



**Tax Commissioner's Office  
188 Third Street, Macon, GA 31201  
Mail to: Tax Commissioner's Office  
PO Box 4503  
Macon, GA 31208-4503**

### **\$400 Application Fee**

**A BUSINESS IS LICENSE IS REQUIRED BEFORE AN ALCOHOL  
LICENSE MAY BE ISSUED.**

#### **LICENSE DESIGNATIONS (Check All That Apply)**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> *Distilled Spirits Packaged to Go | <input type="checkbox"/> *Malt Packaged to Go      | <input type="checkbox"/> Wine Packaged to Go |
| <input type="checkbox"/> *Distilled Spirits C.O.P.         | <input type="checkbox"/> *Malt C.O.P.              | <input type="checkbox"/> Wine *C.O.P.        |
| <input type="checkbox"/> *Distilled Spirits Wholesaler     | <input type="checkbox"/> *Malt Wholesaler          | <input type="checkbox"/> Wine Wholesaler     |
| <input type="checkbox"/> *Distilled Spirits Manufactures   | <input type="checkbox"/> *Malt Manufacturers       | <input type="checkbox"/> Wine Manufacturers  |
| <input type="checkbox"/> Brewpub                           | <input type="checkbox"/> Out-of-Town Wholesaler    | <input type="checkbox"/> Brown Bag           |
| <input type="checkbox"/> Alcohol Beverage Caterer          | <input type="checkbox"/> Temporary Alcohol License |  |
| <b>*Distilled Spirits (Liquor)</b>                         | <b>*Malt (Beer)</b>                                | <b>*C.O.P. (Consumed on Premise)</b>         |

#### **Location/Business Information**

1. Planning and Zoning Compliance Form
2. Security Camera System Form signed by a sworn Code Enforcement Officer that the premises complies with the requirements of Section 4-40 of the code.
3. A legal description (Lease/Deed/Etc.) of the property upon which premises are located.
4. Original Affidavit from the Macon-Bibb County Engineer's Department
5. Affidavit of Intent to Sale Alcohol from the Macon Telegraph Newspaper
6. If NON-PROFIT entity...Proof of NON-PROFIT Status

## Change of Location

### BUSINESS

Original Business License #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Corporate/Trade Name: \_\_\_\_\_

Current Business Address: \_\_\_\_\_  
(P.O. Box Not Allowed) City State Zip

Old Business Address: \_\_\_\_\_  
(P.O. Box Not Allowed) City State Zip

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

Local Business Phone #: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone#: (\_\_\_\_) \_\_\_\_\_

### AGENT

Agent's Name: \_\_\_\_\_ Agent's Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

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

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### INDIVIDUAL/OWNER INFORMATION

Will the Agent named above also serve as the Applicant of this license? \_\_\_\_ Yes \_\_\_\_ No If no, complete the following:

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

## **ALCOHOL HANDLER'S LICENSES**

1. Macon-Bibb County now requires certain individuals responsible for the service or sale of alcoholic beverages at retail to obtain an "Alcohol Handler's License." This license ensures that individuals responsible for selling alcohol at retail, or overseeing the sale of alcohol at retail, are known to Macon-Bibb County, and are properly trained in the safe sales and service of alcoholic beverages.
2. In order to obtain **ANY** license that includes the sale of beer, wine, or liquor, whether for consumption on premises or packaged to go, including brewpub, malt beverage taproom, or cocktail room licenses, the following people must possess valid Alcohol Handler's licenses:

(A) Any person who holds a twenty-five percent or greater ownership interest, whether directly or through any number of legal entities, in the business to be licensed, except that this requirement does not apply to publicly traded companies; and

(B) The agent, if any, designated on the alcohol license

**NOTE:** Applicants may receive a license as long as all of the people listed above have alcohol handler's licenses. However, for businesses selling alcohol for consumption on premises, other than restaurants earning more than 50% of their revenue from food sales, all employees or independent contractors responsible for pouring, mixing, or opening alcoholic beverages; and every person responsible with supervising or managing those employees or independent contractors, **MUST each have their own alcohol handler's licenses** in order to work at the licensed business.

### **ADDITIONAL DOCUMENTS TO BE SUBMITTED**

Submit an unexpired identification card issued by any U.S. State or The United States government, bearing a current photograph of the applicant and a current color photo for alcohol handler's permit.

A certificate showing completion of an alcohol handler's training course, approved by Macon- Bibb County, within the last three years and a S.A.V.E. Affidavit. A separate fee may apply. See below for a list of approved courses.

