

The City of Duluth has established the following application for alcohol sales within the City. Please note that the licensing process generally takes 7-10 business days. Applicants must provide evidence of ownership or lease to receive a City of Duluth alcohol license. The license is not transferable and expires annually on July 1st regardless of when application is made.

PROCESS FOR OBTAINING A LICENSE

- First confirm with the City of Duluth that the proposed business is located inside the City limits.
- New businesses must apply for a City of Duluth Occupational Tax Certificate before an alcohol application will be accepted. Information is available on the city website at duluthga.net/occtax
- Applicants must read and understand the Duluth Alcoholic Beverages Ordinance available on our website. Licensees are required to maintain a copy of the ordinance on the premises of the business, and all employees shall be familiar with the requirements of the ordinance.
- A state license must be obtained through the GA State Department of Revenue (DOR) before any alcoholic beverages can be served or sold. The DOR may be contacted at (404) 417-4490. If applying for beer and wine license only, the State requires proof of a City Alcohol License first. If applying for a beer, wine and liquor, it is advised to begin the State License application process at the same time.
- **To submit this application, contact the Alcohol Officer at 770-497-5286 for an appointment.** Bring the completed application and the non-refundable administrative fee (\$250.00, payable with a certified check, cashier's check or cash). The license fee will also be due at this time, which is refundable if the license is denied for any reason.
- All applicants are required to complete a personal history statement and consent for background check as part of this application, and will be fingerprinted by the Duluth Police Department, prior to issuance of a license. You will be given paperwork to take to Duluth Police Dept. for this process when application is submitted.
- All licensees and employees handling or serving alcohol will be required to obtain an alcohol handling permit from Duluth City Hall for a charge of \$35. Applicants must also pass an alcohol awareness training class to receive a permanent permit. See duluthga.net/alcohol for information.
- Any applicant who owes other fees or taxes to the City will be required to remit payment prior to issuance of an alcohol license.

PLEASE TYPE OR PRINT LEGIBLY. EACH QUESTION MUST BE ANSWERED FULLY. THE STATEMENTS AND ANSWERS CONTAINED WITHIN THIS APPLICATION ARE FURNISHED TO THE CITY OF DULUTH UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING.

Business Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Email: _____

Has alcohol been sold at this location previously? Yes No don't know

TYPE OF BUSINESS (check all that apply):

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

City of Duluth Occupational Tax Certificate Number: _____

Will your establishment provide "live" entertainment? No Yes If yes, explain: _____

TYPE OF LICENSE & FEES: (check all that apply):
 (Administrative Fee: \$250 – all new applicants)

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 additional license under A or B)

- Catering License (Liquor) - \$150
- Catering License (Beer/Wine) - \$100
- Indoor Commercial Rec. (Liquor) - \$750
- Indoor Commercial Rec. (Beer/Wine) - \$500
- Outdoor Golf Course
(Beer/Wine/Liquor) - \$150
- Wine Tasting Room (Pkg Stores) - \$100
- Brew Pub \$250
- Open areas \$50

Stand-alone licenses (flat fee)

- Performing Arts Facility - \$200
- Deli/Food Market (Pkg Beer & Wine) - \$150
- Ancillary License (Wine/Beer)-\$200
- Gift Shop (Beer/Wine) - \$100
- Special Events Facility - \$1,500
- Beer/Wine Tasting (Grocery Store) - \$200
- Art Studio BYOB (Beer & Wine) – 250.00

BUSINESS PREMISES AND STRUCTURE

Is this location within a commercial zoning district? Yes No

(Choose one of the following)

C-1

PCD (Planned Commercial District)

C-2

PUD (Planned Unit Development)

HC (Highway Commercial)

CBD (Central Business District)

CPD-C (Core Preservation/Commercial)

Lighting: Does the building in which business is to be located contain sufficient lighting so that the building itself and the premises on all sides of the building are readily visible at all times from the front of the street on which the building is located as to reveal all of the outside premises of such building? Yes No

Is the building illuminated so that all hallways, passageways and open areas may be clearly seen by the customer therein? Yes No

If the answer is "No" to either, please explain proposed methods to rectify the insufficient lighting:

(For Consumption on premises only): Will you have "patio" sales? Yes No

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.

