APPLICATION INSTRUCTION SHEET

SATISFACTORY COMPLETION OF THE FOLLOWING REQUIREMENTS ARE NECESSARY TO FILE APPLICATIONS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

- ☐ **1. *TWO ORIGINAL APPLICATIONS* – Answer all questions on both applications legibly and appropriately in black ink or typed. Be sure applications are notarized.**

- ☐ **2. *PERSONAL HISTORY FORM* – One personal history card, the applicant will be fingerprinted in the License and Permits Office. If applicant is a corporation, the agent and first (5) corporate officers or major stockholders must complete a personal history card and be fingerprinted.**

- ☐ **3. *FINGERPRINTS*- Fingerprints are $20.00 per individual.**
  ***The following money orders will NOT be accepted: Fidelity Express, United One, and US Express.**

- ☐ **4. *CORPORATE PAPERS* – Submit a certificate of incorporation, a copy of the corporate charter/by-laws that have been properly signed by the Secretary of State and the registered agents(s) for the corporation. List all percentages held and title of each officer on the application.**

- ☐ **5. *LETTER OF CLEARANCE* – APPLIES TO LICENSEE-AGENT ONLY.**
  - ☐ ***A. Federal Clearance* – verifying that neither the applicant/agent and/or spouse have been convicted of a crime within the past (10) years. May be obtained from the Federal District Court (see the Clerk of Court) Richard B. Russell Building, 75 Spring Street.**
  - ☐ ***B. Certificate of Residence* – Applicant/Agent must reside in one of the thirteen Metro-Atlanta counties (Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Paulding and Rockdale). Probate court of the county in which you may reside may sign the certificate-verifying residency. (See the Clerk of Superior Court).**
  - ☐ ***C. Proof of Citizenship* – Applicant/Agent must be a citizen of the United States or an alien lawfully admitted for permanent residence. A copy of the citizenship naturalization certificate or resident alien status is required.**
  - ☐ ***D. Three Letters of Reference* – May be furnished by any three (3) persons who have known the applicant for at least three (3) years. Letters must include name, address and telephone number.**
  - ☐ ***E. Two (2) small color photos* – Size 2 x 2 (passport size if possible).**

- ☐ **6. *SURVEY* – A certified survey of the proposed premises depicting the distance requirements as specified on the alcoholic beverage application (question #4). 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).**

- ☐ **7. *LEASE OR VALID DOCUMENT* – Shows applicant has legal access to the proposed premises (deed, lease, sublease, rental agreement, etc.).**

- ☐ **8. *FINANCIAL INVESTMENTS* – All applicants must furnish, at the time of filing application, all**

financial investments pertaining to the business operation. If documents are bank statements, the six months immediately preceding the investment are required.

- ☐ **9. *MENU* – If applying as a restaurant, a copy of the menu is required showing the food served for on premise consumption.**

- ☐ **10. *FLOOR PLAN* – A drawing of the alcohol license premises including the customer service area (if restaurant, club, bar, etc.), must accompany the application. This includes measurements of total square footage of service area.**

- ☐ **11. *NEIGHBORHOOD PLANNING UNIT (NPU) FORM* – The applicant must meet with the Neighborhood Planning Unit for their business site and the NPU form must be signed by the NPU Chairperson *AND* the Department of Planning (404) 330-6145. This form must be submitted before the application can be placed on the License Review Board Agenda.**

  ***NPU* information can be obtained from 68 Mitchell Street S.W., Suite 3350 (404) 330-6145.**

- ☐ **12. *ZONING Department* is located at 68 Mitchell Street S.W., Suite 3900 (404) 330-6175**

- ☐ **13. *PARKING REQUIREMENTS* – You must provide a certified statement that verifies your establishment meets parking requirements according to 10-57(3).**

- ☐ **14. *APPLICATION FILING FEE (NON-REFUNDABLE)* - $300.00 per set of applications and ANNUAL LICENSE FEES –MONEY ORDER OR CASHIER'S CHECK ONLY.**
  ***The following money orders will NOT be accepted: Fidelity Express, United One, and US Express.**

