



**2-17 EXPIRATION; RENEWAL.**

(a) All licenses granted hereunder shall expire on December 31 of each year. Licenses shall continue in effect from December 31 until December 31 of subsequent years; provided the renewal procedures are followed pursuant to the terms of this section. Licensees who desire to renew their license shall file application, with the requisite fee heretofore provided, with the planning and development department on the form provided for renewal of the license for the ensuing year. Applications for renewal must be filed no less than 60 days nor more than 90 days prior to expiration. Any renewal applications received after November 1 of the latest year in which the license is in effect shall pay, in addition to said annual fee, a late charge of 20 percent. If license application is received after December 31, such application shall be treated as an initial application and the applicant shall be required to comply with all rules and regulations for the granting of licenses as if no previous license had been held. If license application is received after December 31, investigative and administrative costs will be assessed.

City of Snellville Alcoholic Beverage Licenses expire December 31<sup>st</sup>. To avoid a lapse in your license, please complete and return all pages of the enclosed renewal application and fees due to the City of Snellville, Department of Planning and Development by October 1. Any applications received after November 1 will be assessed a 20% late fee.

- ☐ A state license must be obtained before any alcoholic beverage can be served or sold in the City of Snellville. Proof of State Licensure is required with all applications. Contact the Alcohol & Tobacco Division of the Georgia Tax Center at (877) 423-6711, <https://gtc.dor.ga.gov/> / Proof of a State Licensure is required with all applications.
- ☐ Read and understand the City's Alcoholic Beverage Ordinance. Licensees shall maintain a copy of the Alcoholic Beverage Ordinance and employees shall be familiar with the terms and conditions of the ordinance. You may download the new version at [www.snellville.org](http://www.snellville.org). (Select City Government then City Codes and Ordinances)
- ☐ Where the applicant is a partnership or corporation and if the total number of locations engaged in the sale of alcoholic beverages that is owned by the partnership or corporation is greater than five (5), the district manager and store manager must jointly apply for a license on the corporation's behalf. If five (5) or fewer, then all the partners, officers, and individual stockholders with holdings of greater than 20% in the applicant business must jointly apply for a license on the company's behalf.
- ☐ Any person renewing any license hereunder shall pay the required fee, or any portion thereof, after December 31<sup>st</sup>, shall, in addition to said annual fee and late charges, pay simple interest on the delinquent balance at the annual rate then charged by the IRS on unpaid federal income taxes.

Thank you for your prompt attention to this matter. If you have any questions, please feel free to call us at (770) 985-3513.

Sincerely,

Jason Thompson  
Director, Planning & Development

# Attention Alcohol Beverage License Holder:

**NOTE:** Where the applicant is a partnership or corporation, then the following apply: (1) If the total number of locations engaged in the sale of alcoholic beverages that the applicant partnership or corporation owns is greater than five (5) nationally, the district manager and store manager must jointly apply for a license on the company's behalf, including completion of the Statement of Personal History and fingerprinting and background investigation. (2) If the total number of locations engaged in the sale of alcoholic beverages that the applicant partnership or corporation owns is five (5) or less nationally, then all the partners, officers, and individual stockholders with holdings of greater than 20% in the applicant corporation must jointly apply for a license on the company's behalf, including completion of the Statement of Personal History and fingerprinting and background investigation.

Alcohol Beverage License # \_\_\_\_\_

Corporate Name \_\_\_\_\_

Phone Number/contact Corp \_\_\_\_\_

Phone Number/contact Local \_\_\_\_\_

Email Address \_\_\_\_\_

Trade Name \_\_\_\_\_

Property Address \_\_\_\_\_

\_\_\_\_\_

District Manager Name (see note above) \_\_\_\_\_

Local Manager Name (see note above) \_\_\_\_\_

Owners name (if less than 5 locations nationally) (see note above) \_\_\_\_\_

Registered Agent Name \_\_\_\_\_

- If there have been no changes from the previous year, please have these managers/owners go to the nearest police department and request a local background check. Please send the results of the background checks with the renewal packet.
- If there have been changes from the previous year, please have the new managers/owners complete *Section-V Statement of Personal History* and go to the Snellville Police Department to get fingerprinted. Make sure the police department knows that the fingerprint request is for an Alcohol Beverage License. Please call ahead for an appointment 770.985.3560