ServSafe: (404) 467-9000; <https://www.servsafe.com/ServSafe-Alcohol>

Training Institute for Responsible Vendors Inc: (404) 531-9237

Cheers Hospitality Collective: (470) 377-0731; <https://cheers.trainercentralsite.com/course/maconbibb/>

Training for Intervention Procedures (TIPS), Nicole Blossé, (800) 438-8477, ext. 390 or Email [Blossen@gettips.com](mailto:Blossen@gettips.com), [www.gettips.com](http://www.gettips.com)



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## Alcohol Handler's Beverage License Application

### APPLICANT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

- A certificate showing completion of an Alcohol Handler's training course taken within the last three years.
- An unexpired identification card issued by any U.S. State or The United States government, bearing a current photograph of the applicant.
- Current Color photograph of applicant.
- \$25 cash, moneyorder/check or debit/credit (in office) Payable to Macon-Bibb County Tax Commissioner

### CERTIFICATION

I certify that the information disclosed in this application is true and correct, and I agree to abide by, observe, and conduct business according to the rules and regulations prescribed by Macon-Bibb County, the acts of the Georgia General Assembly, and the State Department of Revenue.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I hereby certify that \_\_\_\_\_ signed his/her name to forgoing statement after stating to me under oath administered by me, that all statements and answers are true and correct.

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

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

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

## SECURITY CAMERA COMPLIANCE VERIFICATION

### **Instructions:**

*This form must be completed for each new license application for locations selling alcohol **by the package to go or operating as a bar or nightclub.***

Pursuant to Sec. 4-1 of the Macon-Bibb County Code of Ordinances,

1. Bar shall mean any business that derives 75 percent or more total annual gross revenue from the sale of alcoholic beverages for consumption on the premises, in accordance with O.C.G.A. § 3-1-2;
2. Nightclub shall mean any business which:
  - Directly or indirectly charges patrons for admission;
  - Is licensed under this Chapter for the sale of alcoholic beverages for consumption on premises;
  - Provides entertainment using amplified sound, including, without limitation, the playing of pre-recorded music through amplified sound by a DJ or emcee or similar person; the playing of live analog, electronic, or digital musical instruments; the presentation of live human speech or dialogue through amplified sound; or any combination of the above;
  - Which does not provide a number of seats suitable for the viewing of such entertainment greater than or equal to the number of patrons present; and
  - Which does not earn at least fifty percent of its annual gross revenues from the sale of prepared meals or the letting of rooms for overnight stay.

*If you are selling alcohol by the package to go or operating a bar or nightclub you must:*

1. *install security cameras in your business that meet the requirements below;*
2. *call the Code Enforcement Department Office at 478-803-0470 to schedule an appointment to have an inspection of the security camera system;*
3. *show the inspector that the security camera system meets the requirements below; and*
4. *have the inspector sign this form approving the security camera system.*

***If you are not operating as a bar or nightclub or selling alcohol by the package to go, simply check the box on this form for “Exempt” and sign at the bottom.***

Pursuant to Sec. 4-40 of the Macon-Bibb County Code of Ordinances,

1. Any establishment selling alcoholic beverages by the package to go must install security cameras, which are, at a minimum, of sufficient quantity, quality, and positioning so as to capture the face and clothing of any person entering into the establishment through any public entrance; or making any purchase from the establishment.
2. Any establishment licensed to sell any alcoholic beverage for consumption on premises, which is operating as a bar or nightclub, is hereby required to install security cameras, which must, at a minimum, be of sufficient quantity, quality, and positioning so as to capture the face and clothing of persons entering into said establishment through any public entrance

thereof; standing outside of the establishment but within fifty feet of any entrance to said establishment; making any purchase from a fixed point of sale within said establishment; or standing within any dance floor or similar area designated within said establishment.

