

## Alcohol License Checklist – RENEWAL

### **ALCOHOL LICENSE FOR RENEWAL ONLY:**

- ☐ Complete Alcohol License Application with signatures/notary
- ☐ Complete Fuel Dispensing Stations Application – if applicable
- ☐ Privacy Awareness Statement
- ☐ Copy of Photo ID with Floyd County Address
- ☐ Fees

Once the above is complete, Clerk will send application for approval/signatures from all parties:

- Floyd County Police Chief
- Floyd County Tax Commissioner
- Rome-Floyd Building Inspection
- Rome-Floyd Fire Marshal
- Health Department

Once all signatures obtained, Clerk will notify you at the number provided when license is ready for pick-up.

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Please indicate below the address the license(s) should be mailed to:

**Attention:** \_\_\_\_\_

**Name of Establishment:** \_\_\_\_\_

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

**OR**

If you would prefer to pick-up at the Clerk's office, please list a name and phone number to be called when license is complete.

**Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

## **Privacy Act Statement**

*This privacy act statement is located on the back of the FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

**Routine Uses.** Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**FLOYD COUNTY BOARD OF COMMISSIONERS**  
**APPLICANT'S PRIVACY RIGHTS**

The applicant hereby acknowledges to have received a copy of their privacy rights from Floyd County.

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Applicant's Name (print)

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Date

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Applicant's Signature



# FLOYD COUNTY, GEORGIA

DAVE ROBERSON, SHERIFF  
BOB COUEY, CHIEF DEPUTY



## FINGERPRINT APPLICATION

I, \_\_\_\_\_, hereby authorize the Floyd County Sheriff's Office to obtain and submit my fingerprints for a criminal background check. I further do hereby release the Floyd County Sheriff's Office and all personnel from any damages because of, or resulting from, furnishing such information.

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PLEASE FILL OUT THIS FORM THOROUGHLY AND COMPLETE; MAKING SURE YOUR HANDWRITING IS LEGIBLE.

Date: \_\_\_\_\_

Reason for being fingerprinted: \_\_\_\_\_

ORI (If Known): \_\_\_\_\_

Phone Number : \_\_\_\_\_

Alt. Phone Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Address:

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Signature of Applicant

*Please be advised that though we may ask you to provide your Social Security Number, you are not required to do so. The use of your Social Security Number will only be used for the purpose of confirming your identity with other State and Federal government agencies for data collection.*

Year \_\_\_\_\_

Business Name \_\_\_\_\_

License Number \_\_\_\_\_

Business Address \_\_\_\_\_



## Floyd County Alcohol License Application

☐ New

☐ Manager Change

☐ Renewal

☐ Ownership Change

**NOTE:** Please answer all questions. Failure to answer any question in this application or falsely answering any question in this application will result in the rejection of the application.

Date: \_\_\_\_\_

### Type of License:

☐ Retail sale (Consumption OFF-Premises):

☐ Beer Only ☐ Wine Only ☐ Beer & Wine

☐ Consumption ON-Premises (Restaurant, etc.):

☐ Beer Only ☐ Wine Only ☐ Beer & Wine

☐ Sunday Sales (Only if Consumption ON-Premises)

☐ Wholesale Delivery

**Type of Business:** ☐ Convenience Store ☐ Recreational Club/Bar ☐ Restaurant ☐ Supermarket

☐ Wholesale ☐ Other \_\_\_\_\_

### Contact: (Who to contact for any questions)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method: ☐ Phone ☐ Email

### 1. OWNER:

Full Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's License: \_\_\_\_\_

### 2. MANAGER (ON SITE MANAGER/NAMED ON LICENSE):

**(Must be a Resident of Floyd County)**

☐ Same as Owner

Full Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Business Name \_\_\_\_\_

**3. BUSINESS INFORMATION:**

**Business Type:**      ☐ Corporation      ☐ LLC      ☐ Partnership

Date Organized or Incorporated: \_\_\_\_\_

Registered Business Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

Name of Proprietor or Corporation: \_\_\_\_\_

Address of Registered Corporation: \_\_\_\_\_

List all pertinent information for each person, firm, or corporation having any interest in this application and the type and percent of that interest. **(Provide a copy of the articles of incorporation, LLC, and/or partnership.)**