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**The City of Snellville**  
Department of Planning & Development  
2342 Oak Road, 2<sup>nd</sup> Floor  
Snellville, GA 30078

Phone: 770-985-3513  
Fax: 770-985-3551  
[www.snellville.org](http://www.snellville.org)

## **SECTION II – CHECKLIST**

The following information will be required at the time of application submittal:

- ☐ Application form;
- ☐ Statement of personal history form; (for those who are required to be fingerprinted)
- ☐ Registered agent consent form - MUST BE FULL-TIME RESIDENT OF GWINNETT COUNTY;
- ☐ Copy of Current Driver's License or State Identification Card for all individuals submitting a personal history statement and Registered Agent Consent form;
- ☐ Copy of Legal Alien Card (if applicable) for all individuals submitting a personal history statement;
- ☐ Please submit fees due with your renewal application.
- ☐ All individuals required to complete personal history statement must contact the Police Dept. at (770) 985-3560 for fingerprinting/background check. Contact the police department to confirm fees. We accept cash, checks, Visa, MasterCard or money orders, made payable to City of Snellville. Your wait time will be less if you visit Snellville Police on Tuesday, Wednesday or Thursday.
- ☐ If applicant represents a corporation, include articles of incorporation; and certificate of corporation.
- ☐ If applicant represents a partnership, submit copy of partnership agreement.



The City of Snellville  
Department of Planning & Development  
2342 Oak Road, 2<sup>nd</sup> Floor  
Snellville, GA 30078

Date Received: \_\_\_\_\_  
Phone: 770-985-3513  
Fax: 770-985-3551  
www.snellville.org

### **SECTION III – APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**TYPE OF LICENSE** (check one):

☒ **RENEWAL** ☐ **AMENDMENT**

ADMINISTRATIVE FEE:

☐ \$200.00 (ALL NEW APPLICATIONS AND FOR CHANGE OF LICENSEE OWNERSHIP)

**INSTRUCTIONS:** THIS APPLICATION MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

#### **BUSINESS INFORMATION:**

(a) Business Legal Name: \_\_\_\_\_

(b) Business Trade Name (d/b/a): \_\_\_\_\_ FIN # \_\_\_\_\_

(c) Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

(d) Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

#### **TYPE OF OWNERSHIP:**

☐ Sole Proprietorship (Individual)

☐ Partnership

☐ Estate

☐ Professional Association

☐ Fiduciary

☐ Sub-S Corporation

☐ Limited Liability Partnership (☐ Single Member ☐ Multiple Member)

☐ Corporation: State of Incorporation: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_ ☐ Non-Profit

☐ Other – (please explain): \_\_\_\_\_

#### **BUSINESS OWNERSHIP/RELATIONSHIP INFORMATION:**

(a) Name (1): \_\_\_\_\_ SSN/TIN#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Check one: ☐ Owner ☐ LLC Member ☐ Partner ☐ Officer ☐ Other

(b) Name (2): \_\_\_\_\_ SSN/TIN#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Check one: ☐ Owner ☐ LLC Member ☐ Partner ☐ Officer ☐ Other

☐ Check here if there are additional persons to list and attach additional sheets if necessary.

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### 2-17 EXPIRATION; RENEWAL.

