APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA

AS REQUIRED BY THE ALCOHOLIC BEVERAGE LICENSE ORDINANCE OF THE CITY OF STONE MOUNTAIN, THE FOLLOWING ATTACHMENTS MUST BE FILED WITH THE APPLICATION:

[ ] Application processing fee of Three Hundred Fifty Dollars and No/100 ($350.00). ***CERTIFIED CHECK OR CASH***

[ ] A completed State of Georgia Department of Alcohol Unit form ATT-17 which has been filed with the state.

[ ] A certificate dated not more than 6 months prior to the date of this application from a registered land surveyor, licensed to do business in the State of Georgia, showing a scale drawing of proposed location and the shortest straight line distance from the proposed licensed premises to the property line of any residence, church building, alcoholic treatment center, school building, educational building, school, college building or college campus located within a radius of 600 feet.

[ ] A copy of a deed showing the applicant to be the owner of the premises for which the license is sought or a copy of a lease showing any interest the owner of the premises has in the business for which the license is sought.

[ ] An affidavit of each person whose name appears on an application for a license swearing that said person has not within 5 years prior to the date of application been convicted of nor entered a plea of nolo contendre to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or a misdemeanor or a crime opposed to decency and morality.
(Does not include the registered agent for service of a corporation, or LLC unless such person is a covered stockholder, member, partner, limited partner, licensee or license representative).
AFFIDAVIT – 5-YEAR BACKGROUND HISTORY – FORM INCLUDED IN PACKET – PAGE 10

[ ] Consent form releasing driver history and criminal background history of each person listed herein and proof of U.S. Citizenship or alien status.
CONSENT FORM - FORM INCLUDED IN THE PACKET – PAGE 9 AND 9A

[ ] 7-Year certified driver history which can be obtained from the Georgia Department of Driver Services for the licensee and license representative.

[ ] For those applicants, who, within the last five year period, have resided or do reside in a state other then Georgia, the applicant must furnish a certified copy of a driver history and criminal background history from the state or state in which he/she has resided or resides to the Chief of Police of Stone Mountain.

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA

[ ] If the same person is serving as the licensee and the license representative, he/she shall submit an affidavit certifying that he/she is at least twenty-one (21) years of age, a resident of DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County and a manager of the business.
AFFIDAVIT OF LICENSEE/LICENSE REPRESENTATIVE – FORM INCLUDED IN PACKET – PAGE 8 (Top Portion)

[ ] If the licensee is not the license representative, an affidavit from the license representative certifying that he/she is at least twenty-one (21) years of age, a resident of DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County and a manager of the business.
AFFIDAVIT OF LICENSEE/LICENSE REPRESENTATIVE – FORM INCLUDED IN PACKET – PAGE 8 (Bottom Portion)

[ ] If applicable, have you received a DeKalb County Health Department Food Service Permit and any other state or federal permits, etc. required for a food service establishment. If so, attach a copy of the permit.

[ ] A certificate from the STONE MOUNTAIN Chief of Police certifying that each person named in the application has been investigated and found not to have within 5 years prior to the date of application been convicted of nor entered a plea of nolo contendre to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or a misdemeanor or a crime opposed to decency and morality.
CRIMINAL HISTORY CONSENT – FORM INCLUDED IN PACKET – PAGE 12

[ ] Verification of the Licensee and/or License Representative.
FORM INCLUDED IN PACKET – PAGE 7

[ ] SAVE Affidavit – Required by the Department of Homeland Security.
FORM INCLUDED IN PACKET – PAGE 11

[ ] Affidavit from the publisher of the legal organ of the City.
AD MUST RUN FOR TWO CONSECUTIVE WEEKS PRIOR TO THE WEEK OF THE SCHEDULED PUBLIC HEARING – (REFER TO PAGE 13 FOR INSTRUCTIONS)

[ ] Affidavit from the applicant certifying the required posting of signs on the proposed business location.
SIGNS MUST BE POSTED FOR TWO CONSECUTIVE WEEKS PRIOR TO THE WEEK OF THE SCHEDULED PUBLIC HEARING – PAGE 14

[ ] $25.00 fee per sign received for posting the property of the proposed business.

