

The City of Mount Vernon

Mount Vernon, Georgia

Joey B. Fountain
Mayor



Jennifer Sikes
City Clerk

CITY OF MOUNT VERNON OCCUPATIONAL TAX APPLICATION and INFORMATION FOR ALCOHOL LICENSES

Please print clearly or type. All information is required. Accompanying affidavits must be filled out.

Business Legal Name: _____

DBA Name: _____

Mailing Address: _____

Physical Address: _____

Sales/Use Tax Id #: _____ Fed Id/SS#: _____

Owner/Officer 1 Name: _____

Owner/Officer 2 Name: _____

Phone Number: _____

Email: _____

Website (if applicable): _____

Type of Alcohol Licenses: _____

Before any municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented. O.C.G.A. § 36-60-6(a)

Signature of Owner/Manager

Date

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AFFIDAVIT VERIFYING STATUS FOR CITY OF MOUNT VERNON BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Mount Vernon, Georgia: Occupation Tax Certificate, Alcohol License and/or other public benefits as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Mount Vernon, Georgia: Occupational Tax Certificate, Alcohol License and/or other public benefit for

[Name of natural person applying on behalf of individual, business, corporation, Partnership or other private entity]

[Name of business, corporation, partnership]

- 1) ____ I am a natural United States Citizen, or
- 2) ____ I am a legal permanent resident of the United States, or
- 3) ____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

****Must provide documentation****

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name of Applicant:

Alien Registration number

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20____

Notary Public

My Commission Expires:

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

**Approved documentation: I-327; I-551; I-571; I-688; I-688A; I-688b; I-766; Certificate of Citizenship; Natural Certificate; Machine Readable Immigrant Visa; Temporary I-551 Stamp; I-94; Unexpired Foreign Passport; I-20; DS2019; drivers licenses for natural United States Citizen.

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City of Mount Vernon, Georgia
Alcohol License Fees

(Please initial the license applying for)

_____	Packaged Beer & Wine: convenience & grocery stores	\$1,100.00
_____	Packaged Liquor, with Beer & Wine included	\$3,000.00
_____	Beer & Wine on premises consumption	\$ 500.00
_____	Liquor on premises consumption	\$1,000.00
_____	Distributor/Wholesaler beer only	\$ 100.00
_____	Distributor/Wholesaler beer & wine only	\$ 200.00