



**Tax Commissioner's Office
188 Third Street, Macon, Georgia 31201
Mail to: Tax Commissioner's Office
PO Box 4503
Macon, GA 31208-4503**

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 WITHIN THE PARAMETERS SET BY LOCAL ORDINANCE.

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.

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 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 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 Calculated 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: \$300	<input type="checkbox"/> November: \$300	<input type="checkbox"/> 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 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