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: _____

Does the facility have a full service kitchen? Yes No

If your business is a restaurant, will 50% of sales be food? Yes No

Please attach copy of alcohol menu with listed pricing to the application.

TYPE OF OWNERSHIP

____ Sole Owner ____ Partnership ____ Publicly Held Corporation ____ other (explain)

OWNER INFORMATION: *(Please complete for each owner of the business. All owners are also required to complete a personal history statement and be fingerprinted.)*

Owner Name: _____ DL #: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Cell Phone: _____ E-mail address: _____

Owner Name: _____ DL #: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Cell Phone: _____ E-mail address: _____

Owner Name: _____ DL #: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Cell Phone: _____ E-mail address: _____

MANAGER INFORMATION: *(Please complete for each manager of the business. All managers are also required to complete a personal history statement.)*

Manager Name: _____ DL #: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Cell Phone: _____ E-mail address: _____

Manager Name: _____ DL #: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Cell Phone: _____ E-mail address: _____

Manager Name: _____ DL #: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Cell Phone: _____ E-mail address: _____

Manager Name: _____ DL #: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Cell Phone: _____ E-mail address: _____

ALCOHOL LICENSE PERSONAL HISTORY

Instructions: *make additional copies of this form 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

Cell Phone: _____ E-mail Address: _____ Sex: _____ Race: _____

Hair Color: _____ Color Eyes: _____ SS# _____

Date of Birth: _____ Place of Birth: _____

Your Relationship With This Business:

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Manager
<input type="checkbox"/> Principal stockholder	<input type="checkbox"/> Partner: <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Silent
<input type="checkbox"/> Director	<input type="checkbox"/> Officer: _____
<input type="checkbox"/> Registered Agent	<input type="checkbox"/> Employee: _____

Percentage of ownership or interest, if any: _____

Method and amount of compensation, if any (directly or indirectly): _____

A copy of verifiable identification must be provided at the time of application.

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

If married or separated, please complete the following:

Full Name of Spouse: _____ DL#: _____

Maiden Name: _____ Date of Birth: _____

Other names used by applicant: maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, show dates used. _____

Employment Record for the Past Three (3) Years: (List the Most Recent Experience First)

From:	To:	Employer:	Title:	Reason for Leaving:
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Name) (Position)</i>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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? Yes No
 (If yes give names and locations) _____

Have you ever had a financial interest in an alcoholic beverage business that was denied a license?
 Yes No (If yes, describe) _____

List three references (personal or business). Give complete address and phone number with area code if giving a business reference and state the person's name to be contacted. Do not include relatives or fellow employees.

- 1. _____
- 2. _____
- 3. _____

Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? Yes No

If yes, describe) _____

Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) ever been cited for any violation of the rules and regulations of the state revenue commissioner relating to the sale and distribution of alcoholic beverages? Yes No

(If yes, describe) _____

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 arrest, please write no arrest. After last arrest is listed, please write no other arrest.)

Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? Yes No

If yes, describe) _____

Attach photograph (front view) taken within the past year. Date of picture: _____

(Driver's license or State photo identification card)



PERSONAL STATEMENT AFFIDAVIT

STATE OF GEORGIA, _____ COUNTY

I, _____ DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME IN THE FOREGOING PERSONAL STATEMENT ARE TRUE AND CORRECT.

Applicant's Printed Name

Applicant's Signature

This _____ day of _____, 20 ____.

Notary Public Signature

My Commission Expires

AUTHORIZATION FOR RELEASE OF PERSONAL AND CRIMINAL HISTORY RECORD

I _____ do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Duluth, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints; or grievances filed by or against me; and the records, recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information deemed pertinent for the purposes of assessing my suitability for a City of Duluth license, permit or appointment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part upon this release authorization, will be considered in assessing my suitability for a City of Duluth license, permit or appointment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the Duluth City Clerk or her designee, or the Duluth Police Department to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

Applicant's Signature: _____ Printed Name: _____

Race: _____ Sex: _____ Date of Birth: _____ SS#: _____ State: _____

Address: _____

Sworn to me and subscribed in my presence, this ____ day of _____ 20 ____

My Commission Expires

Notary Public's Signature

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 Georgia resident and agree to act in this capacity for your business

Name: _____
(State full name, do not use initials) *(Email address)*

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.

