



Post Office Box 436, 203 W. Cotton Street, Vienna, Georgia 31092
(229) 268-4744

**ALCOHOLIC BEVERAGE PERMITTING CHECKLIST FOR ITEMS PROVIDED TO APPLICANT FOR
RENEWAL OF EXISTING LICENSE**

Check
Here:

REQUIREMENTS

- _____ Application Instructions (Renewal)
- _____ Permitting Checklist for Applicant (Renewal)
- _____ Alcoholic Beverage License Application
- _____ City of Vienna Business Registration Application
- _____ Application for Business License
- _____ Affidavit Verifying Status for City Public Benefit Application
- _____ Private Employer Affidavit
- _____ E-Verify and SAVE Notice



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ALCOHOLIC BEVERAGE RENEWAL PERMITTING CHECKLIST FOR ITEMS RETURNED FROM APPLICANT

Check
Here:

REQUIREMENTS

- _____ Alcoholic Beverage License Application
- _____ Copy of Requestor's Driver's License and Social Security Card
- _____ City of Vienna Business Registration Application
- _____ Application for Business License
- _____ Copy of State License Application
- _____ Copy of State License (after 30 days)
- _____ Copy of Sales Tax Certificate
- _____ Private Employer Affidavit
- _____ Affidavit Verifying Status for City Public Benefit

Property Taxes MUST be paid in FULL and No Outstanding bills with City



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ALCOHOLIC BEVERAGE RENEWAL PERMITTING APPLICATION INSTRUCTIONS

- Every Question must be fully and correctly answered, type written or legibly hand printed. Do not use initials. Copies of requestor's driver's license and social security card required.
- Upon approval, all additional fees must be tendered prior to issuance of the alcohol license.
- Any change in the ownership or any other status of the licensed operation which would change any answers on the original alcohol permit application must be reported to City Hall within thirty (30) calendar days from the time of such change. Failure to do so may result in the revocation of the license.
- The location must meet all requirements set in the City of Vienna Alcohol Ordinance and any ordinances dealing with building safety or zoning. Please note, the distance requirements are determined by measuring from the property line of any church, school or college campus to the property line of the business premises.
- Information requested concerning race and sex identification of applicants, corporations and stockholders are for investigative purposes only.
- Georgia Crime Information Center (GCIC) rules require that the consent form in the application packet be completed, signed and notarized prior to any information being accessed for release of criminal history investigations by the Sherriff Department in reference to your application for license to sell alcoholic beverages.
- After the City of Vienna issues the Alcohol License it is necessary for the license holder to get in contact with the State of Georgia on how to obtain State Alcohol License. This is required before you can purchase and sell alcoholic beverages in the State of Georgia. Please contact the Georgia Department of Revenue at 404-651-8651 or P. O. Box 740001, Atlanta, GA 30374-0001.
- A copy of the City of Vienna Alcohol Ordinance is a part of this application package. Please read it carefully and retain it for your information.
- All bartenders and any person who pours alcohol shall be at least 21 years of age.
- When completed, the application must be dated, signed, and necessary documentation attached to assure that your license is processed timely.



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ALCOHOLIC BEVERAGE RENEWAL PERMITTING APPLICATION INSTRUCTIONS

- The license shall be displayed prominently at all times on the premises for which same was issued.
- **PLEASE NOTE: IF YOUR ESTABLISHMENT IS AN AFTER-HOURS BUSINESS WITH IRREGULAR HOURS, THE VIENNA POLICE DEPARTMENT REQUESTS YOU TO NOTIFY THEM AT 229-268-7033 BY WEDNESDAY OF YOUR INTENTIONS TO OPEN DURING THE WEEKEND SO THE DEPARTMENT CAN PLAN ACCORDINGLY.**

Application for Alcoholic Beverage License Renewal should be returned to:

Location Address:	City of Vienna 203 West Cotton Street Vienna, Georgia 31092
Mailing Address:	City of Vienna Post Office Box 436 Vienna, Georgia 31092 Attn: City Administrator
Phone:	229-268-4744



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**ALCOHOLIC BEVERAGE LICENSE APPLICATION
FOR THE YEAR OF _____**

Name of Business: _____

Sales Tax ID#: _____ Telephone #: _____

Business Physical Address: _____

Mailing Address (if different): _____

S.A.V.E. #: _____ E-Verify #: _____

A. Beer Sales	\$500.00	\$ _____
B. Consumption on Premises	\$300.00	\$ _____
C. Wine Sales	\$300.00	\$ _____
D. Liquor Sales	\$3,000.00	\$ _____
E. Pouring License	\$2,000.00	\$ _____