- ☐ **15. *APPROVAL OF FIRE, HEALTH AND BUILDING DEPARTMENTS* – After your interview with an investigator, the applicant must ensure that these inspections are completed and submitted to the License & Permits Unit no later than 12 noon on the Tuesday preceding the scheduled License Review Board hearing date. You may call the Fire Department at (404) 546-7000, the Bureau of Building at (404) 546-1000 and/or the Health Department at 404-730-1301.**

- ☐ **16. *ADVERTISEMENT* – After your interview with an investigator, the applicant must give legal notice of the purpose of making the application by advertisement a minimum of two (2) times on different days in the Atlanta Journal /Constitution newspaper. NOTE: The advertisement must be completed at least ten (10) days prior to the License Review Board hearing date, which will be set at least 30 days from the filing date. It is the applicant's responsibility to ensure the License & Permits Unit receives the affidavit no later than 12 noon on the Tuesday preceding the scheduled License Review Board date.**

IF THERE ARE ANY QUESTIONS CONCERNING THE COMPLETION OF THE APPLICATIONS, PLEASE TO CALL THE LICENSE AND PERMITS UNIT FOR ASSISTANCE AT (404) 546-4470 or visit the web @ www.municode.com.

PLEASE CALL FOR AN APPOINTMENT TO FILE AN APPLICATION AT LEAST 48 HOURS IN ADVANCE. APPOINTMENTS ARE SCHEDULED MONDAY, TUESDAY AND WEDNESDAY FROM 9:00 AM UNTIL 2:00PM.
License and Permits Unit - 3493 Donald Lee Hollowell Parkway - Atlanta, Georgia 30331

ATLANTA POLICE DEPARTMENT
PERSONAL HISTORY RECORD

PERMIT TYPE: _____ **DATE:** _____

Name in FULL (Please Print) _____

Address: _____ **Telephone:** _____

Place of Birth _____ **Date of Birth:** _____ **Age:** _____
(City, State) (Day, Month, Year)

Race: _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____

Hair Color: _____ **Social Security Number:** _____ **Driver License Number:** _____

Have you been convicted of any law? Federal: _____ **Foreign Country:** _____ **State Law:** _____

City Ordinance: _____ **if so, explain:** _____

_____

_____

List names and addresses of employers for the past three (3) years: _____

_____

_____

Marital Status: _____ **Spouse's Name:** _____

Finger printed by: _____ **Applicant Signature:** _____

Date: _____

CRIMINAL HISTORY CONSENT

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? ( ) Yes ( ) No

Date of Occurrence: _____ **City:** _____ **State:** _____

Disposition: _____ **Explain:** _____

_____

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF CITY ORDINANCE 106-90. _____
(SIGNATURE)

Date Revised: 8/12/2015

CITYOFATLANTA

Certificate of Residence
For Retail Package Liquor Applicants Only

State of Georgia, _____County

I, _____Judge of the probate Court, for _____ County, Georgia, Hereby certify that _____ is now and has been a Bona Fide Resident of the state of Georgia for one year in the county of _____ for one year immediately preceding the date of this affidavit, based upon the affidavit of applicant, and the evidence submitted therewith. In Witness Whereof, I have hereunto set my hand and affixed the seal of said Probate Court this _____day of _____, 20_____.

_____
Judge of the Probate Court

_____
County, Georgia

****

Certificate of Residence
For All Other Alcoholic Beverage License Applicants

State of Georgia, _____County

I, _____Judge of the probate Court, for _____ County, Georgia, Hereby certify that _____ is now and has been a Bona Fide Resident of the state of Georgia in the county of _____ based upon the affidavit of applicant and the evidence submitted therewith. In Witness Whereof, I have hereunto set my hand and affixed the seal of said Probate Court this _____day of _____, 20_____.

