



PATIO PERMIT APPLICATION

Business Name:		Account #:
Address/Location:		Phone:
Bill To/Mailing Address:		
City:	State:	Zip:
Ownership Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Owner <input type="checkbox"/> LLC		
Applicant's Name:		
Owner/Agent's Address:		
City:	State/Zip:	Email:

A consumption licensee may sell, serve, or otherwise dispense alcoholic beverages in a patio/open area type environment if approved by the city manager or designee to do so. To be considered for approval the patio/open area shall be directly adjacent and contiguous to the licensed premises and must meet the following requirements:

- A. Has the same address of the licensed premises;
- B. Is owned, leased or managed and exclusively controlled by the retail consumption dealer;
- C. Is not public domain nor is the area only nominally under the exclusive control of the retail consumption dealer;
- D. Is served from the same bar or serving location that permanently services the licensed premises;
- E. Partially enclosed by some structure providing for public ingress/egress through the licensed premises main structure and/or one other opening in the enclosure structure. Where the patio/open area directly exits to a public area, the licensee shall post a sign on the inside of such structure in the following form: "No Alcoholic Beverages beyond this point." Such sign shall be in uniform letters not less than one inch in height.
- F. The only additional exit(s) from the patio/open area, not included in subsection (E), are to be through an approved fire exit, not for general public use unless an emergency exists. The fire exit shall sound an alarm when used.

Nothing Contained in this section shall prohibit a hotel or motel with a consumption on the premises license from making sales and allowing consumption of alcoholic beverages in ballrooms, meeting rooms, reception rooms, or patio areas.

I certify that this application complies with all requirements listed above. I am aware that failure to comply with said requirements would result in revocation of the Patio Permit and/or legal action by the City of Stonecrest.

Signed: _____ Date: _____



S.A.V.E. Public Benefit Affidavit O.C.G.A. § 50-36-1

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant’s lawful presence in the United States (Ga. Code 50-36-1(f)(2). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for (Occupational Tax license or Alcoholic Beverage license or any other Public benefit) as referenced in O.C.G.A. § 50-36-1, from the City of Stonecrest, the undersigned applicant verifies one of the following with respect to my application for public benefit.

(Please check one)

- 1) _____ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant has 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 Georgia Law O.C.G.A § 50-36-1(f) (1) A complete list of secure and verifiable documents on back of this form.

REQUIRES VERIFICATION AT SUBMISSION – Which type of secure and verifiable document was provided with this affidavit? _____.

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

THIS FORM MUST BE NOTARIZED AND SIGNED

I, _____ (representative for) _____
(Printed NAME of individual and natural person) (Name of BUSINESS, corporation, partnership, etc.)

Signature of Applicant Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20 _____

Executed in _____ (City), _____ (State) _____

NOTARY PUBLIC Signature My Commission Expires