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA

Please read through the entire application before answering any questions. Every question must be answered fully and correctly. If the space provided is not sufficient, answer the questions on another sheet of paper and indicate that a separate sheet is attached. If a particular question does not apply to you, then answer "N/A" and if necessary explain why the question is not applicable to you. ***Do not leave any questions blank.*** When the form is completed, it must be dated, signed and verified under oath by the applicant and filed with the City Clerk of the City of Stone Mountain, Georgia together with all supporting documents, and a certified check or cash for Three Hundred Fifty Dollars and No/100 ($350.00) which is non-refundable if the license is not granted. If the license is granted, this processing/investigative fee will be applied towards the first annual license issued.

Type of establishment: (Check one)

[ ] Restaurant [ ] Private Club [ ] Hotel/Motel [ ] Bed & Breakfast

[ ] Caterer [ ] Convenience Store [ ] Grocery Store [ ] Wholesaler

[ ] Theater or Other Entertainment Establishments [ ] Poolrooms & Billiard Parlors

Type of license applied for: (Check one)
License Fee must be paid by certified check or cash within 30 days of approval

[ ]	Retail consumption – Restaurant, Private Club, Bed & Breakfast, Caterer, Poolrooms & Billiard Parlors, Hotel/Motel, Theater or Other Entertainment Establishments (distilled spirits, malt beverages and wine)	$2,800
[ ]	Retail consumption - Restaurant, Private Club, Bed & Breakfast, Caterer, Poolrooms & Billiard Parlors, Hotel/Motel, Theater or Other Entertainment Establishments (malt beverages and wine only)	$ 500
[ ]	Retail dealer: Building size greater than 4,000 sq. ft. (beer and wine package sales only)	$1,000
[ ]	Retail dealer: Building size 4,000 sq. ft. or less (beer and wine package sales only)	$ 500
[ ]	Wholesale dealer (beer or wine)	$ 200
[ ]	Transfer Fee (New Owner or Change in Licensee or Licensed Representative)	$ 100
[ ]	Brew Pub	$1,000
[ ]	Temporary license	$ 50
[ ]	Temporary License Representative	N/C
[ ]	Business Relocation (No Change in Licensee or License Representative)	N/C

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA
PAGE 2

Type of ownership: [ ] Individual [ ] Partnership [ ] Close Corporation
(check one) [ ] Corporation [ ] Limited Liability [ ] Limited Partnership

WHAT COUNTY DOES THE LICENSEE RESIDE? _____

If the licensee is a resident of either DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County, will be named as the manager of the business and be on the premises on a regular basis, then the licensee may also be the license representative of the business.

If a separate individual must be named as the license representative, then the license representative shall be a resident of DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County, be the manager of the business and be on the premises on a regular basis.

IF AN INDIVIDUAL, FULL NAME AND LEGAL RESIDENCE OF OWNER:

_____ _____
NAME SOCIAL SECURITY #

_____ _____
STREET ADDRESS MAILING ADDRESS (If different)

_____ _____
CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

Is this individual a U.S. Citizen? [ ] YES [ ] NO

If not, please provide the permanent alien registration #_____
(A copy of the green card must be attached)

IF A PARTNERSHIP, PROVIDE THE FOLLOWING:
(Please use a separate sheet if necessary)

Name, address & social security number of general partner(s):

_____ _____ _____

_____ _____ _____

Name, social security number, percent interest and legal address of all partners:

_____ _____ _____

_____ _____ _____

Are all of these stockholders U.S. Citizens? [ ] YES [ ] NO

If not, please provide the permanent alien registration #_____
(A copy of the green card must be attached)

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA
PAGE 3

IF CLOSE CORPORATION:

_____
CLOSE CORPORATION NAME

_____ _____
STREET ADDRESS MAILING ADDRESS (If Different)

_____ _____
CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

NAME, SOCIAL SECURITY NUMBER, PER CENT INTEREST AND LEGAL ADDRESS OF ALL STOCKHOLDERS:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Are all of these stockholders U.S. Citizens? [ ] YES [ ] NO

