

Business Name:



Community Development Dept.  
4488 Pineview Drive  
Powder Springs, GA 30127  
commdev@cityofpowdersprings.org  
770-943-1666

# Alcoholic Beverage License Application

Deadline for Objections

Consideration Date

## Section A

Business Name				Business Address			
Type of Business				EIN			
Business Email				Business Phone			
Applicant Name				Applicant Home Address			
Applicant Phone				Applicant SSN			
Ownership Type	LLC <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Publicly Traded Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Type (select all that apply)	Liquor Package <input type="checkbox"/>	Beer Package <input type="checkbox"/>	Wine Package <input type="checkbox"/>	Liquor Pouring <input type="checkbox"/>	Beer Pouring <input type="checkbox"/>	Wine Pouring <input type="checkbox"/>	Wholesaler <input type="checkbox"/>

## Alcoholic Beverage License Fee. Select All That Apply

Description	License Fee: Beer	Wine	Spirituous	Fee Due
New Applicant <input type="checkbox"/> Ownership Change <input type="checkbox"/> Date:	\$500.00 <input type="checkbox"/>			
Special Event Facility	\$250.00 <input type="checkbox"/>			
Brewery	\$500.00 <input type="checkbox"/>			
Sunday Sales	\$500.00 <input type="checkbox"/>			
Alcohol Package	\$400.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>	\$1000.00 <input type="checkbox"/>	
Alcohol Pouring	\$400.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>	\$3500.00 <input type="checkbox"/>	
Alcohol Wholesale	\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	
<b>TOTAL DUE:</b>				

## Licensee Required Actions. Checklist

Description	Initials
Date of Meeting:	
Notification Ads scheduled to run on the following dates: _____ and _____	
Ad Fee Paid	
Notification Letter	

# Section B

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

- List full name, date of birth, social security number, address, and percentage of ownership for each individual or board member or corporate officer, including all owners, all partners including "limited" and "silent" partners, and any other person or entity having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	Position	Address	DOB	SSN	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- Does the licensee, partner, or any owner have any other vested interest in any other Alcohol Beverage License in the Georgia?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, give complete names and address: \_\_\_\_\_

- List all other businesses engaged in the sale of distilled spirits that you the licensee or any other owner listed in question 1 have any interest in or is associated with in any way whatsoever.

Name	Business Name	Business Address	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- List full name and other required information for spouse, parents, step-parents, parents-in-law, brothers, sisters, step-brothers, step-sisters, brothers-in-law, sisters-in-law, children, and step children, if such relatives are related to the licensee or any owner and have, or have had in the past any license or any financial or ownership interest whatsoever in any business dealing in alcoholic beverages.

Name	Relationship	Business Name	Business Address	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Section B

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

5. List the full name and address of every owner of the property or building where this business is to be conducted.

Name Property Owner	Address	Relationship to Applicant / Other Owners
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.

Name lessor / sub-lessor	Address	Relationship to Applicant / Other Owners
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Has any individual, firm, partnership, or corporation been issued a license to sell alcoholic beverages at this location?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, give the name of the business, date closed, and reason for closing: \_\_\_\_\_

8. State the total amount of capital funds that is or will be invested in the business.

9. State the total amount of personal funds invested including the total amount of funds borrowed by the licensee / owner.

10. State the total amount of personal funds invested including the total amount of funds borrowed by other owners.

11. If any capital is borrowed, state the name of the each lender, amount of capital borrowed, date of the loan(s), and interest rate.

Name of Lender	Address	Amount	Date	Interest Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Name the person(s) that will be manager of the business, state how they will be compensated, and % ownership interest if any.

Name of Manager	Address	Manner of Compensation	% Owner if any
_____	_____	_____	_____
_____	_____	_____	_____

13. Provide the following information for the person or firm responsible for preparing and maintaining the financial and tax records.

Accountant of CPA Name	Address	Phone
_____	_____	_____

# Section B

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

14. Have you (the applicant/licensee/owner), your spouse, or any person having any interest in this business or their spouse ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicated, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, city government, or other governmental authority?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, give full details: \_\_\_\_\_

15. Have you, (the applicant/licensee/owner), or any person having any interest in this business, ever been detained, arrested, indicted, or convicted of any offense, by any federal, state, county, city government, or other governmental authority?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, give full details: \_\_\_\_\_

16. Is the property / building / suite for the business location leased?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, what is the amount, frequency and form of payment? \_\_\_\_\_

17. How is the proposed property location zoned? \_\_\_\_\_. If this is an application for an original license attach hereto proof of adequate parking facilities of one (1) parking space for each two hundred (200) square feet of total floor space within the building in conformance with the Zoning Ordinance and regulations of the city.

