

One Day Sunday Sales Permit Application

Business Information	Business Name:		License #:
	Address/Location:		Telephone Number:
	Bill To/Mailing Address:		
Contact Information	City:	State:	Zip:
	Ownership Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Owner <input type="checkbox"/> LLC		
	Applicant's Name:		Owner/Agent's Name (if different):
	Owner/Agent's Address:		
	City:	State/Zip:	Email:

Day of Event: _____ Event Hours: _____

The One Day Sunday Sales Permit fee is composed of a \$100.00. Administration Fee and a \$100.00 Permit Fee. The **One Day Sunday Sales Permit Fee is \$200.00**. Please make payment made payable to City of Brookhaven.

A consumption licensee may sell, serve, or otherwise dispense alcoholic beverages on an approved Sunday by the City of Brookhaven without holding an annual Sunday Sales Alcohol Privilege License if approved by the city manager or designee to do so. To be considered for approval the licensed premises must meet the following requirements:

- A. The business must be a restaurant with a current 6 day sales Alcohol Privilege License with the City of Brookhaven;
- B. The business must have a current alcohol pouring permit;
- C. Has the same address of the licensed premises;
- D. Is owned, leased or managed and exclusively controlled by the retail consumption dealer;
- E. Is not public domain nor is the area only nominally under the exclusive control of the retail consumption dealer;
- F. Is served from the same bar or serving location that permanently services the licensed premises;
- G. The only additional exit(s) from the patio/open area, not included in subsection (E), are to be through an approved fire exit, not for general public use unless an emergency exists. The fire exit shall sound an alarm when used;
- H. Nothing Contained in this section shall prohibit a hotel or motel with a consumption on the premises license from making sales and allowing consumption of alcoholic beverages in ballrooms, meeting rooms, reception rooms, or patio areas.

I certify that this application complies with all requirements listed above. I am aware that failure to comply with said requirements would result in revocation of the One Day Sunday Sales Permit and/or legal action by the City of Brookhaven.

Signed _____ Date: _____

O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit Verifying Status for City Public Benefit

****This form is required for ALL LICENSES/PERMITS by State Law****

By executing this affidavit under oath, as an applicant for an alcohol license, as referenced in O.C.G.A. § 50-36-1, from the City of Brookhaven, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
(Must include copy of either current State Driver’s License, Passport, or Military ID)
- 2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver’s License and either a copy of your Permanent Resident Card or Employment Authorization Card)
- 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.**
(Must include a copy of your current State Driver’s License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____ 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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____(state).

Signature of Applicant

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20_____.

My Commission Expires: _____

NOTARY PUBLIC/SEAL