

BOARD OF COMMISSIONERS LIBERTY COUNTY

DONALD LOVETTE
CHAIRMAN
MARION STEVENS, SR.
DISTRICT 1
JUSTIN FRAISER
DISTRICT 2
CONNIE THRIFT
DISTRICT 3

100 Main Street, Suite 1320
HINESVILLE, GEORGIA 31313
(912) 876-2164 / FAX (912) 369-0204
www.libertycountyga.com

PAT BOWEN
DISTRICT 4
GARY GILLIARD
DISTRICT 5
EDDIE J. WALDEN
DISTRICT 6
JOSEPH W. BROWN
COUNTY ADMINISTRATOR

APPLICATION FOR SUNDAY SALES PERMIT

(Consumption on the Premises - Restaurant only)

Restaurant Name: _____

Name of Applicant: _____

Restaurant Street Address: _____

Contact Phone #: _____

Do you currently hold a valid alcohol beverage license for the business premises? Yes
 No

NOTE: A Sunday Sales Permit may only be issued to the holder of a valid alcohol beverage license for the business premises described above, and cannot be held independent of said alcohol beverage license.

Please indicate the gross sales of all the combined retail outlets at the above business address during the preceding 12 months. If in business less than 12 months, please provide gross sales annualized based on period of operation. If a new business, please provide estimate.

Gross Sales From Prepared Meals and Food: \$ _____

Gross Sales From Alcoholic Beverages: \$ _____

Total Gross Sales From All Sources: \$ _____

NOTE: At least 60% of total gross sales from the combined retail outlets of the business establishment where food is served must be derived from prepared meals and food.

By Submission of this application, the applicant certifies that the applicant has read and understood the provisions of Chapter 4 of the Code of Ordinances of Liberty County, Georgia pertaining to alcoholic beverages, including, without limitation, Section 4.43(a) thereof.

Applicant Signature: _____

Date: _____

COUNTY OF LIBERTY

STATE OF GEORGIA

IN RE: Application for Sunday Sales Permit (Restaurant)

Applicant: _____ (the "Applicant")

Business Location: _____

Date of Application: _____

AFFIDAVIT OF APPLICANT

PERSONALLY APPEARED before the undersigned officer duly authorized by law to administer oaths, the undersigned, who, after first being sworn, states as follows:

1. My name is _____, and I am the Applicant named in the above-referenced Application for Sunday Sales Permit. I am eighteen years old or older and am competent in all respects to testify regarding the matters set forth herein.

2. I voluntarily make this affidavit in support of the above-referenced Application for Sunday Sales Permit filed with Liberty County, Georgia. I have personal knowledge of the facts stated herein and know them to be true.

3. The Applicant meets the requirements set out in Section 4.43(a) of the Code of Ordinances of Liberty County, Georgia for the issuance of a Sunday Sales Permit and is otherwise eligible to hold said Permit.

4. The Applicant derived at least 60 percent of its total gross sales during the preceding 12 months from the sale of prepared meals or food in all of the combined retail outlets of the business establishment where food is served, or if the Applicant has been in business for less than 12 months, said gross sales percentage exists annualized based on currently available evidence of such sales.

5. The business establishment at which the Sunday sale of alcoholic beverages by the drink will be offered is a bona fide full-service restaurant (i) which is licensed to sell alcoholic beverages for consumption on the premises under Article I of Chapter 4 of the Code of Ordinances of Liberty County, Georgia on days other than Sunday, (ii) where meals are actually and regularly prepared and served on the premises with substantial entrees selected by the patron from a full, published menu, (iii) which has adequate facilities and sufficient employees for cooking, preparing, keeping, and serving such meals for consumption at tables and dining areas on the premises; (iv) where the kitchens, dining areas and related service facilities have been approved by the Liberty County Health Department; and (v) where full food service to the public is provided on Sundays when alcoholic beverages are dispensed.

6. All financial statements, evidence of gross sales, and other information furnished by or on behalf of Applicant in connection with the above referenced Sunday Sales Permit is true and correct and does not omit any facts or data necessary to make the information contained therein not misleading.

7. The affidavit is provided to Liberty County, Georgia to induce the same (or its departments and agents) to issue a Sunday Sales Permit pursuant to Section 4.43(a) of the Code of Ordinances of Liberty County, Georgia.

8. This Affidavit if made under penalty of law and any false swearing or misrepresentation hereunder may result in the denial, suspension, or revocation of the Sunday Sales Permit and related alcoholic beverage license and expose the undersigned to further civil liability and criminal prosecution.

Signed Name: _____

Printed Name: _____

Sworn to and subscribed

before me this _____ day of
_____, 20 ____ .

Notary Public

My commission expires:

(NOTARY SEAL)