



Tax Commissioner's Office
188 Third Street
Macon, Georgia 31201

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:

<input type="checkbox"/> January: \$275	<input type="checkbox"/> February: \$250	<input type="checkbox"/> March: \$225	<input type="checkbox"/> April: \$200
<input type="checkbox"/> May: \$175	<input type="checkbox"/> June: \$150	<input type="checkbox"/> July: \$125	<input type="checkbox"/> August: \$100
<input type="checkbox"/> September: \$75	<input type="checkbox"/> October: \$50	<input type="checkbox"/> November: \$25	<input type="checkbox"/> December: No Charge

\$ _____ **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

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 applicant 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 applicant verifies **one** of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the attached list.**

- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

Please check only one option above and submit the required documents with your application.
Please note that the failure to do so will result in a processing delay.

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.

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.

Business Name: _____

Printed Name of Applicant: _____

*Signature of Applicant: _____

Executed in _____ (City), _____ (State)

SUBSCRIBED AND SWORN BEFORE ME ON

THIS ____ DAY OF _____, 20____

NOTARY PUBLIC

MY COMMISSION EXPIRES