_____
Judge of the Probate Court

_____
County, Georgia

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____ [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from _____ [*name of government entity*], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ **I am a United States citizen.**

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 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 O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state)

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THE
_____ DAY OF _____, 20___

_____
NOTARY PUBLIC
My Commission Expires:

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1.
Please check only one:

(A) _____On January 1st of the below signed year, the individual, firm, or corporation employed more than ten (10) employees.

(B) _____On January 1st of the below signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If the employer selected Section1(A), please fill out Section 2 below.

Section 2.
The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, _____, 20____ in_____(city),__(state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE_____DAY OF_____, 20____ .

_____
NOTARY PUBLIC
My Commission Expires: _____

CITY OF ATLANTA POLICE DEPARTMENT APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGE

SECTION 1 LICENSEE/AGENT _____ FOR THE YEAR _____ DATE____/____/____

All applications must be typed or printed in black 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 in the License and Permits Unit, 3493 Donald Lee Hollowell Parkway, Atlanta, GA. All required supporting documents must be attached. The three hundred dollar ($300) filing fee and the annual filing fee is payable by *money order, cashier's check or certified check*. The fee is non-refundable and is not applied to the license fee. The applicant must also submit the Alcohol License fee payable by *money order, cashier's check or certified check*. A copy of the Alcohol Code can be obtained at City Hall or on the web at *www.atlantaga.gov*.

LIQUOR	BEER	WINE
( ) RETAIL PACKAGE	( ) RETAIL PACKAGE	( ) RETAIL PACKAGE
( ) CONSUMED ON PREMISES	( ) CONSUMED ON PREMISES	( ) CONSUMED ON PREMISES
( ) IMPORTER	( ) IMPORTER	( ) IMPORTER
( ) MANUFACTURER	( ) MANUFACTURER	( ) MANUFACTURER
( ) WHOLESALER	( ) WHOLESALER	( ) WHOLESALER
( ) NIGHT CLUB	( ) NIGHT CLUB	( ) NIGHT CLUB
( ) RESTAURANT	( ) RESTAURANT	( ) RESTAURANT
( ) BAR	( ) BAR	( ) BAR
( ) LOUNGE	( ) LOUNGE	( ) LOUNGE
( ) PRIVATE CLUB	( ) PRIVATE CLUB	( ) PRIVATE CLUB
( ) SUITES HOTEL	( ) SUITES HOTEL	( ) SUITES HOTEL
( ) HOTEL	( ) HOTEL	( ) HOTEL
( ) CONVENTION CENTER	( ) CONVENTION CENTER	( ) CONVENTION CENTER
( ) SPORTS COLISEUM	( ) SPORTS COLISEUM	( ) SPORTS COLISEUM
( ) OTHER _____	( ) BREWERY	( ) FARM WINERY
	( ) FOOD STORE	( ) FOOD STORE
	( ) OTHER _____	( ) OTHER _____

ACTIVITIES PROPOSED FOR PREMISES

( ) CUSTOMER DANCING
( ) LIVE ENTERTAINMENT
( ) ADULT ENTERTAINMENT

If a Private Club: (1) Submit the salaries and other benefits received by each officer, trustee and employee; (2) Attach A copy of 501(c) Internal Revenue Code tax exempt documentation; and (3) Attach membership application.

1. Is applicant: ( ) Sole Proprietorship ( ) Partnership ( ) Corporation ( )LLC
2. A. Legal Name of Business:_____
   B. Operating/Trade Name of Business_____
   C. Has location had alcohol license within the last 12 months? ( ) Yes ( ) No
3. Location of Business:_____ Zip _____Council District:_____NPU:
4. Proposed Location Zoned: _____
5. A. Distance from closest private residence: _____
   B. Distance from closest private residence on same street: _____
   C. Distance from closest college campus or school ground: _____
   D. Distance from closest branch of any Atlanta Public library: _____
   E. Distance from closest church or place of worship: _____
   F. Distance from closest park or recreational area: _____
   G. Distance from any public housing owned or operated by any Government agency/authority: _____
   H. Distance from closest retail package store: _____
   I. Is premises for license located in a shopping center? ( ) Yes ( ) No
   J. If yes, does shopping center contain 80,000 square feet or more? ( ) Yes ( ) No
   K. Distance from any private hospital, or mental health care facility, or public hospital which is owned and operated by any government agency or authority and used for hospitalization: _____
   L. Distance from any tattoo establishment: _____