TOTAL DUE FOR ALCOHOLIC BEVERAGE LICENSE: \$ _____

I hereby certify that the information reported is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please return this completed form along with a check made payable to:
City of Vienna
Post Office Box 436
Vienna, Georgia 31092

If not paid by March 1st, a 10% penalty will be assessed. Questions? Please call City Hall (229) 268-4744.

www.cityofvienna.org

An Equal Opportunity Provider and Employer/Drug Free Workplace



CITY OF VIENNA
BUSINESS REGISTRATION APPLICATION
P. O. Box 436, 203 W. Cotton Street, Vienna, GA 31092 (229) 268-4744

Date: _____

Business Name: _____

Type of Business: _____

Describe Business in Detail: _____

Business Address: _____

Business Mailing Address (if different from above): _____

Business Phone #: _____ # of Employees: _____

Federal Tax #: _____ Contractor State #: _____

Sales Tax #: _____ (COPY OF CERTIFICATE REQUIRED)

S.A.V.E #: _____

Owner Name: _____ Home Phone #: _____

Owner Address: _____

Cell Phone #: _____ E-mail Address: _____ E-Verify #: _____

Date of Birth: _____ SS #: _____ Georgia DL #: _____

(Card must be verified)

(Copy of license required)

Manager/Operator (if different than above)

Name: _____ Home Phone #: _____

Home Address: _____ Web Address: _____

Cell Phone #: _____ E-mail Address: _____ Web Address: _____

Date of Birth: _____ SS #: _____ Georgia DL #: _____

(Card must be verified)

(Copy of license required)

Do you own or rent the property where your business will be located? OWN RENT

(If you rent, please fill out the following information completely.)

Owner of Building: _____ Home Phone #: _____

Owner Address: _____ Business Phone #: _____

Other Phone #: _____

** I certify that the information is correct and true to the best of my knowledge and further understand that the above information will be checked by the City of Vienna. I authorize the City of Vienna to check my driving and criminal records file. I further certify that the business being registered herein is not considered adult amusement, adult entertainment, or a sexually oriented business as defined in Chapter 6.137 of the City of Vienna Code of Ordinances. I understand that any false statements may result in rejection of my application.

Signature: _____

Date: _____

For Administrative Use Only

Zoning of Business Address: _____ Is Zoning Compatible with Proposed Business: _____

Chief of Police Approved/ Denied Date

Planning Director Approved/ Denied Date

City Administrator Approved/ Denied Date

Fire Department Approved/ Denied Date



Post Office Box 436
Office: (229) 268-4744

203 W. Cotton Street

Vienna, Georgia 31092
Fax: (229) 268-6172

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR _____

This application must be completed and returned with full payment on or before March 1, 20____.
If no longer in business, please indicate and return this application.

Business Information

Emergency Contact Information

Name: _____
Address: _____
Address: _____
City, State, Zip: _____
Phone: _____
Location: _____
Business: _____
Responsible Person: _____

Tax ID #: _____
Ownership Type: _____
(Corporation/Individual/Partnership, etc.)

Calculation of License Fee:

License Fee:

Occupational (see rate schedule below)

\$ _____

Occupation Tax means a tax levied for revenue purposes on persons, Partnerships, corporations or other entities for engaging in an occupation, Profession or business in the City of Vienna.

Late Payment Penalty \$ _____

Total Payment \$ _____

(Multiply total number of employees, including yourself if you work, by the employee tax)

*Two part-time employees equals one full-time employee.

Signature Title Date

Calculation of license fee based on rate schedule OCC	Rate	Total Fee
Administrative Fee	\$65.00	\$ _____
First 3 employees/per employee	\$15.00	\$ _____
Next 3 employees/per employee	\$ 7.50	\$ _____
Next 3 employees/per employee	\$ 5.63	\$ _____
Next 3 employees/per employee	\$ 4.22	\$ _____
All remaining employees/per employee	\$ 3.16	\$ _____

PLEASE NOTE: If not paid by March 1st, there will be a 10% penalty assessed.



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PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

- (A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.
*****If you select Section 1 (A), please fill out Section 2 and then execute below.**
- (B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the forgoing is true and correct.

Executed on _____, _____, 20__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent Date

Printed Name and Title of Authorized Officer or Agent

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

Notary Public, State of Georgia

My Commission Expires



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NOTICE FOR YOUR INFORMATION

E-VERIFY # - is used to verify the employment eligibility of U. S. and non-U.S. citizens.

S.A.V.E. # - is used to verify the legal status of non-U.S. citizens to determine eligibility for public benefits.

This is REQUIRED

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