(a) All licenses granted hereunder shall expire on December 31 of each year. Licenses shall continue in effect from December 31 until December 31 of subsequent years; provided the renewal procedures are followed pursuant to the terms of this section. Licensees who desire to renew their license shall file application, with the requisite fee heretofore provided, with the planning and development department on the form provided for renewal of the license for the ensuing year. Applications for renewal must be filed no less than 60 days nor more than 90 days prior to expiration. Any renewal applications received after November 1 of the latest year in which the license is in effect shall pay, in addition to said annual fee, a late charge of 20 percent. If license application is received after December 31, such application shall be treated as an initial application and the applicant shall be required to comply with all rules and regulations for the granting of licenses as if no previous license had been held. If license application is received after December 31, investigative and administrative costs will be assessed.

**TYPE OF LICENSE** (check one):      ☐ **NEW**      ☐ **AMENDMENT**      ☒ **RENEWAL**

**ADMINISTRATIVE FEE:**      ☐ **\$200.00** (ALL NEW APPLICATIONS AND FOR CHANGE OF LICENSEE OWNERSHIP)

**TYPE OF BUSINESS and LICENSE TYPE** (check all that apply):

<b>"By the Drink" Retail Dealers for Consumption ON Premises</b>	<b>Retail Package Dealers for Consumption OFF Premises</b>
<input type="checkbox"/> Bottle Shop <input type="checkbox"/> Brewpub <input type="checkbox"/> Brewery <input type="checkbox"/> Craft Beer Market <input type="checkbox"/> Distillery <input type="checkbox"/> Eating Establishment/Restaurant <input type="checkbox"/> Farm Winery Tasting Room <input type="checkbox"/> Hotel <input type="checkbox"/> Indoor Commercial Recreational Establishment <input type="checkbox"/> Personal Services/Amenity <input type="checkbox"/> Public Stadium, Coliseum, and Auditorium <input type="checkbox"/> Sports Club	<input type="checkbox"/> Bottle Shop <input type="checkbox"/> Brewpub <input type="checkbox"/> Convenience Store <input type="checkbox"/> Department Store (Walmart and Target) <input type="checkbox"/> Grocery Store <input type="checkbox"/> Warehouse/Members Only Club (Sam's) <input type="checkbox"/> Hotel/Motel (In room service only) <input type="checkbox"/> Indoor Entertainment Hall <input type="checkbox"/> Indoor Public Owned Civic & Cultural Center <input type="checkbox"/> Private Club <input type="checkbox"/> Publically Owned Golf Course <input type="checkbox"/> Other: _____
<b>Retail Sales for Consumption ON Premises AND Retail Package Sales OFF Premises (Hybrid)</b>	<b>Retail Sales for Consumption ON Premises AND Wholesale to Licensed Wholesale Dealers (Hybrid)</b>
<input type="checkbox"/> Bottle Shop <input type="checkbox"/> Craft Beer Market <input type="checkbox"/> Farm Winery (w/Tasting Room)	<input type="checkbox"/> Brewpub
<b>Manufacturing</b>	<b>Other License Types</b>
<input type="checkbox"/> Brewery <input type="checkbox"/> Distillery <input type="checkbox"/> Farm Winery	<input type="checkbox"/> Art Shop (Bring Your Own Bottle) <input type="checkbox"/> Home Brew Special Event <input type="checkbox"/> Temporary Special Event <input type="checkbox"/> Wine Tasting Event <input type="checkbox"/> Outdoor Alcohol Drinking Area (Single Event)

**TYPE OF LICENSE AND ANNUAL FEES** (check all that apply):

**PRIVATE CLUB (NON-PROFIT)**

- ☐ Beer (Only): \$120    ☐ Wine (Only): \$120    ☐ Beer & Wine (Both): \$180  
☐ Distilled Spirits: \$700

**RETAIL PACKAGE DEALERS FOR CONSUMPTION OFF PREMISES CONSUMPTION**

(For Grocery Store, Bottle Shop, Convenience Store, Craft Beer Market/Growler)

- ☐ Beer (Only) \$500    ☐ Wine (Only) \$500    ☐ Beer & Wine (Both) \$1,000

**RETAIL DEALERS FOR ON PREMISES CONSUMPTION**

(For Eating Establishment, Restaurant, Brewpub, Hotel, Indoor Com. Recreational Establishment)

