City of South Fulton

Alcohol Beverage License Application and Information Packet FOR RETAIL BUSINESSES ONLY

Revised 01/03/2022

South Fulton Police Department
License and Permit Unit
5539 Old National Highway
College Park, GA 30349
470-809-7372
pdlicenses@cityofsouthfultonga.gov

CITY OF SOUTH FULTON APPLICATION FOR ALCOHOL BEVERAGE LICENSE

APPLICATION INSTRUCTION SHEET

Incomplete or partial applications will not be accepted.

Please answer all questions on application legibly and appropriately in black/blue ink or typed. If a question does not apply to you, write "N/A" in the space provided.

Upon completing your application, you must upload the completed application and the required documents listed below to the new state centralized alcohol processing Georgia Tax Center website at https://gtc.dor.ga.gov. ALL Forms mentioned below can be obtained from the Georgia Tax Center website. For instructions on "How to register a retail alcohol license account", click the link https://dor.georgia.gov/how-register-retail-alcohol-license-account

The *Personal History Statement* must be completed by the owner/licensee/agent/manager and corporate officers or major stakeholders of the business/organization with 20% or more of interest in business. Each person completing the personal history statement will pay the non-refundable fingerprint fee of $55.00 per individual. Upon submission of a completed application, you will be scheduled to get your fingerprints completed. Please do NOT show up to get fingerprints without an appointment.

If you are a corporation or LLC, provide copies of your certificate of incorporation/corporate charter/by laws, properly signed by the Secretary of State and the registered agent(s) for the corporation.

Application must be accompanied by a *Federal Clearance Letter* verifying no federal indictments or pending charges. The Federal Clearance Letter must be completed by the owner/licensee/agent and corporate officers or major stakeholders of the business/organization with 20% or more of interest in business. Federal Clearance Letter may be obtained from the Federal District Court (see the Clerk of Court) Richard B. Russell Building, 75 Ted Turner Drive, Atlanta, GA 30303. There is a cost of $32.00 for the Clearance Letter - per name.

Application must be accompanied by a *Certificate of Residency* verifying Agent/Licensee is a resident of the thirteen Metropolitan counties (Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Paulding, and Rockdale). Applicants must take the enclosed certificate of residency form to the Probate Court of the county in which they reside to have the form signed by clerk of court.

Application must be accompanied by *Proof of Citizenship* by secure and verifiable document as outlined in O.C.G.A. § 50-36-2 (i.e., in the form of government issued photo ID) and applicant must complete the enclosed Citizenship Affidavit for Public Benefits and E-Verify Affidavit.

Application must be accompanied by *Survey* of location prepared by a Registered Survey noting the distances per City Ordinance Sec. 16-4001. The survey must be of the proposed premises depicting the distance requirements as specified on the alcoholic beverage application (question #6). The survey must also state how the property was measured (from what point of the premises to what point of the measured location and the direction of measurement).

Application must be accompanied by a copy of your City of South Fulton current *occupational tax certificate*. Applicants may submit a copy of a temporary occupational tax certificate; however, a permanent occupational tax certificate must be received before your alcohol license application will be submitted to council for approval.

Application must be accompanied by a copy of a signed deed, lease, sublease, rental agreement, etc., authorizing applicant's use of location.

All applicants must disclose financial investments pertaining to the business operation by completing the Financial Affidavit form.

As part of the application process, the police department will arrange for the following inspections to be approved by the following entities: Fire, School Board, Zoning and Code Enforcement. Applications will not be submitted to council for approval until all required inspections are completed.

As part of the application process, the police department will arrange for the advertisement of the public hearing regarding your application. The applicant is responsible for the advertisement fee of $505. (See fee page for cost)

The City's Alcoholic Beverage Ordinance Sec.16-2017, requires alcohol awareness training to be completed by Owner, Applicant, Licensee, Manager, and all employees who dispenses, sells, serves, takes orders, or mixes beverages. Exception Not Required for Wholesaler/Distributors. See Ordinance for further or website at https://www.cityofsouthfultonga.gov/2882/Alcohol-Awareness-Training

If there are any questions concerning the completion of the application, please call the South Fulton Police License and Permit Unit for assistance at 470-809-7372 or pdlicenses@cityofsouthfultonga.gov.