18. Please attach a survey showing distances to all buildings within a 600' radius of the business location.

19. Submit plans and renderings of premises.

20. Submit a copy of warranty deed or lease agreement.

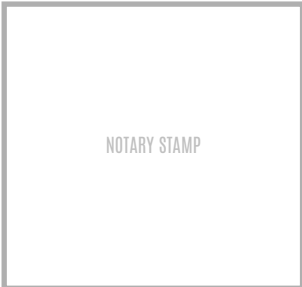
I declare the foregoing statements in Sections A and B are true and correct. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that that I will notify the City of Powder Springs Community Development Department of any changes affecting my status and/or position with the business associated with this license.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

Signature of Applicant \_\_\_\_\_ Printed Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ month, 20\_\_.

Signature of Notary Public \_\_\_\_\_ Name of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_



# Section C

## Consent to Search Criminal Records.

The undersigned does hereby consent and authorize the City of Powder Springs Police Department, or any other Federal, state or Local agency, to conduct an investigation on the criminal history record of criminal history pertaining to the undersigned; which may be found in the files of an Federal, State or Local Criminal Justice Agency as maintained by the Georgia Bureau of Investigation's Georgia Crime Information Center or similar agency.

<b>Business Name</b>	<b>Business Address</b>
<b>Applicant's Name</b>	<b>Applicant's Address</b>
<b>Applicant's DOB</b>	<b>Applicant's SSN</b>
<b>Applicant's Race</b>	<b>Applicant's Gender</b>
<b>Driver's License Number</b>	<b>Drivers License State</b>
<b>Are you a U.S. Citizen?</b>	<b>Alien Registration Number</b>
<b>Country of Birth</b>	<b>State of Birth</b>
<b>Applicant's Title or Job Position</b>	<b>Phone Number</b>

List all arrests including pending offense and any offense for which you have been convicted, pleaded guilty, pleaded nolo contendere, or been on probation, parole, or fined. Additionally, specify any citations involving drugs or alcohol related offenses.

Offense Type	City and State	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

I have read and understand that any falsehood or half-truths submitted in this application for an alcohol beverage license is a felony and will render me ineligible to serve alcohol beverages in the city. I also understand that any falsehood or half-truths discovered by investigators during the term one (1) year from the date of this application is grounds for revocation of license, and subsequent prosecution of licensee.

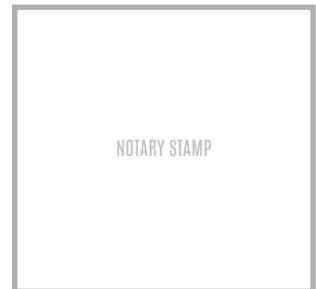
I agree to submit any documentation to the City of Powder Springs Police Department needed to complete the background investigation of this application, i.e. birth certificate, social security card, naturalization card, court records, etc.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

_____	_____	_____
Signature of Applicant	Printed Name	Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

_____	_____	_____
Signature of Notary Public	Name of Notary Public	My Commission Expires



Business Name:

## Section D Alcoholic Beverage Sunday Sales Permit

COMPLETE IF APPLICABLE. Pursuant to The City of Powder Springs Code of Ordinances Chapter 3 Section 63; Licensees in pouring distilled spirits and licensees in pouring wine and malt beverages may sell and serve on Sundays from 11:00 a.m. until 10:00 p.m. Licensees of package distilled spirits and wine and malt beverages establishments may sell on Sundays from 12:30 p.m. until 10:00 p.m.

**Licensee must apply for and receive a Sunday Sales Permit.**

**The licensee must also hold an Alcoholic Beverage Pouring License from The City.**

<b>Business Name</b>	<b>Business Address</b>
<b>Type of Business</b>	<b>EIN</b>
<b>Business Email</b>	<b>Business Phone</b>
<b>Applicant's Name</b>	<b>Applicant's Phone</b>

Is there any additional information which The City might find reasonable necessary to make a fair determination as to whether a Sunday Sales Permit should be issued?