- ☐ Beer (Only): \$750    ☐ Wine (Only): \$750    ☐ Beer & Wine (Both): \$1,500  
☐ Brewpub: \$750  
☐ Distilled Spirits (first fixed bar): \$5,000, plus:  
☐ Additional Fixed Bars: \$500 per bar, Number of Additional Bars: \_\_\_\_  
☐ Movable Bars: \$100 per bar, Number of Movable Bars: \_\_\_\_  
☐ Hotel/Motel In-Room Beer/Wine Service: \$100

**MANUFACTURING**

- ☐ Distillery: \$570    ☐ Brewery: \$570    ☐ Farm Winery: \$570

**OTHER**

- ☐ Art Shop (B-Y-O-B License): \$500  
☐ Farm Winery Tasting Room: \$100  
☐ Personal Services Amenity License (beer and/or wine): \$250  
☐ Special Event License: \$25-75 (fee determined by the Planning Director)  
☐ Home Brew Special Event Permit: \$50 (annual permit for up to five events per year)  
☐ Transfer of Valid Licensed Location (No ownership change): \$300  
☐ Investigative Fee (Fingerprint/Background Check): \$45  
☐ Wine Tasting Event License: \$100

## **APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**FOR PARTNERSHIP ONLY (Attach Partnership Agreement):** Check Here if Not Applicable: ☐

(a) Date Partnership Was Formed: \_\_\_\_\_

(b) List Partners:

<u>Partner Names:</u>	<u>Social Security Number</u>	<u>G – General L – Limited S – Silent</u>	<u>Investment Interest (Dollars)</u>	<u>Participation Interest (Percentage)</u>
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Check here if there are additional Partners not listed above and attach additional sheet(s): ☐

**FOR CORPORATIONS ONLY (Attach Articles of Incorporation & Certificate of Corporation):**

Check Here if Not Applicable: ☐

(a) Date of Incorporation (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

(b) Place of Incorporation (city and state): \_\_\_\_\_

(c) Parent Corporation Name (if applicable): \_\_\_\_\_

(d) No. Shares of Capital Stock Authorized: \_\_\_\_\_

(e) No. Shares of Outstanding Stock: \_\_\_\_\_

(f) List Officers, Directors and/or Principal Shareholders with 20% or more shares of stock:

<u>Stockholder Name(s):</u>	<u>Social Security Number</u>	<u>Position</u>	<u>Interest %</u>
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Check here if there are additional Stockholders not listed above and attach additional sheet(s): ☐

(g) Is the corporation owned by a parent corporation or held by a holding company? ☐ No ☐ Yes

If yes, explain: \_\_\_\_\_

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**FOR PRIVATE CLUBS ONLY:** Check Here if Not Applicable: ☐

(a) Date of Organization under the laws of the State of Georgia: (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

(b) State the total number of regular dues paying members: \_\_\_\_\_

(c) Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of alcoholic beverages beyond a fixed salary as established by it's members at any annual meeting or by it's governing board out of the general revenue of the club? ☐ No ☐ Yes (explain):

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(d) Attach minutes of the last annual meeting setting salaries for members, officers, agents, or employees.

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### GENERAL INFORMATION:

- (a) Has owner and/or individual partner, shareholder, director or officer any financial interest in any manufacturer or wholesale of alcoholic beverage? ☐ No ☐ Yes (explain below)
- (b) Has owner and/or individual partner, shareholder, director, or officer received any financial aid or assistance from any manufacturer of alcoholic beverages? ☐ No ☐ Yes (explain below)
- (c) If answer is "Yes" to either of immediate foregoing, explain: \_\_\_\_\_

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- (d) Show hereunder any and all persons, corporations, partnerships, or associations (other than persons stated herein as owner(s), directors, or officers) who have received or will receive, as a result of your operation under the requested license, any financial gain or payment derived from any interest or income from the operation. Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under the license. In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders:

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- (e) List all other businesses engaged in the sale of alcoholic beverages that you the owner, or any individual, partner, shareholder, officer or director is interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past.