3. A digital security camera system shall be deemed to be “of sufficient quality” of and only if each camera required under this Section meets the following criteria:
  - It is capable of producing an image with a 1080p High Definition (1920 x 1080 pixels) resolution or greater at a minimum frame rate of 15 frames per second;
  - It is maintained in a state of being free of dust or debris that would interfere with the quality of the image being produced; and
  - It is capable of operating in the actual interior or exterior lighting conditions that are present during all operations and times of operation for the establishment, and of producing a clear image of the face and clothing of the persons described in this Section in all such lighting conditions.
4. Such cameras meeting the requirements of this Section must be capable of producing a retrievable image on film, tape, or other suitable digital format that can be made a permanent record and that can be enlarged through projection or other means. Cameras meeting the requirements of this Section shall be maintained in proper working order at all times and shall be subject to periodic inspection by the Sheriff.
5. Establishments required under this Section to install security cameras shall maintain all video images captured thereby for a period of at least thirty days from the date of image capture.
6. The failure to have or maintain security cameras in good working condition, with sufficient backup storage as to permit the retrieval of images as required by this Section shall be a violation of this Section and shall be punishable in accordance with the general provisions of Section 1-6 of this Code, as well as by any adverse action against the alcohol licensure of such business, up to and including the revocation or denial of all existing alcohol licenses held by such licensee.

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

I hereby certify that on this date, I have inspected the security camera and image retrieval system located at the above business and found it to be in compliance with the requirements of Sec. 4-40 of the Macon-Bibb County Code of Ordinances, as stated hereon.

\_\_\_\_\_  
Code Enforcement Department Designee

\_\_\_\_\_  
Date

☐ **Exempt:** Check this box if you are not licensed, not applying for package to go license, or not operating as a bar or nightclub.

\_\_\_\_\_  
Applicant/Agent Signature

\_\_\_\_\_  
Date



# Macon-Bibb County

## Certificate of Good Standing

**Instructions:** This Certificate is used to certify the tax compliance status of certain individuals or business entities with a connection to a person or business that is applying for or being considered for some privilege with the Macon-Bibb County Government. These privileges may include:

- Obtaining a building permit, plat approval, building inspection report, or certificate of occupancy
- Obtaining or renewing any alcohol or privilege license
- Being appointed to any board or position of trust requiring confirmation of the County Commission.
- Being awarded a contract through a formal competitive bid or proposal process
- Being awarded a non-competitive contract over \$50,000.00
- Registering to bid on any surplus real property sold by the Macon-Bibb County Government or the Macon-Bibb County Tax Commissioner
- Any other privilege granted by Macon-Bibb County which may require certifying tax compliance status

If **AN INDIVIDUAL OR SOLE PROPRIETORSHIP** is applying for a privilege requiring this form, then that individual must complete this Certificate using his or her name as both the applicant and the subject.

If **AN ENTITY** is applying for a privilege requiring this form, then an owner or manager must complete this Certificate using the entity's name as both the applicant and the subject; and **ONE ADDITIONAL CERTIFICATE** must be completed **FOR EACH** individual identified as an owner in the entity's Certificate.

**FOR BOTH INDIVIDUALS AND ENTITIES**, if the privilege requested is a building permit, plat approval, building inspection report, certificate of occupancy, alcohol license, or other privilege license, then **ONE ADDITIONAL CERTIFICATE** must be completed listing the landowner of the construction site or business location as the subject.

All required completed certificates must be submitted together. Giving false, incomplete, or inaccurate information on this Certificate may result in the denial of any privilege the applicant is applying for, as well as the revocation of any privilege previously granted by Macon-Bibb County, and may constitute the crimes of false writing or false swearing, which carry a penalty of up to five years in prison and up to a \$1,000 fine.

# Macon-Bibb County

## Certificate of Good Standing

1.Name and Title of the Business Owner: \_\_\_\_\_

2.Name of the subject of this Certificate, if different from the applicant: \_\_\_\_\_

3.Benefit or privilege for which the applicant is applying (mark one):

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Building Permit                        | <input type="checkbox"/> Plat Approval                              | <input type="checkbox"/> Building Inspection Report | <input type="checkbox"/> Certificate of Occupancy             |
| <input type="checkbox"/> Alcohol License (Any)                  | <input type="checkbox"/> Privilege License (Any other than alcohol) | <input type="checkbox"/> Political Appointment      | <input type="checkbox"/> Competitive Contract Bid or Proposal |
| <input type="checkbox"/> Non-Competitive Contract over \$50,000 | <input type="checkbox"/> Registering to Bid on Real Property        | <input type="checkbox"/> Other: _____               |   |

4.If the subject is an individual or sole proprietorship, then list all business entities in which the subject has a direct or indirect ownership interest of 25% or more, or legal control over. If the subject is an entity, then list all individuals who have a direct or indirect ownership interest of 25% of more in the subject entity, or who exercise legal control of the entity. Use additional sheets if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.I, the undersigned, do hereby swear or affirm that the information contained in this Certificate is true and complete to the best of my available knowledge. I further swear or affirm that, as of today, none of the individuals or entities listed in this Certificate are more than 90 days delinquent on the payment of any ad valorem property taxes due to the Macon-Bibb County Government. I understand that giving false, incomplete, or inaccurate information on this Certificate may result in the denial of any privilege the applicant is applying for, as well as the revocation of any privilege previously granted by Macon-Bibb County, and may constitute the crimes of false writing or false swearing, which carry a penalty of up to five years in prison and up to a \$1,000 fine.