TAX ADVICE ACCOUNTING AND FINANCIAL ADVISORY:

Name: _____

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: *(if applicable)*

Corporation Name: _____ 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 the 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 the 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: _____

Description of an Accepted Legal Land Survey

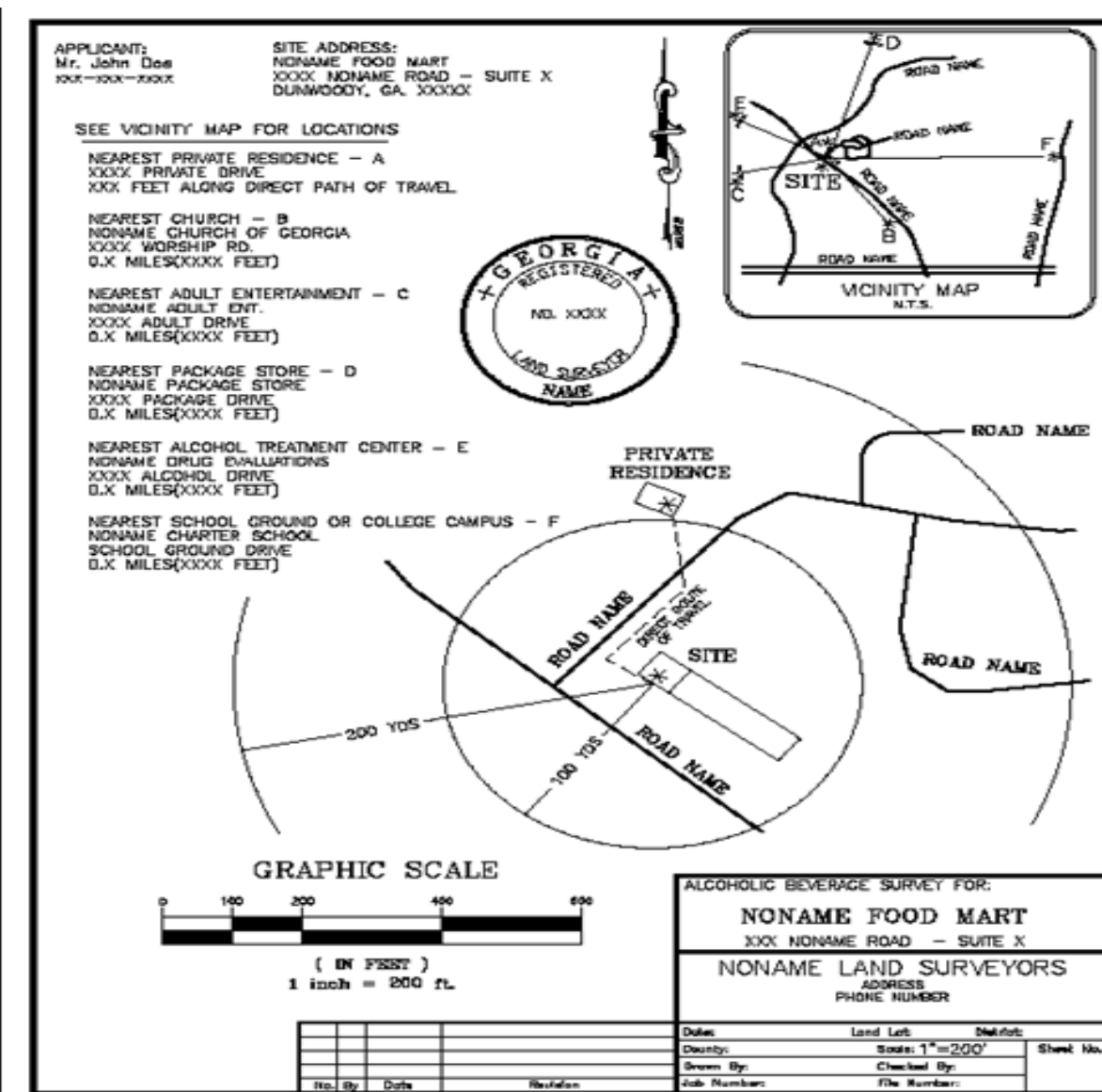
If this business location that has **not** previously sold alcohol beverages, you must provide a certified scale drawing showing the location and distance to closest school buildings, licensed daycare centers, educational buildings, school grounds, colleges and/or any houses of worship.

