

Walton County Alcohol License Renewal

All Licenses must be renewed on line. Follow all steps below for your renewal:

STEP 1 - TO FILE A STATE ALCOHOL LICENSE RENEWAL

1. Navigate to the GTC website at (<https://gtc.dor.ga.gov>) and log in to your GTC Account.
2. Locate your alcohol license account on the home page. Click on “See more...”
3. Locate the renewal section in your alcohol license account.
4. Click on the “File State Renewal” hyperlink next to the appropriate renewal period.
5. Confirm the information is correct on the “Business Information” tab and select “Next”.
6. Answer the question “Have you been arrested in the previous 12 months?” If yes, Please include a description of your arrest. Select “Next”.
7. Please add any documents to support the changes to your alcohol license or arrest history. Select “Add Attachments” to upload your documents. Select “Next” to Continue to the next step.
8. Verify all information on the summary tab is correct and click the “Submit” button.
9. Print the confirmation page for your records and then proceed to the “Make a Payment” page.
10. If you are making a payment using your ACH Debit information, enter the information and select “Submit”. After you submit the renewal request, print the confirmation page for your records. Alternatively, if you are using a credit card, select the “Pay by Credit Card” button and follow the steps to use our third-party credit card processor to make a credit card payment.
11. If you are using a credit card to make a payment, click on the hyperlink to access the credit card payment page.
12. Once your renewal is submitted, your renewal request will be processed in approximately 2-5 business days and your state alcohol license will be available to print from your GTC account.

STEP 2 -TO FILE A WALTON COUNTY ALCOHOL LICENSE RENEWAL

1. Navigate to the GTC website at <https://gtc.dorg.ga.gov> and log into your GTC account.
2. Locate your alcohol license account on the home page. Click on “See more...”
3. Locate the renewal section in your alcohol license account.
4. Click on the “File Local Renewal” hyperlink to start your local alcohol license renewal.
5. Verify the local jurisdiction that is pre-populated on the jurisdiction screen is the jurisdiction that issued your license. If not, select the correct jurisdiction.
6. Please answer the questions requested by your local jurisdiction. If your local jurisdiction does not have any additional questions and does not require this step, select “Next” to continue to the next screen.
7. The Renewal Fees page provides your local jurisdiction’s payment option and license renewal fees. Payment information is located at the top of the page. The options are payment in person, payment online. If payment information is not available, please contact your local jurisdiction for detailed payment and instructions.
8. The Jurisdiction Attachments page allow the applicant to upload documentation required by the local jurisdiction. **YOU MUST ATTACH THE WALTON COUNTY ALCOHOL RENEWAL APPLICATION.** To add an attachment, click on the “Add Attachment” hyperlink, select “Choose File” to upload all applicable documents and include a description of the documents in the “Description” field. Once you have uploaded all applicable documents, click the “Submit” button.
9. Once you have submitted the renewal application, you will receive a confirmation page to print for your records. Once your local jurisdiction has approved your application, you will receive an approval confirmation at the email address registered to your GTC account.

Please type or print legibly. Answer each question completely. The statements and answers contained within this application are furnished to Walton County under oath and subject to the penalties of false swearing.

Full Business Name:		
Occupational Tax #:	Licensee Name:	
Street Address:		
Email:	Phone #:	Cell #:

TYPE OF LICENSE RENEWAL (check one):

Type of Business: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Eating Establishment | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Brew Pub |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Other (Explain): _____ |
| <input type="checkbox"/> Super Market | |

TYPE OF LICENSE AND FEES : (check all that apply):

A. Retail Package (Consumption off Premises)

- | | |
|--|--|
| <input type="checkbox"/> Beer (Only) \$500 | <input type="checkbox"/> Wholesale Beer (Only) \$100 |
| <input type="checkbox"/> Wine (Only) \$500 | <input type="checkbox"/> Wholesale Wine (Only) \$100 |
| <input type="checkbox"/> Beer & Wine \$1,000 | <input type="checkbox"/> Wholesale Beer & Wine \$150 |

