

AMENDMENT TO CURRENT ALCOHOLIC BEVERAGES LICENSE

ATHENS-CLARKE COUNTY, GEORGIA

INSTRUCTIONS: Every question must be fully and correctly answered, typewritten or legibly written. When completed, date, sign and file with Athens-Clarke County Finance Department.

1. APPLICANT'S NAME: _____
2. BUSINESS NAME OR "DOING BUSINESS AS" NAME: _____
3. BUSINESS LOCATION ADDRESS: _____ STE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
4. BUSINESS MAIL ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
5. LOCAL PHONE NUMBER: (____) _____ HOME OFFICE PHONE NUMBER: (____) _____
6. NAME OF MANAGER: _____
(Person responsible for management of the operations, including sale of alcoholic beverages)
7. HOME PHONE NUMBER FOR MANAGER: (____) _____
8. HOME ADDRESS OF MANAGER: _____
CITY: _____ STATE: _____ ZIP CODE: _____

AMENDMENT TO CURRENT YEAR LICENSE

CLASSIFICATION	(MARK ALL THAT APPLY)	LICENSE FEE	FEE
Class A Retail Liquor Package Store		5,000.00	_____
Class B Retail Package Beer		1,030.00	_____
Class C Retail Package Wine		1,030.00	_____
Class D Retail Liquor by the Drink		1,540.00	_____
Class E Retail Beer by the Drink		460.00	_____
Class F Retail Wine by the Drink		460.00	_____
Class G Wholesale Liquor		5,000.00	_____
Class H Wholesale Beer		1,170.00	_____
Class I Wholesale Wine		1,170.00	_____
Class J Alcoholic Beverage Caterer (must also have Class D, E, or F License)		620.00	_____
Class K Brewer –Manufacturer of Malt Beverages Only		2,670.00	_____
Class L Brew Pub Operator		620.00	_____
Class M Broker		620.00	_____

Class N Importer	620.00	_____
Class O Hotel In-room Service Liquor, Beer, and Wine	620.00	_____
Class Q Manufacturer of Distilled Spirits Only	5,000.00	_____
----- Sunday Sales (must also have Class D, E, or F License)	0.00	_____
----- Wine Tasting Permit (must have Class C License)	260.00	_____
---- After-Hours Service Permit (restaurant with Class D, E, or F License)	60.00	_____
(Code Sections 6-3-5 (j)) Attach a copy of current state Food Service Permit		

AMENDMENT TOTAL FEES \$ _____

Athens-Clarke County Alcoholic Beverage License Ordinance Section 6-3-5 (j) (3) requires all establishments that qualify as a bona fide full service restaurant and intend to operate after the hours for clearing patrons from the premises as set forth in Section 6-3-5(j) (1) must obtain an After Hours Service Permit from the Finance Department.

Do you request an After Hours Service Permit? Answer: Yes _____ No _____

By requesting an After Hours Service Permit, the applicant certifies that their establishment is a place of business:

- a. Which is licensed to sell alcoholic beverages, distilled spirits, malt beverages, or wines for consumption on the premises (Class D, E or F License, Retail beer, wine, or liquor by the drink);
- b. Where meals with substantial entrees selected by the patron from a full menu are served;
- c. Which has adequate facilities and sufficient employees for cooking or preparing and serving such meals for consumption at tables in dining rooms on the premises;
- d. Which derives at least 50 percent of its gross income from the sale of such meals prepared, served and consumed on the premises and has derived at least 50 percent of its gross income from the sale of such meals prepared, served and consumed on the premises for at least twelve months prior to application for permit (the calculation of gross income from food sales shall not include any sums paid by patrons for admission to the facility);
- e. Which does not provide live music or other types of entertainment or permit dancing by the patrons.

All of the above listed requirements for a bona fide full service restaurant must be sworn to by affidavit executed by the owner, operating partner, if a partnership, or president of the corporation

I certify that this license type change is the only thing different from the original Athens-Clarke County Alcoholic Beverage License Application filed and accepted by Athens-Clarke County for the current calendar year. I also certify that this establishment meets all the afterhours service permit requirements.

Printed Name of Applicant

Signature of Applicant

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20____

NOTARY PUBLIC

SEAL