Upon completing your application, you must upload the completed application to the new state centralized alcohol processing Georgia Tax Center website at https://gtc.dor.ga.gov

Date Revised: 01/03/2022

ALCOHOL LICENSE FEE SCHEDULE

The following alcohol license fees are hereby established and shall be payable by check, money order, or debit/credit card, as applicable, at the time of filing the application:

Administrative Fees:

Alcohol License Application Fee 300.00
All other Application Fees $150.00
Background / Fingerprint Fee $55.00
Advertising Fee $505.00
Fire Inspection Fee $75.00

LICENSE FEES:

Special Permit Fees

Non-Profit Special Event, Beer, Wine & Distilled Spirits/Liquor $50.00
For-Profit Special Event Beer & Wine $125.00
For-Profit Special Event Distilled Spirits / Liquor $125.00

Retail Package

Distilled Spirits /Liquor $3000.00
Beer $400.00
Wine $400.00

Temporary Alcohol License Fee

Beer and wine (Sale/Consumption on Premises) $250.00
Beer and Wine (Retail Package) $250.00

Growler $2000.00

CITY OF SOUTH FULTON APPLICATION FOR ALCOHOL BEVERAGE LICENSE

All applications must be typed or printed in black/Blue ink. Each question must be completely and correctly answered. If the space provided is not sufficient, attach additional sheets. Applications must be signed, dated, notarized, and filed with the South Fulton Police Department. All required supporting documents must be attached.

Type of License Applying For: (Check All That Apply)

☐ New License ☐ Change of Ownership ☐ New Location ☐ Other. Please Specify:_____

Please select the beverages to be sold: (Check All That Apply)

☐ **BEER** ☐ **WINE** ☐ **DISTILLED SPRITS/LIQUOR**

Please select ALL the categories that best describe the business for which this application is being submitted.

☐ Retail Package Store ☐ Convenience Store ☐ Growler

☐ Supermarket ☐ Gas / Drug / Dry Goods Store

Other. Please Specify _____

_____

1. Is applicant: [ ] Sole Proprietorship [ ] Partnership [ ] Corporation [ ] LLC

2. Legal Name of Business:_____
   Operating/Trade Name of Business_____
   Has location had an alcohol license within the last 12 months? [ ] Yes [ ] No

3. Business Address:_____ Council District:_____
   (Street Address, City, State Zip)

4. Billing Address:_____

5. Proposed Location Zoned: _____

6. A. Distance from closest private residence in any direction: _____
   B. Distance from closest college campus or school ground: _____
   C. Distance from closest branch of any South Fulton Public library: _____
   D. Distance from closest church or place of worship: _____
   E. Distance from closest regular school bus stop as designated by Fulton County Board of Education for pick-up or drop-off of school children in transport to the public schools of City of South Fulton. _____

SECTION 2:

1. Full name of Applicant (Company/Corporation) _____

2. Full name of Licensee: _____

Licensee Social Security Number: _____

Date of Birth and Place of Birth: _____

Citizen of the USA? [ ] Yes [ ] No Alien Number: _____

Resident of Georgia? [ ] Yes [ ] No Years _____ County _____

Home Address: _____

_____
City State Zip Code

Telephone Number: Home: (_____)_____Business: (_____)_____

Email Address: _____

Hours said Licensee will actively be on the premise: _____

List duties of Licensee: _____

_____

3. Full Name of Spouse, Including Maiden Name: _____

Date of Birth and Place of Birth: _____

Hours Spouse on Premises: _____

4. Licensee's Business interest(s), occupation(s), and employment for the past ten (10) years

COMPANY	*ADDRESS (CITY & STATE)*	*POSITION*	*DATES*

5. Does Licensee or any Partner(s), Corporation Officer, Principal Shareholder(s), Trustee(s), or Spouse have, within the preceding ten (10) years, any conviction for the violation of any federal, state, or Local laws, Ordinances or Regulations, or does said person have current proceeding for violation of any Federal, State or Local laws, ordinances, or regulations? [ ] Yes [ ] No

6. For the purpose of this question, the term – conviction shall include an adjudication of guilt, a plea of guilty, a plea of nolo contendere, the forfeiture of a bond or adjudication by pre-trial intervention.

