food sales of 60 percent or more of its total gross sales during the preceding calendar quarter, and annual food sales in excess of \$150,000.00. I have reviewed the gross dollar sales amount for: total sales for the quarter and year, sales of alcohol for the applicable calendar quarter and year, and sales of food items for the quarter and year. The purchase receipts and sales records of licensee show ongoing maintenance of a two weeks supply (consistent with past sales) of the types of alcohol typically sold. These records and receipts tend to illustrate that this restaurant is not undercapitalized, and further tend to illustrate the financial viability of the restaurant. This certification is based on my familiarity with and review of all the relevant documentation.
7. Package Sales, Including Distilled Spirits; The purchase receipts and sales records of licensee, and/or an inventory audit, show ongoing maintenance of a \$50,000 supply of distilled spirits and other alcohol. These records and receipts, and/or inventory, tend to illustrate that this store is not undercapitalized, and further tend to illustrate the financial viability of the store. This certification is based on my familiarity with and review of all the relevant documentation.
8. Package Sales, Excluding Distilled Spirits; The purchase receipts and sales records of licensee, and/or an inventory audit, show ongoing maintenance of a \$5,000 supply of beer and wine. These records and receipts, and/or inventory, tend to illustrate that this store is not undercapitalized, and further tend to illustrate the financial viability of the store. This certification is based on my familiarity with and review of all the relevant documentation.
9. I have reviewed certified copies of the sales and use tax monthly reports filed with the state department of revenue for each month during the prior year, and they comply with the applicable regulations. Based on my familiarity with and review of all pertinent documentation, all state and local excise taxes were charged and paid the prior year.
10. Affiant further sayeth naught.



CITY OF MADISON

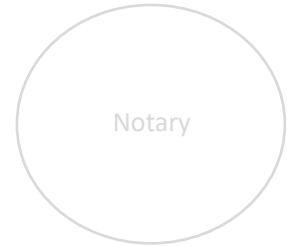
Madison Alcohol Regulation Compliance (cont'd)

Signature

Sworn to and subscribed before me, this _____ day of _____, 20____.

Notary Public, _____ County, Georgia

My commission expires _____





CITY OF MADISON
Alcohol Application Written Acknowledgement

I, _____, (Full legal name) hereby acknowledge that the City of Madison shall have the right to subpoena all or any part of the records, books, documents, reports or invoices of the applicant for auditing the records of such applicant or licensee, securing compliance by such licensee with the provisions of this ordinance, proving or disproving violation of any part of this ordinance by any licensee, or to show payment or nonpayment of any taxes, fees, charges or the like due hereunder.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Date

Signature



CITY OF MADISON

Ordinance Verification
(Retain on Premise)

I have fully reviewed and understand the supplemental requirements attached hereto and will conduct all operations related to this business in accordance with municipal and state regulations. I also understand that a copy of this ordinance will be kept on the premise at all times.

Applicant Signature

Date



I have fully reviewed and understand the supplemental requirements attached hereto and will conduct all operations related to this business in accordance with municipal and state regulations. I also understand that a copy of this ordinance will be kept on the premise at all times.

Applicant Signature

Date