



AFFIDAVIT AND APPLICATION FOR PERMIT TO DISPENSE ALCOHOLIC BEVERAGES ON SUNDAY

RESTAURANT/CATERER

THE RICHMOND HILL CODE PERMITS A RESTAURANT HOLDING A CITY BUSINESS TAX CERTIFICATE TO DISPENSE ALCOHOLIC BEVERAGES FOR CONSUMPTION ON THE PREMISES BETWEEN THE HOURS OF 12:30 PM SUNDAY AND 12:00 AM (MIDNIGHT) UNDER CERTAIN CONDITIONS.

TO BE AUTHORIZED TO DISPENSE ALCOHOLIC BEVERAGES FOR CONSUMPTION ON THE PREMISES DURING THE SPECIFIED HOURS ON SUNDAY, YOUR ESTABLISHMENT MUST:

- (A) BE LICENSED BY THE CITY TO SELL ALCOHOLIC BEVEAGES BY THE DRINK FOR CONSUMPTION ON THE PREMISES;
(B) BE A BONA FIDE PUBLIC EATING PLACE OR CATERING SERVICE, A LICENSED RESTAURANT WHICH ACTUALLY AND REGULARLY PREPARES AND SERVES FOOD ON THE PREMISES, OR IN CASE OF A CATERING SERVICE ACTUALLY DELIVERS AND SERVES FOOD AT THE CATERED LOCATION;
(C) DERIVE AT LEAST 50% OF ITS TOTAL ANNUAL GROSS SALES FROM THE SALE OF PREPARED MEALS OR FOOD;
(D) IN THE CASE OF A RESTAURANT, HAVE A FULL KITCHEN FACILITY OPEN AND OPERATING TO PREPARE FOOD ON THE PREMISES FOR CONSUMPTION IN THE ESTABLISHMENT, SUCH KITCHN TO INCLUDE, AT A MINIMUM, ONE (1) COOKING STOVE AND OR OVEN OR EQUIVALENT APPARATUS (THIS REQUIREMENT IS NOT MET BY A MICROWAVE OVEN AND OR FOOD ROTISSERIE), ONE (1) STANDARD SIZE FOOD REFRIGERATOR AND FREEZER, KITCHEN SINK AND ANY AND ALL FOOD SERVICE REQUIREMENTS OF THE BRYAN COUNTY HEALTH DEPARTMENT; IN THE CASE OF A CATERER, HAVE A FULLY OPEN AND OPERATING CATERING BUSINESS TO PREPARE AND DELIVER FOOD TO THE CATERED VENUE FOR CONSUMPTION ON THE CATERED VENUE, INCLDUING ADEQUATE EQUIPMENT FOR THE TRANSPORTATION, KEEPING AND SERVING OF FULL COURSE MEALS AT THE CATERED VENUE, AND ANY AND ALL FOOD SERVICE REQUIREMENTS OF THE BRYAN COUNTY HEALTH DEPARTMENT;
(E) IN THE CASE OF A RESTAURANT, HAVE A SPECIFIC AREA OF THE ESTABLISHMENT SET ASIDE, SET UP AND OPERATING TO SERVE PREPARED FOOD ON THE PREMISES; IN THE CASE OF A CATERER, HAVE A SPECIFIC AREA OF THE CATERED VENUE SET ASIDE, SET UP AND OPERATING TO SERVE PREPARED FOOD AT THE CATERED VENUE;
(F) HAVE A PRINTED OR POSTED MENU FROM WHICH SELECTIONS FOR PREPARED FOOD CAN BE MADE;
(G) PROVIDE FULL FOOD SERVICE TO THE PUBLIC ON ANY SUNDAY WHEN ALCOHOLIC BEVERAGES ARE DISPENSED;
(H) COMPLETE THE FOLLOWING AFFIDAVIT AND SUBMIT IT TO THE CITY OF RICHMOND HILL ALONG WITH THE REQUIRED SUNDAY SALES PERMIT FEE; AND DISPLAY ON YOUR PREMISES A CURRENT CITY ALCOHOLIC BEVEAGE LICENSE DOCUMENT WHICH INDICATES THAT SUNDAY SALES ARE PERMITTED.

1. License Year _____ Avenu Account Number: _____ (See Renewal Application)
2. Date ____/____/____
3. Name of Business _____
4. Location of Business _____
5. Phone _____
6. Applicant Name _____ (Must be same as person holding Alcoholic Beverage License)
7. Current Year's City License Numbers: Alcohol _____ Business _____

8. (A) _____ Renewal or Transfer Check here if you are filing this affidavit for an existing business, and complete the following section.