NOTE: YOU MUST MEET ALL DISTANCE REQUIREMENTS PURSUANT TO ATLANTA CITY CODE

TENTATIVE LRB DATE:
STATUS:_____ **PREVIOUS BUSINESS NAME:**
DATE RECEIVED:_____ **IN-TAKE INVESTIGATOR:**_____

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

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

8. Has the manager worked in this or a similar capacity? ( ) Yes ( ) No

   If yes, explain: _____

9. Does Agent/License or any member of the Partnership, Corporation or Stockholder currently hold an Alcohol license (including a server permit)? ( ) Yes ( ) No

10. Has Agent/License or any member of the Partnership or Corporation or Stockholder ever applied for an Alcoholic Beverage license (or server's permit) and been ( ) denied ( ) suspended ( ) revoked?

    If yes, please check the appropriate status and explain. _____

    _____

    LICENSED PREMISES

11. Do you own the property where the business is located? ( ) Yes ( ) No

12. If property rented/leased, owner's name and address: _____

    _____

13. Has a license at this location been ( ) denied, ( ) suspended or ( ) revoked within the past 24 months?

    If yes, check the appropriate status and explain: _____

    _____

14. Is business located in a hotel or motel? ( ) Yes ( ) No

    If yes, name of Hotel or Motel _____

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

    _____

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

17. Where will your trash receptacle be located? _____

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

19. How often will you clean your property? _____

20. What is your plan for complying with Code Section 10-215 of the Alcohol Code regarding sanitation, unlawful conduct and fire prevention on the premises? _____

    _____

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

    _____

22. 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 and consumption by underage consumers of alcohol and tobacco products on your premises? _____

_____

23. What type of buffering do you have/will you provided to alleviate the effects of noise, lighting, odors, traffic or other nuisances on surrounding properties? Do you have any plans to prevent un-permitted vending on your property? _____

_____

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

_____

25. If your parking lot is over 30 spaces, do you meet the "Parking lot requirements" for trees found in the Atlanta City Code of Ordinances, Chapter 158, Article II, Division 1, Section 158-30? ( ) Yes ( ) No

26. Does your business comply with all applicable requirements of the Sign Ordinance found in the Atlanta City Code of Ordinances, Part III Land Development Code, Part 16, Zoning Chapter 28A? ( ) Yes ( ) No

ON PREMISES CONSUMPTON LICENSE
If you are applying for an on-premises alcoholic beverage consumption license, please complete questions 27-33. If not, please skip ahead to question 34.

27. Seating Capacity: ( ) Restaurant _____ ( ) Bar _____ ( ) Other _____
( ) Brewpub _____ ( ) Brewery _____
( ) Lounge _____ ( ) Farm Winery _____
( ) Private _____ ( ) Nightclub _____

28. Describe kitchen Facilities: _____

_____

List number of Employees: _____ Cooks _____ Waiters/Waitress _____ Other employees
_____ Alcohol Servers

A copy of your menu must be included with this application.

29. Is business air conditioned? ( ) Yes ( ) No

30. Will you have live entertainment? ( ) Yes ( ) No

31. What percentage of revenues do you expect to come from food sales? _____ from alcohol? _____

32. What is the total square footage of the licensed premises? _____

33. How many parking spaces are you required to have? _____
Does the location have on-site parking? ( ) Yes ( ) No How many spaces? _____
If no or if parking is insufficient, what arrangements have you made for parking? _____

_____

Attach copies of any relevant leases and a map showing location in relation to licensed establishment.

PACKAGE LICENSE

If you are applying for a package store license, please complete questions 34-37. If not please skip ahead to question 38.