B. Retail (Consumption on premises)

- Beer (Only): \$500
- Wine (Only): \$500
- Beer & Wine: \$1,000
- _____

C. Non Profit

- Temporary License \$25 per day-Number of days
(Maximum 10 days per calendar Year)

Total License Fee Due \$ _____

Type of Ownership

Make additional copies of this form as needed to accommodate all owners/managers/stockholders (with more than 10% interest)

Owner Name (1):		Driver's License #:	
Street Address:			
City:	State:		Zip Code
Cell Phone:		Email Address:	

Owner Name (2):		Driver's License #:	
Street Address:			
City:	State:		Zip Code
Cell Phone:		Email Address:	

Manager Information: Please complete for each manager of the business. Personal history and fingerprints required.

Manager Name (1):		Driver's License #:	
Street Address:			
City:	State:		Zip Code
Cell Phone:		Email Address:	

Manager Name (2):		Driver License #:	
Street Address:			
City:	State:		Zip Code
Cell Phone:		Email Address:	

Manager Name (3):		Driver's License #:	
Street Address:			
City:	State:		Zip Code
Cell Phone:		Email Address:	

FOR PARTNERSHIP ONLY (If applicable):

Date Formed:	Partnership	
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FOR CORPORATIONS ONLY (If applicable):

Name of Corporation:		FIN#	
Street Address:		City:	State: Zip:
Email:	Phone #:	Fax #:	
Mailing Address: (if different)		City:	State: Zip:
Date of Incorporation:		Place of Incorporation:	

Have you ever been arrested or held by federal, state or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances? No Yes (do not include minor traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest):

Have you had any license under the regulatory powers of Walton County denied, suspended or revoked within the last two (2) years prior to the filing of this application? No Yes (explain):

REGISTERED AGENT

All licensed establishments must have and continuously maintain a "Registered Agent." This is an individual who upon any process, notice or demand required or permitted by law or under the Walton County Alcohol Beverage Ordinance can be served upon for the licensee or owner. This person must be a Walton County, Georgia resident and agree to act in this capacity for the business.

Name:									
Home Address:				City:		State:		Zip:	
Phone Number:				Email:					
Gender:		Race:		Date of Birth:					

I hereby certify that I am a resident of Walton County in the State of Georgia, and agree to serve as "registered agent"

*on behalf of _____ (Business name), a business
located at _____, _____, Georgia.*

As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Ordinance of the Walton County, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

Signature of Registered Agent

Date

Sworn To and Subscribed Before Me

This _____ day of _____ 20 _____

This _____

Signature of Notary/Seal

Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for one of the following public benefits provided by Walton County, Georgia, as referenced in O.C.G.A. Section 50-36-1 (please check one),

- (1) _____ Business Occupation Tax Certificate
- (2) _____ Alcohol Beverage License (Beer and Wine Permit)
- (3) _____ Employee benefit
- (4) _____ Contract or Grant
- (5) _____ Other Public Benefit (please specify) _____

I am stating the following with respect to my application for a public benefit_____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

- (1) _____ I am a United States citizen **OR**
- (2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present within the United States. [Applicant MUST provide alien registration number issued by the Department of Homeland Security.]*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name:

Alien Registration Number for Non-Citizens:

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

Notary Public
My Commission Expires:

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number:

Application Affidavit

STATE OF GEORGIA, _____ COUNTY

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 APPLICATION AND ANY ATTACHMENTS SUBMITTED HEREWITH, ARE TRUE AND CORRECT.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

I hereby certify that _____ signed his/her name to the foregoing application and has sworn that said all statements and answers are true and correct.

THIS DAY _____ OF _____, 20_____.

Notary Public Signature

My Commission Expires

On premises consumption shall be limited between the hours of 9:00 a.m. to 12:00 midnight Monday through Saturday. Retail package licensees shall be limited to selling alcoholic beverages between the hours of 7:00 a.m. to 12:00 midnight Monday through Saturday and between the hours of 12:30 p.m. and 11:30 p.m. on Sunday.