PERSON CHARGED	*DATE*	*OFFENSE*	*LOCATION*	*DISPOSITION*

7. Does Licensee or any member of the Partnership, Corporation or Stockholder currently hold an Alcohol license in the state of Georgia (including a work/server/pour permit)? [ ] Yes [ ] No

8. Has Licensee or any member of the Partnership or Corporation or Stockholder ever applied for an Alcoholic Beverage license (or work/server/pour permit) and been denied, suspended, or revoked? [ ] No [ ] Yes
If yes check which type [ ] denied [ ] suspended [ ] revoked

If yes, please check appropriate status above and explain _____

9. Full Name of Manager: _____

Social Security Number of Manager: _____

Date of Birth and Place of Birth: _____

Home Address: _____

Telephone Number: Home: (_____)_____ Business: (_____) _____

E-mail Address: _____

10. Hours said manager will be on the premise: _____

11. What is the manager's business experience? _____

12. Has the manager worked in this or a similar capacity? [ ] Yes [ ] No

If yes, explain: _____

_____

FINANCIAL BACKGROUND INFORMATION

13. Applicant's full name (Company/Corporation) _____

If a Corporation, Date of Incorporation:_____Taxpayer Id# _____

14. If a Corporation, indicate the following for all Officers, members of the Board of Directors, Trustees, and principal stockholders. If a Partnership, include all partners. (Complete all information requested for each person).

NAME	*ADDRESS*	*DOB*	*SSN*	*POSITION*	*% INTEREST*

If operating as a partnership, submit a copy of all partnership agreements. If corporation, attach a copy of all Articles of Incorporation, By-laws, and amendments thereto.

15. State the amount and source of funds that have or will be invested by each individual who has an interest in the business. If a Corporation or Partnership, list each individual separately.

NAME	*AMOUNT INVESTED*	*SOURCE OF FUNDS*	*DATES*

16. Bank accounts and assets in the name of licensee/agent and/or maintained by the licensee/agent, whether individual, partnership or corporation.

TYPE	*BANK*	*CITY & STATE*	*LAST 6 OF ACCOUNT#*	*AMOUNT*

17. Has Licensee/Agent, Spouse or any person having an interest in the business received, directly or indirectly, any financial aid or assistance, to include land, fixtures, equipment, etc., from any manufacturer or wholesaler of alcoholic beverages? [ ] Yes [ ] No If yes, please specify.

NAME	*ADDRESS*	*AMOUNT/ITEM*	*DATE*

18. List any other individual(s) or firm(s) owning any interest in or receiving any funds from the operation of the business or on the premises. This includes cigarette machines, game machines, billiard tables vendors, etc.

_____

_____

19. List any financial interest or ownership which Licensee/Agent or any member of the partnership or corporation or stockholder presently has in any other alcoholic beverage license in the state of Georgia.

NAME	*NAME AND ADDRESS OF PREMISES*	*POSITION*	*% OF INTEREST*

20. List all assets which will be used or converted for use as an investment in the business and/or all sources of funding used to capitalize and/or operate the Business._____

_____

LICENSED PREMISES

21. Do you own the property where the business is located? [ ] Yes [ ] No

If yes:
Date of Purchase:_____ Purchase Price:_____

Name of Seller: _____

22. If property is rented/leased provide owner's name and address:

_____

Amount of rent/lease:

Monthly_____ Annually _____ Other (specify) _____

(Submit copy of signed lease agreement, deed, sublease, etc.)

23. Has a license at this location ever been denied, suspended, or revoked? [ ] No [ ] Yes

[ ] denied, [ ] suspended or [ ] revoked

If yes, check the appropriate status above and explain: _____

_____

24. Is business located in a hotel or motel? [ ] Yes [ ] No

If yes, name of Hotel or Motel _____

25. If the business is to be operated as a department inside of premises where another business is operating, give details of the existing business. _____

_____

26. What will be your business/operating hours? _____

27. Where will your trash receptacle be located? _____

28. What arrangements have you made for trash removal? _____

29. How often will you clean your property? _____

30. What is your plan for sanitation (clean water and sewage disposal) on the premises? _____

_____

31. What is your plan for unlawful conduct on the premises? _____

_____

32. What is your plan for fire prevention on the premises? _____

_____

33. What type of security do you plan to have? _____

_____

34. Do you offer your employees training with respect to items covered by the alcohol code? [ ] Yes [ ] No

If **yes**, what type of training and how do you plan to prevent the selling to underage consumers of alcohol and tobacco products on your premises? _____

_____

35. What type of buffering do you have, or will you provide to alleviate the effects of noise, lighting, odors, traffic, or other nuisances on surrounding properties?

