



City of Snellville
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD, 2ND FLOOR
SNELLVILLE, GA 30078
www.snellville.org

(770) 985-3513
(770) 985-3514

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 31st. 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 **the first Monday in October. Any licenses received after November 1 will be assessed a 20% late fee.**

☐ **Alcohol Consumption on and Off Premise-**The State of Georgia now has a centralized alcohol application process. All licenses with consumption on and off premise will need to upload the renewal packet to the Georgia Tax Center division of Georgia Dept of Revenue at <https://gtc.dor.ga.gov> (877) 423-6711. Detailed instructions for uploading your information can be found on our website <https://www.snellville.org> Planning and Development- Forms and Applications- Alcohol Beverage- Ga Tax Center

- Log on to your GTC account
- Locate your Alcohol license- Click on “see more”
- Locate Renewals Section
- Select “File Local Renewal” and choose the current renewal period (you will also have to complete “File State Renewal”)
- Confirm that your Business information is correct
- Complete all questions and upload any requested information
- Verify information and Submit
- Print the confirmation page for your records.
- Once you have uploaded the renewal packet, mail it to the City of Snellville with fees due to the City and with all other required information. Include the confirmation that you have renewed your state license.

☐ 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. (Select City Government-Codes and Ordinances- Municode Chapter VI)

☐ 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 31st, 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,



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

Phone: 770.985.3513
770.985.3514
www.snellville.org

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 license on the company's behalf, including 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 business the applicant cooperation 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

Corporate: _____

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 be 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

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, 2nd Floor
Snellville, GA 30078

Date Received: _____
Phone: 770.985.3513
770.985.3514
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.

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.

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

TYPE OF LICENSE (CHECK ONE):

☐
☐
☐

NEW
AMENDMENT
RENEWAL

ADMINISTRATIVE FEE: \$200 FOR NEW APPLICATIONS

TYPE OF BUSINESS AND LICENSE TYPE (CHECK ALL THAT APPLY):

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

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):

(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: _____

(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:

(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 %

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>
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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>
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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): _____

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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): _____

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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):

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

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

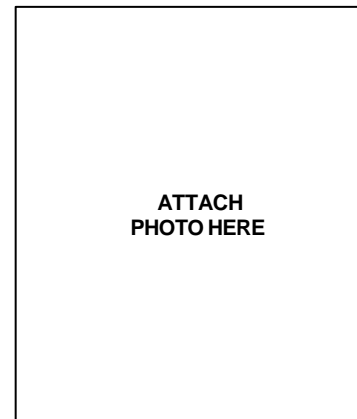
20. Have you ever been arrested, or held by federal, state or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances? ☐ No ☐ Yes (do not include minor traffic violations. All other charges must be included even if they were 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):

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: _____