Johns Creek
www.johnscreekga.gov
678-512-3242
11360 Lakefield Drive, Johns Creek, GA 30097

Renewal Application Due Annually by November 15th

ALCOHOLIC BEVERAGE LICENSE RENEWAL

BUSINESS NAME: _____ **LICENSE #:** _____

DOING BUSINESS AS: _____

STREET ADDRESS: _____ **CITY/STATE:** _____ **ZIP CODE:** _____

APPLICANT/LICENSEE NAME*: _____

BUSINESS PHONE: _____ **BUSINESS EMAIL ADDRESS:** _____

MAILING ADDRESS: _____ **SUITE/UNIT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TYPE OF LICENSE & ASSOCIATED FEES: *(CHECK ALL THAT APPLY)*

LICENSE(S)/FEE	LICENSE FEES
APPLICATION FEE – RENEWAL	$100.00
PRINT TYPE OF LICENSE _____	$_____
ADDITIONAL BARS - _____ $1,000.00 PER BAR	$_____
SUBTOTAL - APPLICATION & LICENSE FEES DUE	$_____
LATE FILING FEE – 10% OF SUBTOTAL IF FILED AFTER NOVEMBER 15	$_____
TOTAL AMOUNT DUE	**$_____**

ALCOHOLIC BEVERAGE LICENSE RENEWAL APPLICATIONS AND PAYMENTS ARE DUE ON OR BEFORE NOVEMBER 15TH EVERY YEAR. MAKE CHECKS PAYABLE TO THE *CITY OF JOHNS CREEK*. RENEWAL APPLICATIONS AND PAYMENTS RECEIVED BETWEEN NOVEMBER 16TH AND DECEMBER 15TH ARE SUBJECT TO 10% LATE FILING FEE. BUSINESSES FAILING TO RENEW THEIR ALCOHOLIC BEVERAGE LICENSE PRIOR TO DECEMBER 15TH MUST REAPPLY AS A NEW ALCOHOLIC BEVERAGE LICENSE.

1. LIST THE ACTIVE MANAGER(S) OF THE BUSINESS WHO WILL BE ONSITE AT THE ESTABLISHMENT: *(ATTACH ADDITIONAL SHEET IF NECESSARY)*

COMPLETE NAME	ADDRESS	JOHNS CREEK POURING PERMIT NUMBER ***(REQUIRED)***

2. IF OPERATING AS A CORPORATION OR PARTNERSHIP, LIST ALL PARTNERS, OFFICERS OR DIRECTORS, AND ALL SHAREHOLDERS HOLDING MORE THAN 20% OF ANY CLASS OF CORPORATE STOCK: ****ATTACH SEPARATE LIST IF NECESSARY*****

NAME (FIRST, MI, LAST)	HOME ADDRESS	CITY, ST & ZIP	% OF SHARES

STAFF USE: Receipt #: _____

3. **BACKGROUND INVESTIGATIONS: THE APPLICANT/LICENSEE SHALL CONSENT TO AND AUTHORIZE A CRIMINAL BACKGROUND CHECK ANALYSIS AND INVESTIGATION. IF OPERATING AS A CORPORATION OR PARTNERSHIP AND THERE IS A CHANGE IN THE NAMED APPLICANT/LICENSEE FROM THE PREVIOUS YEAR, WITH NO CHANGE IN OWNERSHIP, THE NEW INDIVIDUAL MUST CONTACT THE REVENUE DIVISION AND A REVIEW WILL BE CONDUCTED.**

4. **EMPLOYEE ALCOHOL POURING PERMITS: IN ACCORDANCE WITH THE CITY CODE, ANY EMPLOYEE OF A CONSUMPTION ON THE PREMISES LICENSED ESTABLISHMENT THAT DISPENSES, SELLS, SERVES, TAKES ORDERS, MIXES ALCOHOLIC BEVERAGES, OR SERVES IN ANY MANAGERIAL POSITION MUST SUBMIT AN APPLICATION FOR AN ALCOHOL POURING PERMIT AND COMPLETE A BACKGROUND INVESTIGATION FOR THE PREVIOUS FIVE 5 YEARS. POURING PERMITS MUST BE RENEWED EVERY TWO YEARS AND THE APPLICATION CAN BE FOUND ON THE CITY'S WEBSITE AT WWW.JOHNSCREEKGA.GOV.**