<u>Name</u>	<u>Address</u>	<u>Birth Date</u>	<u>Interest</u>

**4. List the full name and address of every owner of the property and every owner of the building where the business is to be conducted.**

Name of Property/Building Owner	Address	Relation to applicant or owner

**5. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.**

Name	Lessor or Sub-Lessor	Address	Relation to applicant or owner

6. Have either the owner or manager ever been charged, arrested, or held by Federal, State, or other Law Enforcement authorities for any violation of federal, state, county, or municipal law, regulations, or ordinances? **(All charges including traffic must be included even if dismissed. Give reason charged or held, date, place where charged, and disposition)**

Owner: ☐ Yes ☐ No Explain \_\_\_\_\_

Manager: ☐ Yes ☐ No Explain \_\_\_\_\_

7. Has the Owner, any member of the partnership, or any officer, stockholder, or member of the corporation or LLC applied at any previous time for any alcoholic beverage license in the County or any of the cities or towns therein?

☐ Yes ☐ No If yes, explain: \_\_\_\_\_

8. Has the Manager applied at any previous time for any alcoholic beverage license in the County or any of the cities or towns therein?

☐ Yes ☐ No If yes, explain: \_\_\_\_\_

9. Has a license previously issued to Owner or Manager ever been revoked by any state, city, county, or federal government?

Owner: ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Manager: ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

10. Have you read and do you understand the County Alcoholic Beverage Ordinance? (copy attached with application)

Owner: ☐ Yes ☐ No

Manager: ☐ Yes ☐ No

11. Applicant certifies that he/she is not a surrogate for someone else. ☐ Yes ☐ No

12. Attached to this Application is a plat prepared by a Georgia Registered Land Surveyor certifying that: the building in which alcohol will be sold is more than 300 feet from any church, library, school, college, public park, public housing, public hospital, government owned treatment center, or 250 feet from private residence in a residential zoning district as defined by the **County Alcohol License Ordinance**.

☐ Yes ☐ No ☐ N/A



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

## **OWNER / MANAGER CONSENT FORM**

I hereby authorize the Floyd County Sheriff's Department to receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency in Georgia, and I authorize the Floyd County Sheriff's Department to release any and all information or any criminal history record information pertaining to me which may be in the files of the Rome City/Floyd County Police Department. I also authorize release of any and/or all information which may concern my past and present status.

The release of any and all information is authorized whether same is of record or not, and I do hereby release all persons, firms, agencies, companies, groups, or installations, whomsoever, from any damages because of, or resulting from furnishing such information.

Information received as a result of this records check is subject to review by the Floyd County Board of Commissioners or any other licensing or hiring committee of Floyd County. This review is subject to take place in a closed or open meeting with members of the press or citizens in attendance.

\_\_\_\_\_  
Print Full Name of Owner

\_\_\_\_\_  
Print Full Name of Manager

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Manager Signature

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

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

\_\_\_\_\_  
My Commission Expires  
(Affix Seal)

\_\_\_\_\_  
My Commission Expires  
(Affix Seal)

**NOTE:** Before signing this statement, check all answers and explanation to see that you have answered all questions fully and correctly. This is to be executed under oath and subject to penalties of false swearing, and it includes all attached sheets submitted herewith.

### **OWNER VERIFICATION**

I \_\_\_\_\_ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the Owner in the foregoing personal statement are true.

\_\_\_\_\_  
Owner Signature/Title If Applicable

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

\_\_\_\_\_  
My Commission Expires (Affix Seal)

### **MANAGER VERIFICATION**

I \_\_\_\_\_ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the Owner in the foregoing personal statement are true.

\_\_\_\_\_  
Manager Signature

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

\_\_\_\_\_  
My Commission Expires (Affix Seal)

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for an Alcoholic Beverage License, Precious Metals Permit, Self-Service Fuel Dispensing Permit, or Contract, as referenced in O.C.G.A. § 50-36-1, from Floyd County, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- ☐ I am a United States citizen.
- ☐ I am a legal permanent resident of the United States.
- ☐ 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 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)

Name and Address of Business / Contractor

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
(Please Print)

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ 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 below:

**Private Employer Affidavit of Compliance Pursuant to O.C.G.A §36-60-6(d)**

Complete **EITHER** top or bottom portion pertaining to establishment

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A §36-60-6, stating affirmatively that the individual, firm or corporation employs **ten (10) or fewer employees** and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6.

