New Sunday Sales Permit Application

APPLICATION INSTRUCTIONS

THIS APPLICATION IS ONLY FOR RESTAURANTS AND HOTELS THAT DESIRE TO SELL
DISTILLED SPIRITS BY THE DRINK ON SUNDAYS, OR TO SELL ANY ALCOHOLIC BEVERAGES
BY THE DRINK BEGINNING AT 11:00 A.M. INSTEAD OF 12:30 P.M.

1. This application may be submitted along with an application for a license to sell malt beverages and
wine, or distilled spirits, or all three, for consumption on premises

2. The Full-year permit fee is $300.00. Fees are prorated based on the month the application is
submitted. There is no separate application fee for a Sunday Sales Permit.

3. Sunday Sales Permits will **only** be issued to a bona fide restaurant which derives at least 50% of its
gross annual sales from the sale of meals prepared, served, and consumed at the licensed premises,
or to a bona fide hotel or motel which derives at least 50% of its total annual gross income from the
rental of rooms for overnight lodging.

4. A business that has been licensed to sell alcoholic beverages for less than six months may only obtain
a Sunday Sales Permit if the business owner can demonstrate that it has operated a substantially
similar business, at another location, for at least twelve months, and that the other location meets the
income requirements for a Sunday Sales Permit.

5. Sunday Sales Permit holders may sell licensed beverages for consumption on premises between the
hours of 11:00 A.M. and 12:00 Midnight on Sundays. Businesses without a Sunday Sales Permit
may not sell distilled spirits by the drink on Sundays after 2:00 A.M. or sell malt beverages or wine
by the drink between the hours of 2:00 A.M. and 12:30 P.M.

The Privileges Granted By This Permit Are Automatically Included In A Brewpub, Malt Beverage
Taproom, Or Cocktail Room License. Not Applicable For Package-To-Go Sales, Which Have
Separate Sunday Sales Hours Under State Law.
**Additional Documents to Be Submitted**

- A copy of the applicant’s **Food Service Permit** (for restaurants) or **Tourist Accommodation Permit** (for rental of rooms) from the Macon-Bibb County Health Department, located at 171 Emery Highway, Macon, GA 31217. (478) 749-0106 (Additional fee may be required).

- A **Zoning Compliance** form from the Macon-Bibb County Planning and Zoning Commission, located at 200 Cherry Street, Suite 301, Macon, GA 31201. (478) 751-7460 (Additional fee may be required). **Copies of the same Zoning Compliance form may be used to apply for both an alcohol license and a Sunday sales permit if submitted at the same time.**

- A certification by a **Certified Public Accountant**, stating:

  1. That the Certified Public Accountant has conducted an actual review of the applicant’s total gross sales for the licensed location, or substantially similar additional location, during the 12-month period ending on the last day on the month immediately preceding the filing date of this application;

  OR

  2. If the applicant has been in business for more than 6 months, but less than 12 months, that the Certified Public Accountant has conducted an actual review of the applicant’s total gross sales for the licensed location, for the time the applicant has been in business;

**NOTE: THE CPA CERTIFICATION MUST INCLUDE ALL OPERATING DAYS IN TIME PERIOD, NOT JUST SUNDAYS.**

**NO SUNDAY SALES PERMIT WILL BE ISSUED UNTIL A CERTIFIED PUBLIC ACCOUNTANT PROVIDES A CERTIFICATION AS STATED ABOVE.**
Application for New Sunday Sales Permit

License Fee is Prorated by the Month that Completed Application is Submitted:

<table>
<thead>
<tr>
<th>Month</th>
<th>Fee</th>
</tr>
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<tbody>
<tr>
<td>January</td>
<td>$275</td>
</tr>
<tr>
<td>February</td>
<td>$250</td>
</tr>
<tr>
<td>March</td>
<td>$225</td>
</tr>
<tr>
<td>April</td>
<td>$200</td>
</tr>
<tr>
<td>May</td>
<td>$175</td>
</tr>
<tr>
<td>June</td>
<td>$150</td>
</tr>
<tr>
<td>July</td>
<td>$125</td>
</tr>
<tr>
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<tr>
<td>September</td>
<td>$75</td>
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<tr>
<td>October</td>
<td>$50</td>
</tr>
<tr>
<td>November</td>
<td>$25</td>
</tr>
<tr>
<td>December</td>
<td>No Charge</td>
</tr>
</tbody>
</table>

$_______________ Prorated Sunday Sales Permit Fee

Business Information

Corporation Name: ____________________________________________________________

Business Trade Name: ________________________________________________________

Business Address: __________________________________ City: ______________ State: ______ Zip: ______

Business Phone Number: ___________________________ Alcohol License Number: ____________________

Agent Information

Agent's Name: ___________________________ Agent's Title: __________________________

Home Address: ___________________________ City: ____________ State: _______ Zip: ______

Home Phone: _____________________________ Email Address: __________________________

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.

________________________________________________ ____________________
Agent’s Signature Date

I hereby certify that __________________________ signed his/her name to the 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
CPA CERTIFICATION

Applicant’s Business Name: ___________________________________________________________

Applicant’s Business Address: _________________________________________________________

Street    City  State  ZIP

FOR BUSINESSES OPEN UNDER 6 MONTHS ONLY:

Name of Similar Business Run By Applicant:_____________________________________________

Address of Similar Business: _________________________________________________________

Street    City  State  ZIP

Phone Number of Similar Business:_____________________________________________________

Certification

I hereby certify (check one):

For Locations That Have Operated for 6 Months Or More:

☐ That I have conducted an actual review of the above-named Applicant’s total gross sales for the full twelve-month period ending on the last day of the month preceding the date of this certification, or for each complete month the above-named Applicant has been in business if at least six, but fewer than twelve months, and have found that more than fifty percent of said gross sales have come from the sale of prepared meals or the renting of rooms for overnight stay.

For New Locations:

☐ That the above-named Applicant’s business has operated for fewer than six months, and that the Applicant named herein operates a similar business, as identified above, for at least twelve months. I have conducted an actual review of the total gross sales for this similar business, for the full twelve-month period ending on the last day of the month preceding the date of this certification, and have found that more than fifty percent of said gross sales have come from the sale of prepared meals or the renting of rooms for overnight stay.

________________________________________________         _______________________ 
CPA Name       GA CPA License Number

________________________________________________         _______________________ 
CPA Signature       Certification Date

SUBSCRIBED AND SWORN BEFORE ME ON 

THIS _____DAY OF ________________________, 20_____

__________________________________________   ___________________________________
NOTARY PUBLIC     MY COMMISSION EXPIRES
MACON-BIBB COUNTY, GEORGIA
(S.A.V.E.) SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS
O.C.G.A. § 50-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an Agent for a Macon-Bibb County, Georgia, Occupation Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1; the undersigned Agent verifies one of the following with respect to my application for a public benefit:

1) ☐ I am a United States citizen.
   OR

2) ☐ I am a legal permanent resident of the United States.
   OR

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.

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

The undersigned Agent 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.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Name of Business: _______________________________________________

Printed Name of Agent: __________________________________________

Signature of Agent: ____________________________________________

Executed in ______________________________, ___________________

(City)          (State)

SUBSCRIBED AND SWORN BEFORE ME ON

THIS ________ DAY OF __________________, 20____

________________________________________________   ______________________________

NOTARY PUBLIC      MY COMMISSION EXPIRES

We have in-house Notary service available for Business License documents only. Affidavits must be signed in the presence of the Notary with proper identification.