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**I hereby affirm that I understand and will comply with the provisions set forth in The City of Powder Springs Code of Ordinances Article 3-63. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that that I will notify the City of Powder Springs Community Development Department of any changes affecting my status and/or position with the business associated with this license.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Applicant Printed Name**

\_\_\_\_\_  
**Date**

## For Official Use

<b>Approved By</b>	<b>Date</b>
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Business Name:

# Section E Alcoholic Beverage Pouring License

POURING ESTABLISHMENTS ONLY. Pursuant to The City of Powder Springs Code of Ordinances Chapter 3 Section 126, No alcoholic beverage pouring license shall be issued to, or held by, any applicant unless at least thirty (30) percent of the business by volume, when considering the total of sales from alcoholic beverages and food consumed on the premises shall be from the sale of food prepared on the premises of this establishment.

<b>Business Name</b>	<b>Business Address</b>
<b>Applicant's Name</b>	<b>Applicant's Title</b>

I. **Food Sales and Alcohol Beverage Sales. Financial reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals. This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open.**

PERIOD FOR WHICH INFORMATION IS PROVIDED: \_\_\_\_\_

IF EXISTING BUSINESS, MUST BE 12 MONTH PERIOD. IF NEW BUSINESS, MUST BE 12 MONTH ESTIMATE

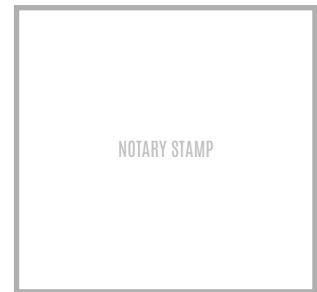
	Dollar Amount	% of Total Sales
Gross Receipts from Food Sales this period:	\$ _____	_____ %
Gross Receipts from Alcoholic Beverage Sales this period:	\$ _____	_____ %
Total Food Sales and Alcoholic Beverage Sales this period:	\$ _____	_____ %

**Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:**

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

Signature of CPA	Printed Name of CPA	CPA Firm



Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_<sup>month</sup>. 20 \_\_\_\_.

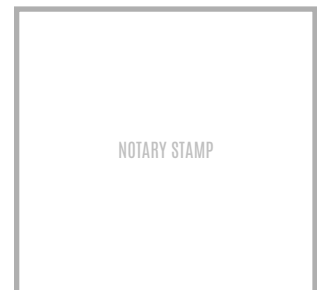
Signature of Notary Public	Name of Notary Public	My Commission Expires

II. **I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 11:00 am until 10:00 pm requires a valid alcoholic beverage pouring license, valid Sunday Sales Permit, and that at least 30% of the licensed establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food.**

**I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the Cobb County Business License Division may audit our records to verify same at its discretion.**

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

Signature of Applicant	Printed Name	Date



Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_<sup>month</sup>. 20 \_\_\_\_.

Signature of Notary Public	Name of Notary Public	My Commission Expires

Business Name:

# Section F

<b>Business Name</b>	<b>Business Address</b>
<b>Phone Number</b>	<b>Email</b>
<b>Applicant Name</b>	<b>Applicant Title</b>

### Private Employer Affidavit Pursuant to O.C.G.A 36-60-6(d).

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, **stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____	_____	_____
Federal Work Authorization User Identification Number	Date of Authorization	Name of Employer

If your business employs less than ten (10) employees, please check this box and sign below.

By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

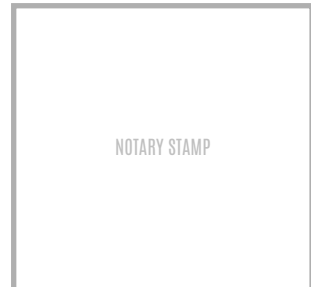
I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

_____	_____	_____
Signature of Applicant	Printed Name	Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ month, 20\_\_.

_____	_____	_____
Signature of Notary Public	Name of Notary Public	My Commission Expires



### Affidavit Verifying Status of Applicant Pursuant to O.C.G.A 50-36-1.

Effective July 1, 2007, every agency providing public benefits through any local program is responsible for determining the immigration status of citizen applicants.