A valid legal land survey must meet the requirements detailed in the City of Duluth Chapter 3 Alcoholic Beverage Ordinance, Section 3-111 "Distance requirements" can be found in the Code of Ordinances on our website at duluthga.net or by calling the Business Office at 770-476-3434. ****All legal land surveys must be certified by a registered surveyor****

Distances shall be clearly indicated on the legal land survey and measured using the most direct route of travel on the ground by measuring:

- (1) From the front door of the structure from which alcoholic beverages are sold or proposed to be sold; and
- (2) In a straight path to the front door of the building or to the nearest portion of the grounds.

An example of an acceptable legal land survey is below:



**Surveyor's Affidavit
City of Duluth
Alcohol Beverage License Application**

I, _____, a Georgia registered land surveyor, # _____

Do hereby certify that I am familiar with the premises:

(Business Name and Location)

and that it is in compliance with City of Duluth Code Section set out below.

(Check the following) _____ Beer/Wine Pkg Sec. 3-111 (A) _____ Pkg Liquor Sec. 3-111 (c)

Distance – shall be measured by the most direct route of travel on the ground in a straight line from the front door of the structure from which Alcoholic Beverage are sold or offered, to the front door of the building of a church, government owned treatment center or a retail package store or to the nearest property line of the real property being used for school or educational purposes.

Signature and Seal of Surveyor

Date

Registration Number

Date of Expiration

Sworn to and subscribed this _____ day of _____ 20 _____.

NOTARY PUBLIC

My Commission Expires

Classified Advertisement Form

If this is a business location that has **not** previously sold alcoholic beverages on premises, there must be (2) consecutive weeks of advertisement to begin no later than ten days following submission of the application. A publisher's affidavit shall be furnished to the City prior to the application being considered complete. The sign is required to be constructed of wood or metal by 48"X 48" placed upon the location of the proposed business. Please review Sec 3-206 Classified Advertisement Form.

Email: Legals@Gwinnettdaily.com
Re: Notice of Alcoholic Beverage License Request

An application for an alcohol beverage permit to serve beer, wine and distilled spirits has been filed with the City of Duluth, Georgia by the following party at the following at the following location, to wit:

Applicant/Owner: _____
Registered Agent: _____
Business Name: _____
Location: _____

Sec. 3-206. Advertisement of intent to engage in business; signs posted.

(a)All applicants desirous of obtaining a license for the sale of alcohol shall give notice at their expense of the making of an application by advertisement at least twice a week for two (2) consecutive weeks, said advertisement to begin no later than ten (10) days following submission of the application required by [section 3-204](#), application; form; content; process; deposit. The advertisement shall be published in the daily newspaper in which the legal advertisements of the city are published. The advertisement referred to herein shall be of type not smaller than ten-point capital in lower case and shall be at least a two-inch, one-column advertisement in size. Said notice shall contain a complete description of the location of the proposed business and shall give the name of the applicant and if a partnership, the names of the partners, whether limited or general, and if a corporation, the names of the officers and all stockholders having more than ten (10) percent of any class of corporate stock therein, and the date the application was filed with the city clerk. The advertisement shall contain the following additional statement:

"AN APPLICATION HAS BEEN FILED ON (date) WITH THE CLERK OF THE CITY OF DULUTH FOR A LICENSE TO OPERATE _____ AT THE ABOVE LOCATION. A DECISION ON WHETHER OR NOT TO GRANT OR DENY SUCH A LICENSE WILL BE MADE BY THE CLERK OF THE CITY OF DULUTH NO LATER THAN THIRTY (30) DAYS FROM THE DATE THE FILED APPLICATION IS DETERMINED TO BE COMPLETE. MEMBERS OF THE PUBLIC ARE INVITED TO NOTE ANY OBJECTIONS, IN WRITING, THAT THEY MAY HAVE TO THE GRANTING OF SUCH A LICENSE BY FILING SAID WRITTEN OBJECTIONS WITH THE CLERK OF THE CITY OF DULUTH."



