

# City of Tucker

4228 First Avenue  
Tucker, GA 30084  
Phone: 678-597-9040  
Fax: 470-719-8229  
Website: [www.tuckerga.gov](http://www.tuckerga.gov)



Account Number \_\_\_\_\_

<b>Business Mailing Address</b>	<b>Business Name and Address</b>

## 2019 ALCOHOL LICENSE RENEWAL APPLICATION

**Due November 30<sup>th</sup>**

### Type of License:

Consumption on Premise    Retail/Package    Wholesaler/Importer    Other \_\_\_\_\_

### Required Fee : (Annual)

Administration fee    \$ 50.00

### License Fee Schedule: (Check the type of Alcohol License and add total fee)

<input type="checkbox"/> Beer Only	\$ 600.00	<input type="checkbox"/> Wholesaler/Importer – Beer	\$ 600.00
<input type="checkbox"/> Wine Only	\$ 600.00	<input type="checkbox"/> Wholesaler/Importer – Wine	\$ 600.00
<input type="checkbox"/> Beer & Wine Combination	\$ 900.00	<input type="checkbox"/> Wholesaler/Importer – Liquor	\$4000.00
<input type="checkbox"/> Liquor	\$4000.00	<input type="checkbox"/> Sunday Sales – Malt Beverage /Beer	\$ 250.00
<input type="checkbox"/> Sunday Sales	\$1100.00	<input type="checkbox"/> Sunday Sales - Wine	\$ 250.00
<input type="checkbox"/> Additional Fixed Bar (s) # _____ x	\$ 600.00	<input type="checkbox"/> Additional Moveable Bar (s) # _____ x	\$ 300.00

**Subtotal Due:** \_\_\_\_\_

**Renewals Postmarked after November 30<sup>th</sup> will be charged a twenty percent (20%) penalty.**

**Penalty** (20% x Subtotal Due Amount) \_\_\_\_\_

**TOTAL AMOUNT DUE** (Subtotal + Penalty after November 30<sup>th</sup>) \_\_\_\_\_

Make all checks and money orders payable to: **City of Tucker**

**Email Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Federal Tax ID** \_\_\_\_\_ **Sales Tax ID** \_\_\_\_\_

**Are you a United States Citizen or legal permanent resident 18 years or older?**    Yes    No

If no, please complete the Affidavit verifying lawful presence form which can be found on our website at [www.tuckerga.gov](http://www.tuckerga.gov) and include a copy of your verifiable documentation. (ex. Permanent resident card, Visa, Foreign Passport)

**Has ownership changed?**         Yes     No

If yes, **\*\*NEW APPLICATION PROCESS MUST BE COMPLETED IN OUR OFFICE\*\***

Has mailing address changed? Yes No

If yes, write new address here: \_\_\_\_\_

**Type of Ownership:** Single Owner Partnership Association Corporation

If a corporation: Corporate Name: \_\_\_\_\_ State where Inc: \_\_\_\_\_ Date Inc: \_\_\_\_\_

**Name of Corporate Officers or Partners:**

Name	Address	Ownership%	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Owner/Licensee Information:**

Licensee Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Licensee Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Will you have entertainment? Yes No If yes, fully explain: \_\_\_\_\_

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

**Arrest Record:** Has the licensee, registered agent, partner or any other person having financial interest in this business been arrested, indicted or convicted for an offense by any City, County, State, Federal Officer or any Government Authority within the last ten (10) years? Yes NO If yes, please give full details on a separate sheet.

I, \_\_\_\_\_, (the applicant and licensee) do solemnly swear subject to criminal penalties that the statement and answers made by me to the foregoing questions in this renewal application are true and correct and no false or fraudulent information, statements or answers are made to procure granting of the City Privilege License.

\_\_\_\_\_  
**Applicant/Licensee Signature**

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

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

\_\_\_\_\_  
**Notary Public Signature & Seal**

\_\_\_\_\_  
**My Commission Expires**

**The signed and notarized renewal application and payment MUST be postmarked by November 30, 2018 to avoid a penalty of 20%. Incomplete renewals will be returned to you to be completed. NO renewals will be accepted after December 31, 2018. After December 31, 2018, you must complete a New Alcohol application.**

## Alcohol Excise Tax Acknowledgement

Pursuant to the Chapter 4 Alcoholic Beverage Ordinance, all licensed businesses in the City of Tucker that hold a valid City of Tucker Alcoholic Privilege License to serve **liquor for consumption on premises** must be responsible for submitting their monthly Alcohol Excise Tax returns. Below is an excerpt of Article 8 Excise Tax from the Chapter 4 Alcoholic Beverage Ordinance.

### ***Tax Imposed on Sale of Drinks Containing Distilled Spirits***

There is imposed upon the retail sale of drinks containing distilled spirits in the City a tax in the amount of three per cent (3%) of the purchase price of the drink to the consumer. A record of each sale shall be made in writing and maintained for inspection by any authorized agent of the City.

### ***Licensee to Collect and Remit***

Every consumption on the premises licensee shall collect the tax imposed by this article from purchasers of drinks containing distilled spirits. The licensee shall furnish such information as may be required by the City of Tucker to facilitate the collection of the tax.

### ***Payment and Returns by Licensee***

- (a) Each licensee shall pay over the amount of taxes collected and coming due under this Article in any calendar month to the City not later than the **twentieth day of the following calendar month**.
- (b) On or before the twentieth day of each month, a return for the preceding month shall be filed with the City of Tucker by each licensee liable for the payment of tax under this article. Returns shall be in such form as the City may specify and shall show the licensee's gross receipts from the sale of drinks containing distilled spirits and the amount of taxes collected or coming due thereon.

Any amounts collected in excess of three per cent (3%) of the taxable sales shall be reported and paid to the City.

- (c) Licensees shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting, and paying the amount due, if said amount is not delinquent at the time of payment. The rate of deduction shall be the same rate authorized for deductions from State sales and use tax under O.C.G.A. § 48-8-50.

Alcohol Excise forms can be found on our website at [www.tuckerga.gov](http://www.tuckerga.gov). Please sign and date below acknowledging that you understand your responsibility to report your monthly Alcohol Excise Taxes to the City of Tucker.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact for Excise Taxes Business**

Licenses 678.597.9040

Licenses@tuckerga.gov

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