Name

Name of Business

Interest %

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## **SECTION V – STATEMENT OF PERSONAL HISTORY**

**INSTRUCTIONS:** THIS STATEMENT MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

**NOTE:** Where the applicant is a partnership or corporation, then the following apply: (1) If the total number of locations engaged in the sale of alcoholic beverages that the applicant partnership or corporation owns is greater than five (5) nationally, the district manager and store manager must jointly apply for a license on the company's behalf, including completion of the Statement of Personal History and fingerprinting and background investigation. (2) If the total number of locations engaged in the sale of alcoholic beverages that the applicant partnership or corporation owns is five (5) or less nationally, then all the partners, officers, and individual stockholders with holdings of greater than 20% in the applicant corporation must jointly apply for a license on the company's behalf, including completion of the Statement of Personal History and fingerprinting and background investigation.

1. Name:

Last			First			Middle		
Residence								
Street Number			Street Name					
City			State		Zip Code		Telephone Number	

2. Applicant Relationship (please check):

<input type="checkbox"/> Sole Owner/Proprietor	<input type="checkbox"/> Partner: <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Silent
<input type="checkbox"/> Director	<input type="checkbox"/> Principal Stockholder (20% or more)
<input type="checkbox"/> District/Regional Manager	<input type="checkbox"/> Officer: _____
<input type="checkbox"/> Store Manager	<input type="checkbox"/> Other: _____

3. Trade name of business for which this statement is for:

TRADE NAME OF BUSINESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
Street Number and Street Name P. O. Box

City State Zip Code Telephone Number

4. State the percentage of ownership or interest, if any, in this business: \_\_\_\_\_

5. State method of compensation, if any, directly or indirectly: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

7. ☐ U.S. Citizen ☐ Legal Alien ☐ Other (please explain): \_\_\_\_\_

8. ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated (If married or separated, complete information below):

## STATEMENT OF PERSONAL HISTORY

9. Employment record for the past five (5) years. (List the most recent experience first):

<u>From</u> <u>(mo/yr)</u>	<u>To</u> <u>(mo/yr)</u>	<u>Employer</u> <u>Name</u>	<u>Title or</u> <u>Position</u>	<u>Reason for</u> <u>Leaving</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. List in reverse chronological order all of your residences for the past five (5) years:

<u>From</u>	<u>To</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11. Do you have any financial interest, or are you employed in any other wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages? ☐ No ☐ Yes

If your answer is "yes" to number 14, give names, locations and amount of interest in each:

\_\_\_\_\_

\_\_\_\_\_

12. Have you ever had any financial interest in a business that applied for an alcoholic beverage license, which was denied a license? ☐ No ☐ Yes (explain): \_\_\_\_\_

\_\_\_\_\_

13. Has any alcoholic beverage business in which you hold, or have held, any financial interest of, or employed, or have been employed, ever been cited for any violations of the rules and regulations of the state revenue commissioner relating to the sale and distribution of alcoholic beverages? ☐ No ☐ Yes (explain): \_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF PERSONAL HISTORY**

14. If during the past ten years you have bought or sold any business associated with the selling and/or serving of alcohol, give details, including: (date, license number, persons and considerations involved):

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15. Have you ever been denied bond by a commercial security company? ☐ No ☐ Yes (explain): \_\_\_\_\_

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19. Are you a registered voter? ☐ No ☐ Yes, in what state? \_\_\_\_\_ in what county? \_\_\_\_\_

20. Have you ever been arrested, or held by federal, state or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances? ☐ No ☐ Yes (do not include minor traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. **If no arrest, write no arrest.**