Office of the City Clerk

3167 Main Street
 Duluth, GA 30096
 P 770-476-3434 • F 770-623-2780

ALCOHOL LICENSING DIVISION APPLICATION FOR NOTICE OF INTENT TO SELL ALCOHOL (NOI) SIGN

Name of Business:		
Street Location:		Email:
City:	State:	Zip Code:
Business Phone:		Mobile Phone:
<p>A \$225 fee (\$25 NON-REFUNDABLE {USE KEY 156} & \$200 for SECURITY DEPOSIT {USE KEY 397}) is required to use the Notice of Intent sign that is owned by the City of Duluth. The deposit can be made by credit card, cash, or check made payable to The City of Duluth.</p> <p>PLEASE NOTE: If the sign is returned with damage, the City Clerk will assess and determine the extent and cost to repair or replace the sign. If the sign is returned without damage, the Business Office will process a refund of \$200 within 5 -10 business days. The refund can be mailed or picked up in the Alcohol Licensing office.</p> <p>After submitting an Alcohol License Application to the City of Duluth, the Notice of Intent sign must be posted conspicuously in the right of way at property location for 14 consecutive days and shall face toward all public streets, alleys, sidewalks or other public property adjoining the proposed location. Such signs shall be placed where they can be easily seen and the statement easily read from all public properties adjoining the proposed location. Failure to return the sign to the City of Duluth within five (5) business days following the mandatory public notification time will delay the application process and the security deposit could be forfeited.</p>		
Applicant's Signature		
Print Name:		
Position/Job Title:		
PICK UP INFORMATION		RETURN INFORMATION
Picked up by (sign below)		Returned by (sign below)
Pickup date		Return date
OFFICE USE ONLY		
		CONDITION OF SIGN
EMPLOYEE SIGNATURE		DAMAGED <input type="checkbox"/>
		NO DAMAGE <input type="checkbox"/>
		NO REFUND <input type="checkbox"/>
		REFUND PROCESS DATE:

List of Employees for Alcohol-Licensed Businesses (Non-Managers)

Business Name: _____

Business Address: _____

Employee Name: _____ Sex: _____ Race: _____ Phone: _____
(First, MI, Last)

Residence Address: _____
(Physical Address, City, State, Zip Code)

Date of Birth: _____ Job Position: Server ___ Cashier ___ Current Duluth Alc Permit? Y ___ N ___

Employee Name: _____ Sex: _____ Race: _____ Phone: _____
(First, MI, Last)

Residence Address: _____
(Physical Address, City, State, Zip Code)

Date of Birth: _____ Job Position: Server ___ Cashier ___ Current Duluth Alc Permit? Y ___ N ___

Employee Name: _____ Sex: _____ Race: _____ Phone: _____
(First, MI, Last)

Residence Address: _____
(Physical Address, City, State, Zip Code)

Date of Birth: _____ Job Position: Server ___ Cashier ___ Current Duluth Alc Permit? Y ___ N ___

Employee Name: _____ Sex: _____ Race: _____ Phone: _____
(First, MI, Last)

Residence Address: _____
(Physical Address, City, State, Zip Code)

Date of Birth: _____ Job Position: Server ___ Cashier ___ Current Duluth Alc Permit? Y ___ N ___

Employee Name: _____ Sex: _____ Race: _____ Phone: _____
(First, MI, Last)

Residence Address: _____
(Physical Address, City, State, Zip Code)

Date of Birth: _____ Job Position: Server ___ Cashier ___ Current Duluth Alc Permit? Y ___ N ___

Employee Name: _____ Sex: _____ Race: _____ Phone: _____
(First, MI, Last)

Residence Address: _____
(Physical Address, City, State, Zip Code)

Date of Birth: _____ Job Position: Server ___ Cashier ___ Current Duluth Alc Permit? Y ___ N ___

Alcohol Excise Tax Acknowledgement

Pursuant to the Chapter 3 Alcoholic Beverage Ordinance, all licensed businesses in the City of Duluth that hold a valid City of Duluth Alcoholic License to serve *liquor for consumption on premises* must be responsible for submitting their monthly Alcohol Excise Tax returns. Below is an excerpt of Article 4 Excise Tax from the Chapter 3 Alcoholic Beverage Ordinance.