CITY OF JOHNS CREEK, GEORGIA,

BY MY SIGNATURE BELOW AND BEING DULY SWORN TO LAW, I HEREBY SWEAR THAT THE STATEMENTS MADE BY ME IN THE ABOVE AND FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE, OR FRAUDULENT STATEMENT IS MADE HEREIN AND SUCH STATEMENTS WERE MADE IN ORDER TO PROCURE THE GRANTING OF SUCH A LICENSE. I CERTIFY THERE HAVE BEEN NO MATERIAL CHANGES IN ANY OF THE INFORMATION CONTAINED IN THE ORIGINAL APPLICATION. I HEREBY AUTHORIZE THE CITY OF JOHNS CREEK OR ITS DESIGNATED AGENT TO OBTAIN AND REVIEW COPIES OF ANY CRIMINAL AND/OR DRIVER'S HISTORIES IN MY NAME OR ANY ALIAS USED BY ME IN THE PAST OR AT THE PRESENT. I UNDERSTAND THAT THIS INFORMATION MAY BE USED AGAINST ME DURING THE COURSE OF THE CITY OF JOHNS CREEK'S INVESTIGATION. I FURTHER CERTIFY THAT I WILL NOTIFY THE CITY OF JOHNS CREEK OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

_____

PRINTED NAME OF APPLICANT

_____

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS THE _____ DAY OF _____, 20_____

_____

CLERK/NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

www.johnscreekga.gov
678-512-3200 ~ (fax) 678-512-3245
11360 Lakefield Drive, Johns Creek, GA 30097

REGISTERED AGENT INFORMATION FORM

BY MY SIGNATURE BELOW, I HEREBY CONSENT TO SERVE AS THE REGISTERED AGENT FOR THE LICENSEE, OWNERS, OFFICERS, AND/OR DIRECTORS OF AND TO PERFORM ALL OBLIGATIONS OF SUCH AGENCY UNDER THE ALCOHOLIC BEVERAGE ORDINANCE OF THE CITY OF JOHNS CREEK, GEORGIA. I UNDERSTAND THE BASIC PURPOSE IS TO HAVE AND CONTINUOUSLY MAINTAIN 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 UPON THE LICENSEE OR OWNER MAY BE SERVED. I UNDERSTAND THAT THE REGISTERED AGENT MUST BE A CITIZEN OF THE UNITED STATES OF AT LEAST 21 YEARS OF AGE AND A **RESIDENT OF FULTON COUNTY OR ANY COUNTY THAT BORDERS FULTON COUNTY**. I FURTHER CERTIFY THAT I WILL NOTIFY THE CITY OF JOHNS CREEK OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

_____
SIGNATURE OF AGENT

_____
PRINT NAME OF AGENT

_____
AGENT'S HOME ADDRESS

_____
CITY, STATE, AND ZIP CODE

_____
AREA CODE AND TELEPHONE NUMBER

_____
DATE MOVED INTO THE ABOVE ADDRESS

_____
DRIVER'S LICENSE NUMBER & STATE ISSUED

_____
DATE OF BIRTH

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS THE _____ DAY OF _____, 20_____

_____
CLERK/NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:

CITY OF JOHNS CREEK
CRIMINAL HISTORY RECORD CHECK CONSENT FORM

Instructions: Make additional copies of this form as needed; print legibly and answer all questions fully. If the space provided is not sufficient, answer on a separate sheet of paper and note accordingly. Include copies of verifiable identification with photo, such as driver's license or state photo ID. This application is to be executed under oath and is subject to the penalties of false swearing. An electronic version of this authorization shall be as valid as the original.

Name of Business Establishment: _____ Job Title: _____

Business Address: _____

Reason for check: Employment with or Ownership of Regulated business: PURPOSE CODE "E"

By my signature below, I hereby authorize the City of Johns Creek to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or local criminal justice agency in Georgia. I hereby specifically release the City of Johns Creek from any liability which may be incurred as a result of furnishing such information for the purpose of assessing my eligibility. Furthermore, I authorize the City of Johns Creek to conduct future background checks to determine my continued eligibility for holding this license or permit and any future renewals as applicable.

Name of Applicant: _____
(First) (Middle) (Last)

Aliases/Prior Names (or N/A): _____ Social Security _____

Home Address: _____ Cell phone # _____

Email address: _____ Height: _____ Weight: _____ lbs.

Eye Color: _____ Hair Color: _____ Sex: _____ Race: _____

ID Type: _____ ID Number: _____ ID Exp: _____

DOB: _____ City, State, and County of Birth: _____

Have you ever been arrested or held by federal, state, or other law enforcement authorities for violation of any federal, state, county or municipal law regulations or ordinances? (Do not include traffic violations; all other charges must be included even if they were dismissed.) If YES, list dates, locations, charges, and dispositions of **any and all** citations and arrests. If you have no charges, citations, or arrests – write "None."

_____

_____

Applicant's Affidavit: By my signature below, I hereby swear or affirm that the statements and answers given are true, factual and correct to the best of my knowledge and ability. I understand that it is a felony to knowingly and willfully make a false, fictitious or fraudulent statement or representation to a governmental agency in the application.

Signature of Applicant: _____ Date: _____

Subscribed and sworn before me on this the _____ day of _____, 20_____.

(Stamp/Seal)

Executed in _____ (City), _____ (State).

Notary Public Signature: _____

RESULTS

Requested by: City of Johns Creek, GA – Revenue Division

No criminal record on file _____ Criminal record on file (see attached) _____

Record Technician: _____ Badge Number: _____ Date: _____