34. Do you propose to operate this store solely as a package store? ( ) Yes ( ) No

35. Give the amount of the gross sales of the retail liquor store at the licensed location for the previous twelve (12) months and state the dates used in computing the gross:

DATES (FROM – TO)	*GROSS SHARES*

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

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

37. 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: _____

_____

_____

SECTION 2

38. Full name of applicant (Company/Corporation) _____

39. Full name of Agent/License: _____

License/Agent 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 Agent/Licensee will actively be on the premise: _____

List duties of Agent/Licensee: _____

_____

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

Spouse's Social Security Number: _____

Date of Birth and Place of Birth: _____

Hours Spouse on Premises: _____

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

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

42. 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: _____

43. **Full Name of Spouse, Including Maiden Name:** _____

Spouse's Social Security Number: _____

Spouse's Date of Birth and Place of Birth of: _____

44. **Does Agent/Licensee, or any Partner(s), Corporation Officer, Principle 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**

45. **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*

BACKGROUND, FINANCIAL INFORMATION ON APPLICANT, MANAGER AND OWNERS

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

If a Corporation, Date of Incorporation: _____ **Taxpayer Id#** _____

47. **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, minutes of any corporation meetings within the last twelve (12) months.

48. **Do you own the property where the business is located? ( ) Yes ( ) No**
If yes:
Date of Purchase _____ **Purchase Price** _____ **Seller's Names** _____

49. **If property rented/leased, owner's name and address:** _____

Amount of rent/lease:
Monthly _____ **Annually** _____ **Other (specify)** _____
(Submit copy of lease agreement, deed, sublease, etc.)

50. 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

51. Bank accounts and assets in the name of agent/licensee and/or maintained by the agent/licensee, whether individual, partnership or corporation. *(Provide copies of account statements)*

TYPE	BANK	CITY & STATE	ACCOUNT NUMBER	AMOUNT

52. Has Agent/Licensee, 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

53. List any other individual(s) of 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. _____

_____

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

NAME	NAME AND ADDRESS OF PREMISES	POSITION	% OF INTEREST

55. 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._____

RETAIL PACKAGE LICENSE

If you are applying for a package store license, please complete questions 56-58. If not, please skip ahead to Page 9.

56. 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 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*

57. Are you or any member of your family the Executor, Administrator, Beneficiary or Heir of any estate having any interest in retail 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*

58. Are you or any member of your family the beneficiary or trustee of any trust fund having any interest in a Retail 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

ARE YOU FAMILIAR WITH THE CITY OF ATLANTA ORDINANCES, STATE LAWS AND REGULATIONS GOVERNING THE OPERATION OF ESTABLISHMENTS THAT SERVE AND/OR SELL ALCOHOLIC BEVERAGES? ( ) YES ( ) NO

DO YOU AGREE TO ABIDE BY SUCH ORDINANCES, LAWS AND REGULATIONS?
( ) YES ( ) NO

IT IS THE RESPONSIBILITY OF THE AGENT TO ENSURE THAT ALL LICENSES TO SELL ALCOHOLIC BEVERAGES ARE RENEWED NO LATER THAN JANUARY 1ST OF EACH YEAR.

I, _____, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR THAT THE FACTS AND DETAILS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE AND COMPLETE, AND NO FALSE OR FRAUDULENT STATEMENT IS MADE HEREIN — THAT SUCH ANSWERS WERE MADE IN ORDER TO PROCURE THE GRANTING OF SUCH LICENSE.

_____
SIGNATURE OF AGENT/LICENSEE DATE

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____
DAY OF _____, 20 _____

_____
NOTARY PUBLIC

_____
SIGNATURE AND TITLE OF PERSON OTHER THAN AGENT FILLING OUT THIS APPLICATION

_____
TELEPHONE NUMBER

CONSENT FORM

I hereby authorize the Atlanta Police Department License and Permits Unit to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or in the files of the Federal Bureau of Investigation.