Tax Imposed on Sale of Drinks Containing Distilled Spirits

There is imposed upon the retail sale of drinks containing distilled spirits in the City a tax in the amount of three per cent (3%) of the purchase price of the drink to the consumer. A record of each sale shall be made in writing and maintained for inspection by any authorized agent of the City.

Licensee to Collect and Remit

Every consumption on the premises licensee shall collect the tax imposed by this article from purchasers of drinks containing distilled spirits. The licensee shall furnish such information as may be required by the City of Duluth to facilitate the collection of the tax.

Payment and Returns by Licensee

- (a) Each licensee shall pay over the amount of taxes collected and coming due under this Article in any calendar month to the City not later than the **tenth day of the following calendar month.**
- (b) On or before the tenth day of each month, a return for the preceding month shall be filed with the City of Duluth by each licensee liable for the payment of tax under this article. Returns shall be in such form as the City may specify and shall show the licensee’s gross receipts from the sale of drinks containing distilled spirits and the amount of taxes collected or coming due thereon. Any amounts collected in excess of three per cent (3%) of the taxable sales shall be reported and paid to the City.
- (c) Licensees collecting the tax provided for in this section shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting and paying the amount due, if the amount is not delinquent at the time of payment. The rate of deduction should be the same rate authorized for deductions from state tax under chapter 8 of title 48 as provided in O.C.G.A. § 3-4-133. The city clerk is hereby authorized to create such reports and returns as may be necessary to adequately provide for the collection of the excise tax provided in this section.

Alcohol Excise Tax forms can be found on our website at duluthga.net Please sign and date below acknowledging that you understand your responsibility to report your monthly Alcohol Excise Taxes to the City of Duluth.

Print Name: _____ Title: _____

Signature: _____ Date: _____

**CITY OF DULUTH
EXCISE TAX REPORT FORM
ALCOHOLIC BEVERAGE BY THE DRINK**

Monthly excise tax reports and fees are due on the 10th of the month by 5:00 p.m. This return is subject to audit. Please maintain a copy for three (3) years.

Please enter information in highlighted areas.

Today's Date:	Report Month and Year:
Name of Business:	Address:
Name of Preparer:	Phone Number:
Email Address of Preparer:	

INVENTORY REPORTING: List inventory from licensed wholesalers for this period. You may use a separate sheet of paper and attach if necessary. Records will be matched against wholesale delivery reports.

WHOLESALER'S NAME	LITERS

POURING INFORMATION (liquor only)	Beginning Inventory:	
1. Average ounces per drink sold _____ oz.	Total Volume Purchased:	
2. Average price per drink sold \$ _____	Total Volume Sold:	
	Ending Inventory:	

EXCISE TAX REPORTING		
Line 1: Report month gross sales		Sale of distilled spirits by the drink, excluding malt beverages
Line 2: Due date each month	10	Due 10th day of each month
Line 3: Tax due	\$ -	x 3% of line 1
Line 4: Day of Month paid (Enter 1-31)		Example: For January 3, enter 3
Line 5: Credit for on-time payment	\$ -	- 3% of line 3; allowed by OCGA 3-4-133, if payment made by the 10th
Line 6: SUBTOTAL	\$ -	
Line 7: Late payment; Enter 1		Payment made after 10th of month is considered late; enter 1
Line 8: Interest	\$ -	+.563% per month or portion thereof times line 3
Line 9: Total amount due	\$ -	Amount due
Make check payable to: City of Duluth		

This return and payment of the taxes collected during the month shown are due by the 10th day of the next month to avoid interest charges.

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE. THIS REPORT CONTAINS NO FALSE OR FRAUDULENT INFORMATION.

Printed Name of Licensee

Signature of Licensee

Date: _____

Printed Name of Preparer

Signature of Preparer

Date: _____

Application Affidavit

STATE OF GEORGIA, _____ COUNTY

I, _____ DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING APPLICATION AND ANY ATTACHMENTS SUBMITTED HEREWITH, ARE TRUE AND CORRECT.