I certify that the establishment named above (a) holds a current City of Richmond Hill restaurant/caterers business tax certificate; (b) is a bona fide public eating place, a restaurant or catering service which actually and regularly prepares and serves food on the premises; (c) derived at least fifty percent of its total annual gross food and beverage sales income from the sale of prepared meals or food during the preceding calendar year, or portion if business was in operation for less than the full calendar year; (d) has a full kitchen facility open and operating to prepare food on the premises for consumption in the establishment, and such kitchen includes at a minimum one cooking stove and or oven or equivalent apparatus, one standard size food refrigerator and freezer, kitchen sink, and meets all food service requirements of the Bryan County Health Department; (e) has a specific area of the establishment set aside, set up, and operating to serve prepared food on the premises; (f) has a printed or posted menu from which selections for prepared food can be made; (g) provides full food service to the public on any Sunday when alcoholic beverages are dispensed; (h) has provided true and correct revenue information below. If YES, _____ initial here.



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RESTAURANT/CATERER

Previous year's revenue from:

Prepared meals and food \$ _____ %

Alcoholic beverages, including all components of mixed drinks \$ _____ %

Total revenues from food and alcoholic beverage sales \$ _____ %

(B) _____ **New Business** Check here if you are filing this affidavit for a new business, and complete the following.

I certify that the establishment named above (a) holds a current City of Richmond Hill restaurant/caterers business tax certificate; (b) is a bona fide public eating place, a restaurant or catering service which will actually and regularly prepare and serve food on the premises; (c) fully intends and expects to derive at least 50% of its total annual gross food and beverage income from the sale of prepared meals or food during the remainder of the current calendar year; (d) will provide full food service to the public on any Sunday when alcoholic beverages are dispensed. Further, I understand that I must submit a renewal affidavit if authority for Sunday alcoholic beverage sales is to be continued next year. **If YES, _____ initial here.**

9. ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

(A) For a restaurant: Is the full kitchen facility open and operating to prepare food on the premises for consumption in the establishment? For a caterer: Is adequate equipment available and operating for the preparation, transportation, keeping and serving of full course meals at the catered venue? ____ **YES** ____ **NO**
Explain _____

(B) For a restaurant: Does the kitchen include, at a minimum, one (1) cooking stove and/or oven or equivalent apparatus, one (1) standard sized food refrigerator and freezer, and kitchen sink? ____ **YES** ____ **NO**
Explain _____

(C) Does the kitchen meet all food service requirements of the Bryan County Health Department? ____ **YES** ____ **NO**
Explain _____

(D) For a restaurant: Is a specific area of the establishment set aside, set up and operating to serve prepared food on the premises? For a caterer: Will a specific area of the catered venue be set aside, set up and operating to serve prepared food at the catered venue? ____ **YES** ____ **NO**
Explain _____

(E) Does the establishment have a printed or posted menu from which prepared food can be selected? ____ **YES** ____ **NO**
Explain _____

10. Do you understand, acknowledge, and agree that if the City should call upon you to provide documentary evidence of any claim made in this affidavit, you will provide such evidence promptly and completely, including financial records in sufficient detail to prove that the required sales income ratio is being met? **If YES, initial here** _____.

11. Do you affirm that you are familiar with and understand City ordinance and Georgia law on Sunday sale of alcoholic beverages, and that you intend to comply fully with said ordinance and law? **If YES, initial here** _____.

BEFORE THE CITY OF RICHMOND HILL WILL ISSUE A SUNDAY ALCOHOL SALES PERMIT TO YOUR BUSINESS, A CITY REPRESENTATIVE MAY INSPECT YOUR FACILITY TO VERIFY THE OPERATION OF "A BONA FIDE FULL SERVICE RESTAURANT" AND THAT ALL REQUIREMENTS OF STATE LAW AND CITY ORDINANCES HAVE BEEN MET; A SUNDAY SALES PERMIT WILL NOT BE ISSUED UNLESS ALL REQUIREMENTS ARE MET.

TAKE NOTICE: ANY FALSE STATEMENT MADE ON THIS AFFIDAVIT SHALL BE GROUNDS FOR

- (a) Revocation of your permit to sell alcoholic beverages on Sunday;**
- (b) Revocation of your City license to sell alcoholic beverage at any time;**
- (c) Action to prosecute you under the law for swearing to false information.**

ALL ABOVE INFORMATION IS GIVEN UNDER OATH, WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND IS HEREBY SWORN TO BE TRUE, CORRECT, AND COMPLETE UNDER PENALTY FOR FALSE SWEARING, AS PROVIDED BY LAW.

Sworn to and subscribed before me
This _____ day of _____, 20_____

Notary Public

Applicant's Signature

Date signed by applicant

ACCOUNTANT'S CERTIFICATION OF REVENUES

I certify that I have reviewed financial records of the business described above and based on my review of the records provided and to the best of my knowledge the revenue information given in question 8(A) truly and correctly represents the allocation of revenues of the business.

Public Accounting Firm

Date

Public Accountant

License/Professional Number

Certifying Signature