By executing this affidavit under oath, as an applicant for a City of Powder Springs Business License benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a license or permit or benefit:

- I am a United States citizen 18 years of age or older; **OR**
- I am a legal permanent resident of the United States 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. **AND**
- I provided at least one secure and verifiable document, required by O.C.G.A 50-36-1(e)(1) with this affidavit. O.C.G.A. Section 50-36-1(e)(2) requires that aliens and legal permanent residents provide their alien registration number. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency: \_\_\_\_\_. The secure and verifiable document provided: \_\_\_\_\_.

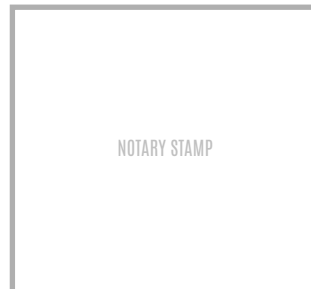
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

_____	_____	_____
Signature of Applicant	Printed Name	Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ month, 20\_\_.

_____	_____	_____
Signature of Notary Public	Name of Notary Public	My Commission Expires







# Section H

## Licensee Personal Statement.

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

<b>1. Full Legal Name</b>	<b>Home Address</b>
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<b>Email</b>	<b>Home Phone</b>
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<b>Business Address</b>	<b>Business Phone</b>
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<b>SSN</b>	<b>Race</b>	<b>DOB</b>	<b>Gender</b>
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<b>2. Are you a U.S. Citizen?</b>	Yes: <b>By Birth</b> <input type="checkbox"/>	Yes: <b>Naturalized</b> <input type="checkbox"/>	No: <b>Non U.S. Citizen</b> <input type="checkbox"/>
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<b>If Naturalized U.S. Citizen:</b>	<b>Certificate #:</b>	<b>Date:</b>	<b>Place:</b>
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<b>If Non U.S. Citizen:</b> (Documentation Required)	<b>Alien Registration #:</b>	<b>Native Country:</b>	<b>Date and Port of Entry:</b>
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**3. How long have you resided at your current address?**

Years: \_\_\_\_\_ Months: \_\_\_\_\_ If less than one (1) year, provide previous address: \_\_\_\_\_

**4. What is your Marital Status?**

Single     
  Married     
  Divorced     
  Widowed     
  Separated

**5. If Married or Separated, complete the following information about your spouse:**

<b>Spouse's Full Legal Name</b>	<b>Maiden Name</b>
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<b>SSN</b>	<b>Race</b>	<b>DOB</b>	<b>Gender</b>
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<b>Is spouse a U.S. Citizen?</b>	Yes: <b>By Birth</b> <input type="checkbox"/>	Yes: <b>Naturalized</b> <input type="checkbox"/>	No: <b>Non U.S. Citizen</b> <input type="checkbox"/>
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<b>If Naturalized U.S. Citizen:</b>	<b>Certificate #:</b>	<b>Date:</b>	<b>Place:</b>
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<b>If Non U.S. Citizen:</b> (Documentation Required)	<b>Alien Registration #:</b>	<b>Native Country:</b>	<b>Date and Port of Entry:</b>
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**6. Is your spouse employed?**

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, provide name and address of employer: \_\_\_\_\_

**7. Give names and addresses of all immediate living relatives:**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Adult Children (over age 18) \_\_\_\_\_

Brother(s) \_\_\_\_\_

Sister(s) \_\_\_\_\_

Mother-in-law \_\_\_\_\_

Father-in-law \_\_\_\_\_

# Section H

### Licensee Personal Statement.

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

8. Do you have financial interest in any other bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the premises?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, provide name(s) and address(es): \_\_\_\_\_

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9. Do you or does your spouse or any relative have any financial interest, or are you or your spouse or any relative employed in any wholesale or retail alcoholic beverage business other than the business submitting the license application of which this personal statement is a part?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, please give name, location, amount of interest, and/or type of employment in each. \_\_\_\_\_

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10. List occupation(s) for the past five (5) years.

Occupation	Date Range (month/year)	Reason for Leaving	Employer Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Have you or your spouse ever been arrested, convicted, detained, indicted, plead guilty, plead nolo contendere, on probation, or have any pending charges? If you answered "YES" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charges(s)

Offense Type	City and State	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare the foregoing statements in Section H are true and correct. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that that I will notify the City of Powder Springs Community Development Department of any changes affecting my status and/or position with the business associated with this license.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

_____	_____	_____
Signature of Applicant	Printed Name of Applicant	Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ month, 20 \_\_\_\_.

_____	_____	_____
Signature of Notary Public	Name of Notary Public	My Commission Expires