APPLICANT'S PRINTED NAME_____
APPLICANT'S SIGNATURE

I hereby certify that _____ signed his/her name to the foregoing application and has sworn that said all statements and answers are true and correct.

THIS DAY _____ OF _____, 20 _____.

Notary Public Signature_____
My Commission Expires**License Checklist**

For all alcohol related questions contact: Alcohol Officer alcohol@duluthga.net
Office 770-497-5286 or visit duluthga.net/alcohol

- Occupational Tax Registration
- Read the City's Alcohol Ordinance!
- Copy of menu (If applicable)
- Applicant Information
- Personal Statements for all owners, managers or partners with 10% or more ownership
- Registered agent consent form
- Copy of current driver's license or state photo identification card for all individuals submitting a personal history statement.
- Legal Land Survey (If applicable)
- Floor Plan Drawing
- Publishers affidavit for advertisement (If applicable)
- Copy of lease, proof of ownership, or proof authorization for use of the premises.
- Alcohol Excise Tax Acknowledgement (If applicable)
- Complete employee listing
- Alcohol permits are required for all owners, managers, and employees handling alcohol.
- Review forms for completeness and have notarized. (City Hall has notaries available.)

Requirements after application is turned in:

- Fingerprinting for LICENSEES by the City of Duluth Police Department, 3276 Buford Hwy (Monday-Friday, 9:00am- 11:00am or 2:00pm- 4:00pm)
- Owners, Managers and employees begin process for obtaining alcohol handling permits. Details can be found on City website at duluthga.net/alcohol.

COGENT INFORMATION

APPLICANT'S INSTRUCTION

1. Applicant request application to serve and sell alcoholic Beverages for their business
2. Owners and Stockholder owning more than 10% of the business are required to be fingerprinted and have backgrounds run
3. The Owner(s) are furnished with the City's ORI number and are instructed to go to the **Cogent** web site at www.ga.cogentid.com
4. Applicant to click on Applicant Registration and fill out form and submit per instruction on web site
 - Choose "City/County Government and Law Enforcement agencies"
 - Select Alcohol/Liquor Licensee
 - Reviewing Agency ID : GA923125Z (ORI number)
5. Take receipt to a cogent station and be fingerprinted. (Locations are found on the home page under "Helpful Links")
6. Applicant to print out receipt, attach to the application and return to the City for processing

APPLICANT'S INSTRUCTION WHO LIVE OUTSIDE 50 MILE RADIUS OF DULUTH

1. Applicant request application to serve and sell alcoholic Beverages for their business
2. Owners and Stockholder owning more than 10% of the business are required to be fingerprinted and have backgrounds run.
3. The Owner(s) are furnished with the City's ORI number and are instructed to go to the Cogent web site at www.ga.cogentid.com
4. Applicant to click on Applicant Registration and fill out form and submit per instruction on web site
 - Choose "City/county Government and Law Enforcement agencies"
 - Select Alcohol/Liquor Licensee
 - Reviewing Agency ID : GA923125Z (ORI number)
5. Take receipt to a cogent station and be fingerprinted. (Locations are found on the home page under "Helpful Links")
6. Applicant to print out receipt, attach to the application and return to the City for processing

COGENT INFORMATION

APPLICANT'S INSTRUCTION FOR OUT OF STATE

1. Applicant request application to serve and sell alcoholic Beverages for their business
2. Owners and Stockholder owning more than 10% of the business are required to be fingerprinted and have backgrounds run
3. The Owner(s) are furnished with the City's ORI number and are instructed to go to the Cogent web site at www.ga.cogentid.com
4. Applicant to click on Applicant Registration and fill out form and submit per instruction on web site
 - Choose "City/county Government and Law Enforcement agencies"
 - Select Alcohol/Liquor Licensee
 - Reviewing Agency ID : GA923125Z (ORI number)
5. When registering you must check fingerprint card user (additional \$8.00 fee)
 - Continue registering
6. Go to your local agency who can give you two copies of your fingerprints and mail them to address listed on registration receipt (if you cannot find the address on the registration link, go to the how to submit ink cards on the home page under "Helpful Links")
7. Applicant to print out receipt, attach to the application and return to the City for processing