_____

Full Name (Please Print)

_____

Address

_____

City **State** **Zip Code**

_____

Race **Gender** **Date of Birth**

_____

Social Security Number

_____

Signature

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____
DAY OF _____, 20____

_____

NOTARY PUBLIC

PACKAGE STORES
LESS THAN 5% OF BEER/WINE SALES

Date of Initial Alcohol License: _____

I, _____, have read the Atlanta City Ordinance, Section 10-88.1(B) on beer and/or wine package sales by a convenience store. I understand that less than 5% of my gross receipts from my business will be derived from the sale of alcoholic beverages. Beer and wine package sales of 5% or more may possibly result in the loss of my license to sell alcohol.

_____
Signature of Agent

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____
DAY OF _____, 20_____

_____
NOTARY PUBLIC

PROPERTY OWNER'S NOTIFICATION

Pursuant to City of Atlanta Code of Ordinances Section 10-109 (h):

"Property owners of licensed premises will be responsible to a reasonable extent for unlawful activity which occurs on their premises on a regular basis such that the property owner knows or should have known that such unlawful activity was taking place on the licensed premises. If it appears that such activity was encouraged or if it appears that the property owner could have prevented such activity, in addition to being authorized to deny, revoke and refuse to renew the license, the Mayor shall be authorized to deny the issuance of any license under this division at that location for a period up to two years from the occurrence of such unlawful activity, and such property shall also lose its permitted and nonconforming uses for the same period."

I, _____, owner of the property located at _____, have read and am familiar with the above cited code section.

_____

Signature of Property Owner

_____

Date

CITY OF ATLANTA
ATLANTA POLICE DEPARTMENT
LICENSE & PERMITS UNIT

License Review Board Agenda Notification

Name of Business: _____

Address: _____

Licensee/Agent: _____

I, _____, licensee/agent for the above referenced location, understand that it is my sole responsibility to ensure that all documents/inspections (Building, Health, Fire, Advertisements) are completed and submitted to the License & Permits Unit one week prior to my scheduled License Review Board date.

I further understand that if these documents are not received by the License & Permits Unit by the due date, my application will not be placed on the next scheduled License Review Board agenda.

_____ _____

Signature ***Date***

_____ _____

Investigator ***Date***

REFERENCE: Atlanta City Code Chapter 10, Article II, Division 2, Section 10-66(b) or www.municode.com.

NEIGHBORHOOD PLANNING UNIT (NPU) _____REPORT TO LICENSE REVIEW BOARD

It is the responsibility of the applicant to present Section 1 of his/her application for a license to sell alcoholic beverages before the appropriate NPU. The applicant must first come the Bureau of Planning, 55 Trinity Ave., Suite 3350 to file a copy of Section 1 of the application and obtain a "Notice to Appear" including a date for the Application's appearance at the NPU. Failure by the applicant to attend the NPU meeting will result in the non-acceptance of the application by the License & Permits Unit.

Application Date: _____

_____ **Proposes to operate a (n)**
Name of Applicant

_____
Type of Business

_____
Name of Business

_____
Address of Business **City, State, Zip**

_____
Address of Applicant **City, State, Zip**

Circle:

New Business

Change of Ownership

Change of Agent

Change of Licensee

Other

_____ _____ _____
Applicant Telephone Number (Business/Office) **Applicant Telephone Number (Other)** **NPU Date**

TO: Chief of Police
Attention – License & Permits Unit

This is to advise that Agent/Licensee _____**appeared before our NPU meeting on the above meeting date to obtain a license at the above listed location.**

☐ **Applicant Did Not Appear**

NPU Recommendation: Approved ☐ **Denied** ☐ **Recommendation** ☐

Comments:

_____

_____

_____

_____ _____
Date **NPU Chairperson or Designated Representative**

_____ _____
Date **Commissioner, DPCD or Designee**

FOR LICENSE & PERMITS USE ONLY

License Review Board Hearing _____ **DPCD notified: Yes** ☐ **No** ☐

Notice by: _____ **Date:** _____