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name of Exempt Private Employer

\_\_\_\_\_  
Printed Name & Title of Person Executing Affidavit

\_\_\_\_\_  
Signature of Exempt Private Employer or  
Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME**  
**ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC**  
**My Commission Expires: \_\_\_\_\_**

----- **OR** -----

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A §36-60-6, stating affirmatively that the individual, firm or corporation employs **more than ten (10) employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Private Employer

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name of Exempt Private Employer

\_\_\_\_\_  
Printed Name & Title of Person Executing Affidavit

\_\_\_\_\_  
Signature of Exempt Private Employer or  
Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME**  
**ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC**  
**My Commission Expires: \_\_\_\_\_**

**THIS PAGE TO BE COMPLETED BY FLOYD COUNTY CLERK'S OFFICE**

**Advertisement is:**

☐ Required ☐ Not Required

**If Required:** ☐ Completed ☐ Not Completed

**Dates of Advertisement:** \_\_\_\_\_ and \_\_\_\_\_

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**PAYMENT INFORMATION**

**Date Fees Paid:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

**Cash** \_\_\_\_\_ **Check/Money Order #** \_\_\_\_\_

**Payment Received by:** \_\_\_\_\_

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**TO BE COMPLETED BY FLOYD COUNTY CLERK**

**Application considered by Board of Commissioners is:**

☐ Required ☐ Not Required

**Date Approved:** \_\_\_\_\_ **Date Not Approved:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

---

Clerk, Board of Commissioners

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

**TO BE COMPLETED BY THE FLOYD COUNTY POLICE DEPARTMENT**

I have reviewed the above application and recommend the application be:

☐ Approved      ☐ Not Approved

\_\_\_\_\_  
CHIEF OF POLICE

\_\_\_\_\_  
DATE

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

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

**TO BE COMPLETED BY THE TAX COMMISSIONER OF FLOYD COUNTY**

This is to certify that the Ad Valorem Property Taxes assessed against the premises described above are current and that no such taxes are unpaid or overdue.

\_\_\_\_\_  
**TAX COMMISSIONER**

\_\_\_\_\_  
**DATE**

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

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

**TO BE COMPLETED BY FIRE MARSHAL**

This is to certify that the premises described above have been inspected and meet the requirements of the Floyd County Fire Code.

\_\_\_\_\_  
**FIRE MARSHAL**

\_\_\_\_\_  
**DATE**

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

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

**TO BE COMPLETED BY BUILDING INSPECTOR**

This is to certify that the premises described above have been inspected and meet the requirements of the Floyd County Building Code.

\_\_\_\_\_  
**BUILDING INSPECTOR**

\_\_\_\_\_  
**DATE**

**TO BE COMPLETED BY HEALTH DEPARTMENT**

This is to certify that the premises described above have been inspected and meet Health Department Standards. The toilet facilities are adequate for the business proposed. The water supply has been checked and approved.

\_\_\_\_\_  
**HEALTH OFFICER**

\_\_\_\_\_  
**DATE**



## 2026 ALCOHOL LICENSE FEES & INFO

BEER	FEE
Consume on Premises	\$1,100.00 per year
Consume on Premises – Sunday	\$100.00 per year
Retail Sale -	\$600.00 per year
Manufacturing / Wholesale	\$600.00 per year

BEER & WINE	FEE
Consume on Premises	\$2,200.00 per year
Consume on Premises – Sunday	\$200.00 per year
Retail Sale	\$1,200.00 per year
Manufacturing / Wholesale	\$1,200.00 per year

SPECIAL / ONE-TIME EVENTS	FEE
Profit Organizations	\$200.00 per event
Non-Profit	\$200.00 per event

- \* Investigation Fee/Fingerprinting shall be required of **ALL applicants** for the sale of malt beverages and wine. The fee shall be non-refundable.

