

City of Richmond Hill, GA (1560)
2018 Alcoholic/Beverage Tax Certificate Application
RDS-Revenue Discovery Systems –as administering agent
PO Box 830900
Birmingham, Alabama 35283-0900



Customer Service

Business Name:

DBA:

Address:

City, State Zip:

Date:



Toll Free Phone: (800) 556-7274
Toll Free Fax: (844) 528-6529
Hablamos español



RDS
City of Richmond Hill
Business Occupational Tax Certificate Dept
PO Box 830900
Birmingham, AL 35283-0900.

RDS Account:

Dear Business Owner / Tax Manager:

The City of Richmond Hill Code of Ordinances mandates that all persons, firms or corporations who engage in the sale of Alcoholic Beverages within the city limits of Richmond Hill must register their business and obtain an Alcoholic/Beverage Tax Certificate by paying the required fees due.

Alcoholic/Beverage Tax Certificates are valid for a calendar year, January 1st through December 31st, and must be renewed on or before December 31st of each year.

*******IMPORTANT PLEASE READ*******
*******Additional Documentation Required*******

Immigration Legislation (HB87) Passed on April 14, 2011: Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

All Alcoholic/Beverage Tax Certificates are subject to the State recommendation of a background record check. This includes new licenses and renewals.

There is a \$25.00 charge for a background record check. All applicants must pay this fee and complete the enclosed form for "Authorization for Release of Personal Information", this also includes a License holder name change. If you hold a valid "Bar Card" you may submit a copy of that card along with your application in lieu of paying the \$25.00 background check fee. You may apply for a "Bar Card" by contacting the Richmond Hill Police Department at (912) 756-3712.

If applicable, any Restaurant/Caterer desiring to make sales of Alcoholic Beverages on Sunday must complete the enclosed "Restaurant/Caterer Affidavit and Application for Permit to Dispense Alcoholic Beverages on Sunday". This affidavit is to be completed each year and requires city approval.

Failure to complete the application in full, remit the required and or applicable documentation, pay the correct fee due, and submit payment in full may result in the delay of the issuance of your Alcoholic/Beverage Tax Certificate.

Remittance Information: Make your check payable to "Tax Trust Account" and mail to:

RDS
City of Richmond Hill
Business Occupational Tax Certificate Dept
PO Box 830900
Birmingham, Alabama 35283-0900

Questions? All questions regarding the payment of your Alcoholic/Beverage Tax Certificate should be directed to RDS at (800) 556-7274. You can also email us at bizlicensesupport@revds.com.

Sincerely,
RDS Occupational Certificate Department

ALCOHOLIC/BEVERAGE TAX CERTIFICATE RENEWAL APPLICATION FOR RICHMOND HILL, GA (1560) 2018 Renewal

RDS Account No.: _____

Business Name: _____

DBA: _____

Address: _____

City, State Zip: _____

Check here for Mailing Address Change

Check here for Physical Address Change

Address: _____

City, State, Zip: _____

Return Application with Check or Money Order Made

Payable To: Tax Trust Account

City of Richmond Hill

c/o RDS • BL Dept

PO Box 830900

Birmingham, Alabama 35283-0900

Physical Location:

Address: _____

City, State Zip: _____

All Questions Below Must Be Answered

Full Name of Legal Licensee (No Initials) _____ **Business Phone** _____

Trade Name of Business (DBA) (Must Be Same on Local and State License) _____

Business Address (Physical-No PO Box) _____

City _____ State _____ Zip _____

Business Address (Mailing) _____

City _____ State _____ Zip _____

General Information

Full Name of Licensee (No Initials) _____

Address of Legal Residence _____

(Street, Road, RFD No. and Route)

City _____ State _____ Zip _____

Age of Licensee _____ **Sex of Licensee** _____ **How Long at Residence** _____ **Home Phone** _____

Type of Business (If none of the categories are appropriate check "Other" and write in the appropriate classification.)

Example: Marina, Bait Shop, Service Station, etc...

() Package Store () Tavern () Restaurant () Club () Grocery () Other (Identify) _____

Type of Ownership () Individually Owned () Partnership () Corporation

*(If Ownership is any category other than **INDIVIDUAL**, list partners or corporate officers in the space provided below. Attach additional sheet if needed)*

Name	Title	Social Security Number
Resident Address		Telephone Number
Name	Title	Social Security Number
Resident Address		Telephone Number

Have you ever been convicted of any crime? If yes, name of offense _____

Alcoholic Beverage to be consumed () On Premises () Off Premises

I wish to be licensed at this location to sell () Beer Only () Wine Only () Beer and Wine Only
() Beer, Wine, Liquor (Package Shops Only) () Beer, Wine and Liquor

Is the business location within two hundred (200) yards of any church, shrine, chapel, mortuary or other place used exclusively for religious services or any school, college campus, kindergarten, or daycare center, where more than five (5) children are kept on a regular basis? () YES or () NO

All distances set out hereunder shall be measured in accordance with the provisions of Georgia State Regulation 560-2-2-32.

ALCOHOLIC/BEVERAGE CERTIFICATE FEE SCHEDULE:	Check ALL the applicable fees due.
Beer by the package, consumption off premises only	\$ 500.00 ___
Wine by the package, consumption off premises only	\$ 500.00 ___
Beer & Wine by the package, consumption off premises only	\$ 1,000.00 ___
Beer, Wine, Liquor (Package Shops Only)	\$ 1,500.00 ___
Any Beverage Consumption on Premises.....	\$ 1,750.00 ___
Sunday Sales	\$ 250.00 ___ (Restaurant/Caterer Affidavit Required)
Background Check Fee	\$ 25.00 ___
Total of Alcoholic/Beverage Certificate Fees Dues \$ _____	
All Alcohol Certificates Require City Approval before the issuance of the certificate.	

I, _____ do solemnly swear that the facts and statements made by me in the above and foregoing answers to questions in the application as a dealer to sell alcoholic beverages are true, and no false or fraudulent statement is made therein to procure the granting of such license.

Applicant Name: _____ **Title:** _____ **Email:** _____

Applicant Signature: _____ **Date:** _____ **Phone:** _____

RETURNED CHECK DISCLAIMER: When you make a payment by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your checking account according to the terms of your check or to process that transaction as a check. When we use your check to make an electronic fund transfer, funds may be withdrawn from your checking account the same day we receive your payment, and you will not receive your check back from your financial institution. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee as applicable in the amount set forth by law and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. If another payment method is returned unpaid, by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee.

Business Name:

RDS Account:



CITY OF RICHMOND HILL-PRIVATE EMPLOYER AFFIDAVIT

****REQUIRED****

Pursuant to O.C.G.A. § 36-60-6(d), by executing this affidavit under oath, as an applicant for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Richmond Hill, the undersigned applicant representing the private employer, verifies one of the following with respect to the application for the above mentioned documents:

1. Fill out this section after December 1, 2013.

- a) ___ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- b) ___ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected (a) please fill out section 2 below. This is not your Federal Tax ID Number (EIN).

2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false statement, 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 by such statute.

Executed on the ____ day of _____, 20____ in _____ (City), _____ (State)

Signature of Authorized Officer or Agent

Business Name

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires

****FORM REQUIRED**** This form must be completed and returned with your Richmond Hill Alcoholic/Beverage Tax Certificate application and payment. Failure to return this completed Private Employer Affidavit with your application and payment may delay the issuance of your Alcoholic/Beverage Tax Certificate.