**After last arrest is listed, please write no other arrest):**

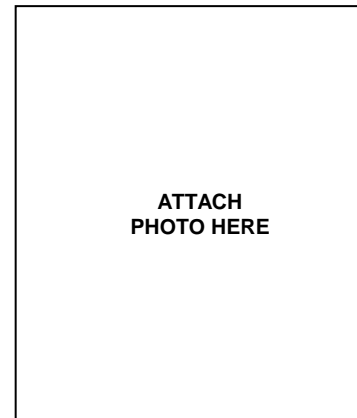
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

21. Have you had any license under the regulatory powers of the City of Snellville or Gwinnett County denied, suspended or revoked within two (2) years prior to the filing of this application? ☐ No ☐ Yes (explain): \_\_\_\_\_

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22. Attach photograph (front view) taken within the last year.

Date of picture: \_\_\_\_\_



**STATEMENT OF PERSONAL HISTORY**

*PLEASE NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.*

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS ALCOHOLIC BEVERAGE LICENSE APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT TO WILLFULLY PREPARE OR PRESENT A DOCUMENT THAT IS FRAUDULENT OR FALSE IS A CRIMINAL MISDEMEANOR UNDER O.C.G.A. § 48-1-6.**

**FURTHER, AS PART OF THE PROCESS RESULTING FROM MY APPLICATION FOR BACKGROUND INVESTIGATION, FOR AN ALCOHOLIC BEVERAGE LICENSE. I HEREBY AUTHORIZE PERSONNEL OF THE CITY OF SNELLVILLE POLICE DEPARTMENT TO RECEIVE, VERIFY, AND DISSEMINATE ANY CRIMINAL HISTORY INFORMATION WHICH MAY BE IN THE FILES OF ANY LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCY FOR INVESTIGATIVE PURPOSES, DENIAL, OR APPEALS.**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DAYTIME PHONE

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY THAT \_\_\_\_\_ IS PERSONALLY KNOWN, OR VERIFIED BY ME, THAT THE APPLICANT SIGNED THIS APPLICATION AFTER STATING TO ME HIS OR HER PERSONAL KNOWLEDGE AND UNDERSTANDING OF ALL STATEMENTS AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT THE STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

~~AFFIX~~  
~~SEAL HERE~~

## **SECTION V – REGISTERED AGENT CONSENT FORM**

\_\_\_\_\_  
Business Trade Name (d/b/a)

\_\_\_\_\_  
Location Address

I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Snellville. I understand the basic purpose is to have and continuously maintain in Gwinnett County a Registered Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served.

**I understand that the Registered Agent must be a resident of Gwinnett County, Georgia.**

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Print Name of Agent

\_\_\_\_\_  
Agent's Home Address

☐ Attach Copy of Georgia DL or ID Card

\_\_\_\_\_  
City, County, and State

\_\_\_\_\_  
Daytime Telephone Number

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE/SHE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

*AFFIX  
SEAL HERE*

## **SECTION VI – CERTIFICATION**

*PLEASE NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.*

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS ALCOHOLIC BEVERAGE LICENSE APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT TO WILLFULLY PREPARE OR PRESENT A DOCUMENT THAT IS FRAUDULENT OR FALSE IS A CRIMINAL MISDEMEANOR UNDER O.C.G.A. § 48-1-6.**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DAYTIME PHONE

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY THAT \_\_\_\_\_ IS PERSONALLY KNOWN, OR VERIFIED BY ME, THAT THE APPLICANT SIGNED THIS APPLICATION AFTER STATING TO ME HIS OR HER PERSONAL KNOWLEDGE AND UNDERSTANDING OF ALL STATEMENTS AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT THE STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

~~AFFIX  
SEAL HERE~~

### ***FOR OFFICE USE ONLY***

Reviewed and Recommend: APPROVAL / DENIAL (circle one) by: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION APPROVED / DENIED (circle one) by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Reason for DENIAL: \_\_\_\_\_

\_\_\_\_\_

+++++

License No: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Fees Collected: \_\_\_\_\_ By: \_\_\_\_\_