_____

36. What plans do you have to prevent un-permitted vending on your property?

_____

37. Describe the traffic and pedestrian ingress and egress to/from the property and to/from any existing or proposed structure on the property**.** _____

RETAIL PACKAGE LIQUOR LICENSE **(selling liquor, beer, & wine)**

If you are applying for a retail package liquor license, please complete questions 45-47.
If not, write N/A and please skip ahead to question 48.

38. Do you propose to operate this store solely as a package liquor store? [ ] Yes [ ] No

39. Does the Licensee/Agent, Spouse, or any other owner(s), partner(s) or stockholders have an interest in other retail liquor stores? [ ] Yes [ ] No

NAME	*NAME & LOCATION OF BUSINESS*	*POSITION*	*% INTEREST*

40. Do you or your spouse or any partner or stockholder have any financial interest in any wholesale liquor business?
[ ] Yes [ ] No

If yes, give details: _____

_____

_____

RETAIL BEER AND/OR WINE LICENSE (selling beer & wine only)

If you are applying for a retail beer and/or wine license, please complete questions 48-50. If not, please skip ahead to next page.

41. Are you (the applicant) or any member of your family, the owner, lessor, or sub-lessor of any real estate which is occupied by a retail package (liquor) store? [ ] Yes [ ] No

If yes, list locations, information as to any lease or rental agreement, amount of rent received, and to whom.

LOCATION	*LEASE/RENTAL AGREEMENT INFORMATION*	*AMOUNT OF RENT*	*LESSOR*

42. Are you or any member of your family the Executor, Administrator, Beneficiary or Heir of **any estate having any interest** in retail package (liquor) store? [ ] Yes [ ] No

If yes, list location(s), amount of interest and your relationship with the estate:

LOCATION(S)	*% INTEREST*	*YOUR RELATIONSHIP TO ESTATE*

43. Are you or any member of your family the beneficiary or trustee of **any trust fund having any interest** in a retail package (liquor) store? [ ] Yes [ ] No

If yes, give your position, the name of the trust and the amount of income that you receive.

POSITION	*NAME OF TRUST*	*INCOME RECEIVED*

CERTIFICATION

I have received a copy of the City of South Fulton Alcoholic Beverage Ordinance and I have read it and agree to adhere to all applicable City of South Fulton Ordinances, Georgia state laws and regulations governing the operation of establishments that serve and/or sell alcoholic beverages? [ ] Yes [ ] No

I understand it is the responsibility of the applicant/licensee/agent to ensure that all licenses to sell alcoholic beverages are renewed no later than December 15th of each year or I will have to apply for a new alcohol license. [ ] Yes [ ] No

I understand that a state alcohol license must also be obtained before any alcoholic beverage can be served or sold in the City of South Fulton, (this includes Alcoholic Beverage Manufacturers). I further understand that the state license is obtained **after** the city license is obtained and I am responsible for contacting the Georgia Department of Revenue to obtain a state alcohol license. [ ] Yes [ ] No

I understand that I am required to pay alcohol excise taxes in accordance with City of South Fulton Ordinance, Title 16 Alcoholic Beverages, and failure to pay excises taxes imposed by this ordinance will be grounds for suspension or revocation of my alcohol license. [ ] Yes [ ] No

I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Application for Alcoholic Beverage Sales and Service and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application.

_____

SIGNATURE OF APPLICANT DATE

_____

PRINTED NAME OF APPLCIANT

~For Notary~

I hereby certify that _____ signed her/his name to the foregoing application stating to me that he/she knew and understood all statements and information contained therein and, under oath actually administered by me, has sworn that said statements and information are true and correct.

SWORN TO AND SUBSCRIBED

BEFORE ME THIS _____DAY OF _____ 20 _____

_____

NOTARY PUBLIC SIGNATURE

_____

NOTARY PUBLIC PRINTED NAME

Date Revised: 01/03/2022