INVESTIGATION FEE	AMOUNT
Retail Sales	\$150.00 per year*
Consume on Premises	\$375.00 per year*
Wholesale	\$50.00 per year*

OTHER	FEES
Fingerprinting	\$42.00 per year
Required Advertisement Sign	\$30.04 one-time charge for new stores)

- \* **Fingerprinting for Alcohol Beverage License**

***Fingerprinting is done by appointment ONLY. You MUST schedule an appointment by calling 706-291-4111, ext. 8818, 8819.***

Floyd County Jail  
2526 New Calhoun Highway NE  
Rome, GA 30161

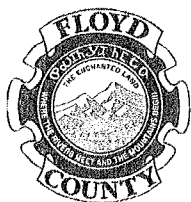
Look for the sign to the Administration area. You will go to the Records office.  
\$10.00 must be paid by CASH or MONEY ORDER to the Floyd County Jail.

**\*As of 2025, Building Inspection has a \$65 inspection fee that will need to be made to them before an inspection is scheduled\***

Year: \_\_\_\_\_

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

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



SELF-SERVICE FUEL DISPENSING STATIONS  
APPLICATION

☐ New

☐ Renewal

☐ Change of Ownership

☐ Manager Change

Date: \_\_\_\_\_

Number of Dispensing Stations: \_\_\_\_\_

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

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Mailing Address: ☐ Same as Street Address

Applicant/Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Hours of Operation: \_\_\_\_\_

Number of Attendants on Duty: \_\_\_\_\_

Duties of Attendant: \_\_\_\_\_

Safety Measures to be followed: \_\_\_\_\_

Applicant Signature

Date: \_\_\_\_\_

Notary Public

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

TO BE COMPLETED BY FLOYD COUNTY CLERK'S OFFICE

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ ☐ Check/Money Order #: \_\_\_\_\_ ☐ Cash

Payment Received by: \_\_\_\_\_

Application considered by Board of Commissioners is: ☐ Required ☐ Not Required

Date Approved: \_\_\_\_\_ Date Not Approved: \_\_\_\_\_ Date Issued: \_\_\_\_\_

CLERK OF BOARD

Revised 08.20.2025

O.C.G.A. § 50-36-1(e)(2) Affidavit

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- ☐ I am a United States citizen.
- ☐ I am a legal permanent resident of the United States.
- ☐ 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 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)

Name and Address of Business /Contractor

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
(Please Print)

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ 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 below:

\_\_\_\_\_

**Private Employer Affidavit of Compliance Pursuant to O.C.G.A §36-60-6(d)**

Complete **EITHER** top or bottom portion pertaining to establishment

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A §36-60-6, stating affirmatively that the individual, firm or corporation employs **ten (10) or fewer employees** and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6.

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name of Exempt Private Employer

\_\_\_\_\_  
Printed Name & Title of Person Executing Affidavit

\_\_\_\_\_  
Signature of Exempt Private Employer or  
Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME**  
**ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC**  
My Commission Expires: \_\_\_\_\_

**OR**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A §36-60-6, stating affirmatively that the individual, firm or corporation employs **more than ten (10) employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Private Employer

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name of Exempt Private Employer

\_\_\_\_\_  
Printed Name & Title of Person Executing Affidavit

\_\_\_\_\_  
Signature of Exempt Private Employer or  
Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME**  
**ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC**  
My Commission Expires: \_\_\_\_\_

## Self-Service Motor Fuel Dispensing License Fees

Fees are as follows:     \$ 40.00 each for the first four (4) dispensing stations  
                                     \$ 30.00 each for **each** additional dispensing station

Number of Dispensing Stations	Annual Fee
1	\$ 40.00
2	\$ 80.00
3	\$ 120.00
4	\$ 160.00
5	\$ 190.00
6	\$ 220.00
7	\$ 250.00
8	\$ 280.00
9	\$ 310.00
10	\$ 340.00
11	\$ 370.00
12	\$ 400.00
13	\$ 430.00
14	\$ 460.00
15	\$ 490.00
16	\$ 520.00
17	\$ 550.00
18	\$ 580.00
19	\$ 610.00
20	\$ 640.00
21	\$ 670.00
22	\$ 700.00
23	\$ 730.00
24	\$ 760.00
25	\$ 790.00

### EXAMPLE

Picture of pump shows four  
(4) dispensing stations.

