



## APPLICATION INSTRUCTIONS

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.

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### **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 1600 Forsyth Street, Macon, GA 31201. (478) 749-0106; (Additional fee may be required).
  
- **A Zoning Compliance Form** from the Macon-Bibb County Planning and Zoning Commission, located at 3661 Eisenhower Parkway, Suite MB104, Macon, GA 31206; (478) 241-2554; (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 Calculated by the Month that Completed Application is Submitted:

January: \$275	February: \$250	March: \$225	April: \$200
May: \$175	June: \$150	July: \$125	August: \$100
September: \$75	October: \$300	November: \$300	December: \$300

\$ \_\_\_\_\_ 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 Commissioner 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 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 a 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