\_\_\_\_\_  
Print and Sign Name

Sworn to and subscribed before me this

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

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

My Commission Expires:



# Macon-Bibb County

## Certificate of Good Standing

1.Name and Title of the Property Owner: \_\_\_\_\_

2.Name of the subject of this Certificate, if different from the applicant: \_\_\_\_\_

3.Benefit or privilege for which the applicant is applying (mark one):

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Building Permit                        | <input type="checkbox"/> Plat Approval                              | <input type="checkbox"/> Building Inspection Report | <input type="checkbox"/> Certificate of Occupancy             |
| <input type="checkbox"/> Alcohol License (Any)                  | <input type="checkbox"/> Privilege License (Any other than alcohol) | <input type="checkbox"/> Political Appointment      | <input type="checkbox"/> Competitive Contract Bid or Proposal |
| <input type="checkbox"/> Non-Competitive Contract over \$50,000 | <input type="checkbox"/> Registering to Bid on Real Property        | <input type="checkbox"/> Other: _____               |   |

4.If the subject is an individual or sole proprietorship, then list all business entities in which the subject has a direct or indirect ownership interest of 25% or more, or legal control over. If the subject is an entity, then list all individuals who have a direct or indirect ownership interest of 25% of more in the subject entity, or who exercise legal control of the entity. Use additional sheets if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.I, the undersigned, do hereby swear or affirm that the information contained in this Certificate is true and complete to the best of my available knowledge. I further swear or affirm that, as of today, none of the individuals or entities listed in this Certificate are more than 90 days delinquent on the payment of any ad valorem property taxes due to the Macon-Bibb County Government. I understand that giving false, incomplete, or inaccurate information on this Certificate may result in the denial of any privilege the applicant is applying for, as well as the revocation of any privilege previously granted by Macon-Bibb County, and may constitute the crimes of false writing or false swearing, which carry a penalty of up to five years in prison and up to a \$1,000 fine.

\_\_\_\_\_  
Print and Sign Name

Sworn to and subscribed before me this

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

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

My Commission Expires:

# Macon-Bibb County

## Certificate of Good Standing

1.Name and Title of the applicant:\_\_\_\_\_

2.Name of the subject of this Certificate, if different from the applicant:

3.Benefit or privilege for which the applicant is applying (mark one):

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Building Permit                        | <input type="checkbox"/> Plat Approval                              | <input type="checkbox"/> Building Inspection Report | <input type="checkbox"/> Certificate of Occupancy             |
| <input type="checkbox"/> Alcohol License (Any)                  | <input type="checkbox"/> Privilege License (Any other than alcohol) | <input type="checkbox"/> Political Appointment      | <input type="checkbox"/> Competitive Contract Bid or Proposal |
| <input type="checkbox"/> Non-Competitive Contract over \$50,000 | <input type="checkbox"/> Registering to Bid on Real Property        | <input type="checkbox"/> Other: _____               |   |

4.If the subject is an individual or sole proprietorship, then list all business entities in which the subject has a direct or indirect ownership interest of 25% or more, or legal control over. If the subject is an entity, then list all individuals who have a direct or indirect ownership interest of 25% of more in the subject entity, or who exercise legal control of the entity. Use additional sheets if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.I, the undersigned, do hereby swear or affirm that the information contained in this Certificate is true and complete to the best of my available knowledge. I further swear or affirm that, as of today, none of the individuals or entities listed in this Certificate are more than 90 days delinquent on the payment of any ad valorem property taxes due to the Macon-Bibb County Government. I understand that giving false, incomplete, or inaccurate information on this Certificate may result in the denial of any privilege the applicant is applying for, as well as the revocation of any privilege previously granted by Macon-Bibb County, and may constitute the crimes of false writing or false swearing, which carry a penalty of up to five years in prison and up to a \$1,000 fine.

\_\_\_\_\_  
Print and Sign Name

Sworn to and subscribed before me this

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

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

My Commission Expires: