

2017-2018 RENEWAL APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

INSTRUCTIONS: THIS APPLICATION MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE ANSWERED COMPLETELY. (If space provided is not sufficient, answer on a separate sheet)

Business Name: _____

Street Address: _____ Duluth, GA, (zip) _____

Phone: _____ *Email:* _____

Alcohol License # _____ *Occupational Tax #* _____

TYPE OF BUSINESS (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Eating Establishment | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Perform Arts Facility |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Brew Pub | <input type="checkbox"/> Growler |
| <input type="checkbox"/> Package Store | <input type="checkbox"/> Tavern | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Super Market/Grocery | <input type="checkbox"/> Art Shop | <input type="checkbox"/> Ancillary |

Does your establishment provide "live" entertainment? No Yes - (explain) _____

TYPE OF LICENSE AND FEES

A. Retail Package (off premises consumption)

- Distilled Spirits (Liquor only)-\$5,000
- Beer and Wine- \$1,000
- Beer only- \$500
- Wine only- \$500

B. Retail Consumption on Premises

- Liquor, Beer & Wine -\$3,500
- Beer and Wine- \$1,000
- Beer only- \$500
- Wine only- \$500
- Tavern Liquor/Beer/Wine \$4,000
- Tavern Beer & Wine \$1,250

Supplemental licenses (requires A or B above) Does your establishment have "Patios Sales"? (see page 7) No Yes
(Check ALL that apply)

C. Stand-alone licenses – Flat License Fee

- | | |
|---|---|
| <input type="checkbox"/> Annual Catering License (Liquor) - \$150 | <input type="checkbox"/> Performing Arts Facility - \$200 |
| <input type="checkbox"/> Annual Catering License (Beer & Wine) - \$100 | <input type="checkbox"/> Deli and Food Market (Pkg Beer & Wine) - \$150 |
| <input type="checkbox"/> Indoor Commercial Recreational Liquor - \$750 | <input type="checkbox"/> Art Shop (Beer/Wine) - \$250 |
| <input type="checkbox"/> Indoor Commercial Rec. (Beer & Wine) - \$500 | <input type="checkbox"/> Gift Shop (Beer & Wine) - \$100 |
| <input type="checkbox"/> Golf Course
(Beer/ Wine/Liquor) License - \$150 | <input type="checkbox"/> Special Events Facility - \$1,500 |
| <input type="checkbox"/> Wine Tasting Room Permit (package stores) - \$100 | <input type="checkbox"/> Grocery Store Tasting (Beer/Wine) - \$200 |
| <input type="checkbox"/> Brew Pub \$250 | <input type="checkbox"/> Ancillary (Beer/Wine) -\$200 |
| <input type="checkbox"/> Open Area \$50 | |

(A, B or C) License Fee \$ _____ + Supplemental Licenses \$ _____ = \$ _____ Total due by 6/1/17

Fees paid after the due date are subject to a 10% penalty.

TYPE OF OWNERSHIP

Please make **additional copies** of this form as needed for additional **owners/managers** of your business.

() Sole Owner () Partnership () Other – (Please explain)_____

OWNER(s) INFORMATION:

Owner (1) Name:_____

Street Address:_____

City_____ State:_____ Zip Code:_____

Cell Phone_____ E-mail address_____

Owner (2) Name:_____

Street Address:_____

City_____ State:_____ Zip Code:_____

Cell Phone_____ E-mail address_____

MANAGER(s) INFORMATION

Manager (1) Name:_____ E-mail address_____

Street Address: _____

City_____ State:_____ Zip Code:_____

Cell Phone_____ Birthdate _____

Manager (2) Name:_____ E-mail address _____

Street Address: _____

City_____ State:_____ Zip Code:_____

Cell Phone_____ Birthdate _____

Manager (3) Name:_____ E-mail address _____

Street Address: _____

City_____ State:_____ Zip Code:_____

Cell Phone_____ Birthdate _____

TAX ADVICE ACCOUNTING and FINANCIAL ADVISORY

CPA or Firm Name (if applicable) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone _____

Fax number: _____ E-mail Address _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip Code: _____ Phone: _____

FOR PARTNERSHIP ONLY: (If applicable)

Date Partnership Formed: _____ (* Attach Partnership Agreement to this Application)

(For Corporation Only.)

CORPORATION NAME: (If applicable) _____ **FIN #:** _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Fax number: _____ E-mail Address: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Date of Incorporation: _____ Place of Incorporation: _____

GENERAL INFORMATION:

Does any owner and/or individual partner, shareholder, director or officer any have financial interest in any manufacturer or wholesaler of alcoholic beverages? ___ No ___ Yes (*explain below*)

Does any owner and/or individual partner, shareholder, director or officer have any financial aid or assistance from any manufacturer of alcoholic beverages? ___ No ___ Yes (*explain below*)

If answer is "Yes" to either of the above, please explain: _____

REGISTERED AGENT

All licensed establishments must have and continuously maintain a "Registered Agent" upon whom any process, notice, or demand required or permitted by law or under the City of Duluth Alcoholic Beverage Code to be served upon the licensee or owner may be served. This person must be a Gwinnett resident and agree to act in this capacity for your business.

Name: _____
(State full name; do not use initials)

Sex: _____ Race: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

I hereby certify that I am a resident of the State of Georgia, and agree to serve as "registered agent"

on behalf of _____ (business name), a business

located at _____, Duluth, Georgia.

As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Code of the City of Duluth, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

Signature of Registered Agent

Date

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF

_____, _____.

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTE: Attach a copy of driver's license and proof of residency, i.e.; phone or utility bill that reflects the current address listed by the Registered Agent.

ALCOHOL LICENSE - PERSONAL HISTORY

Instructions: make additional copies of this form and the Personal Statement Affidavit for each owner/manager of your business. This application must be typed or printed legibly and executed under oath. Each question must be answered fully. If the space provided is not sufficient, please answer on a separate sheet and indicate in the space provided that a separate sheet is attached.

Business Name: _____

Name: _____
Last First Middle

Residence: _____
Physical address City State Zip code

Cell Phone #: _____ E-mail Address: _____

Sex: _____ Race: _____ Hair Color: _____ Eye Color: _____ Date of Birth: _____

Place of Birth: _____ Social Security #: _____

Your relationship to this business:

() Sole Owner () Principal stockholder Partner: () General () Limited () Silent
Percentage of ownership or interest, if any: _____

() Manager

A copy of verifiable identification must be provided at the time of application. Copy of driver's license or State photo ID card.

() US Citizen () Legal Alien () Other (please explain) _____

Have you ever been arrested or held by federal, state, or other law-enforcement authorities for violation of any federal law, state law, county or municipal law, regulations, or ordinances? (Do not include traffic violations.) All other charges must be included even if they were dismissed. ___ Yes ___ No If yes, give reason charged or held, date, place where charged and disposition. (If no arrests, please write NONE.)

CERTIFICATION of Personal History and Authorization for Background Check

Note: Before signing this statement, ensure all questions are answered fully and correctly. This statement is to be executed under oath and is subject to the penalties of false swearing. I authorize the City of Duluth to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

I, _____, do solemnly swear that the statements and answers made by me as the applicant in the foregoing personal history statement are true and correct.

Applicant's Printed Name

Applicant's Signature

Date

LIST OF EMPLOYEES FOR ALCOHOL-LICENSED BUSINESSES (non-managers)

Business Name: _____ Business Address: _____

Employee Name: _____ Sex: _____

Race: _____ Telephone Number: _____ Date of Birth: _____

Job Position: Server _____ or Cashier _____ Alcohol Permit # _____ Permit expires: _____

Employee Name: _____ Sex: _____

Race: _____ Telephone Number: _____ Date of Birth: _____

Job Position: Server _____ or Cashier _____ Alcohol Permit # _____ Permit expires: _____

Employee Name: _____ Sex: _____

Race: _____ Telephone Number: _____ Date of Birth: _____

Job Position: Server _____ or Cashier _____ Alcohol Permit # _____ Permit expires: _____

Employee Name: _____ Sex: _____

Race: _____ Telephone Number: _____ Date of Birth: _____

Job Position: Server _____ or Cashier _____ Alcohol Permit # _____ Permit expires: _____

Employee Name: _____ Sex: _____

Race: _____ Telephone Number: _____ Date of Birth: _____

Job Position: Server _____ or Cashier _____ Alcohol Permit # _____ Permit expires: _____

Employee Name: _____ Sex: _____

Race: _____ Telephone Number: _____ Date of Birth: _____

Job Position: Server _____ or Cashier _____ Alcohol Permit # _____ Permit expires: _____

Employee Name: _____ Sex: _____

Race: _____ Telephone Number: _____ Date of Birth: _____

Job Position: Server _____ or Cashier _____ Alcohol Permit # _____ Permit expires: _____

Please copy this form as needed. All employees must be reported.
We will verify permit status prior to issuance of your renewal.

(For Consumption on premises only): A consumption licensee may sell, serve, or otherwise dispense alcoholic beverages in a patio type environment if approved by the city clerk or designee to do so. To be considered for approval the patio shall be directly adjacent and contiguous to the licensed premises and must meet the requirements of Sec 3-266 of the Duluth Code of Ordinances.

For restaurants, will 50% of sales be food? ___ Yes ___ No

Will this establishment have "patio" sales? ___ Yes ___ No

If yes, does patio have an enclosed structure of three and one-half (3.5) feet above ground level? ___ Yes ___ No

Does the patio have an approved fire exit? ___ Yes ___ No

Days/Hours that prepared meals or foods are served: _____

For all restaurants, please attach copy of alcohol menu with listed pricing to the application.

RENEWAL APPLICATION AFFIDAVIT

This is to certify that no change has taken place with respect to the operation of the named business affecting its ownership as stated in the previous application. I certify and affirm that I have read the City of Duluth Alcohol Beverage Ordinance (Chapter 3) and that I am in accordance with the ordinance. The answers to all questions in the previous applications about the above named business are correct and remain unchanged. Additionally I certify to compliance to the City of Duluth and the State of Georgia laws governing the above named business. All sections of the application have been answered fully and correctly.

Applicant and Licensee's Signature

Date

This _____ day of _____, 20____.

Notary Public's Signature and Seal

Alcohol License Renewal Checklist

Questions? Contact: Alcohol Officer alcohol@duluthga.net

Office 770-497-5286 or visit www.duluthga.net/alcohol

- Review the renewal application (9 pages) for completeness, and have notarized. (City Hall has notaries available.)
- Renew 2017 City of Duluth Occupational Tax
- Furnish copy of current State of Georgia Alcohol Beverage License
- Provide Owner/Manager Information
- Complete Personal History Statements and Authorization for Background checks for all owners or managers with 10% or more ownership.
- Supply a copy of current driver's license or state photo identification card for all individuals submitting a Personal History Statement.
- Alcohol Training has been completed by owners, managers, and employees handling alcohol.
- Alcohol permits are current for all owners, managers, and employees handling alcohol.
- Submit copy of Alcohol menu (If applicable).
- Save Affidavit



Duluth
Capture the Spirit
of Good Living

SAVE Public Benefits Affidavit O.C.G.A § 50-36-1 (e)(2)

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(e)(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, 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 Duluth, 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(e) (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.

MUST BE COMPLETED BY NOTARY

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

SECURE AND VERIFIABLE DOCUMENTS

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2 contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government, must have I-94 attached
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government
- A Certificate of Citizenship issued by the United States Department of Citizenship and
- Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)