If not, please provide the permanent alien registration #_____
(A copy of the green card must be attached)

IF A CORPORATION:

_____
CORPORATION NAME

_____ _____
STREET ADDRESS MAILING ADDRESS (If Different)

_____ _____
CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

NAME OF REGISTERED AGENT FOR SERVICE OF PROCESS FOR THE CORPORATION

_____

_____ _____
STREET ADDRESS MAILING ADDRESS (If Different)

IF LIMITED LIABILITY COMPANY:

_____
LIMITED LIABILITY COMPANY NAME

_____
ADDRESS OF PRINCIPAL PLACE OF BUSINESS

NAME, ADDRESS & SOCIAL SECURITY NUMBER OF MANAGING MEMBER(S):

_____ _____

_____ _____

NAME, SOCIAL SECURITY NUMBER, PER CENT INTEREST AND LEGAL ADDRESS OF ALL MEMBERS:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Are all of these partners U.S. Citizens? [ ] YES [ ] NO

If not, please provide the permanent alien registration #_____
(A copy of the green card must be attached)

NAME OF REGISTERED AGENT FOR SERVICE OF PROCESS FOR THE LIMITED LIABILITY COMPANY:

_____
NAME

_____ _____
STREET ADDRESS MAILING ADDRESS (If Different)

_____ _____
CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

IF LIMITED PARTNERSHIP:

_____
LIMITED PARTNERSHIP NAME

_____
ADDRESS OF PRINCIPAL PLACE OF BUSINESS

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA
PAGE 5

NAME, ADDRESS & SOCIAL SECURITY NUMBER OF GENERAL PARTNER(S):

_____ _____ _____

_____ _____ _____

_____ _____ _____

NAME, SOCIAL SECURITY NUMBER, PER CENT INTEREST AND LEGAL ADDRESS OF LIMITED PARTNERS:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Are all of these partners U.S. Citizens? [ ] YES [ ] NO

If not, please provide the permanent alien registration #_____
(A copy of the green card must be attached)

NAME, OF REGISTERED AGENT FOR SERVICE OF PROCESS FOR THE LIMITED PARTNERSHIP

_____
NAME

_____ _____
STREET ADDRESS MAILING ADDRESS (If Different)

_____ _____
CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

NAME OF LICENSEE:

_____ _____
NAME MAILING ADDRESS (If Different)

_____ _____
CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

Is the registered agent a U.S. Citizen? [ ] YES [ ] NO

If not, please provide the permanent alien registration #_____
(A copy of the green card must be attached)

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA
PAGE 6

NAME OF LICENSE REPRESENTATIVE (REQUIRED)

The license representative shall be a resident of DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County; be the manager of the business and be on the premises on a regular basis. The licensee can be the license representative if the licensee meets the same requirements as the license representative.

_____
NAME

_____
STREET ADDRESS

_____ _____
CITY, STATE, ZIP CODE THE COUNTY YOU RESIDE

Is the license representative a U.S. Citizen? [ ] YES [ ] NO

If not, please provide the permanent alien registration #_____
(A copy of the green card must be attached)

Is the above address the license representative's legal and bona fide place of domicile?
[ ] YES [ ] NO

NAME AND LOCATION OF BUSINESS FOR WHICH APPLICATION IS MADE:

_____
NAME OF BUSINESS

_____
STREET ADDRESS

_____
CITY, STATE, ZIP CODE

DO YOU CURRENTLY HOLD OR HAVE HELD WITHIN THE LAST 10-YEARS ANY OTHER ALCOHOL BEVERAGE LICENSE OTHER THAN ONE ISSUED BY STONE MOUNTAIN? [ ] YES [ ] NO

IF YES, WHERE AND IF THE LICENSE IS CURRENT, PROVIDE THE LICENSE NUMBER AND ISSUING AUTHORITY.

_____ _____
License Number Issuing Authority

HAVE YOU RECEIVED, READ, AND UNDERSTAND THE CITY OF STONE MOUNTAIN BEVERAGE LICENSE ORDINANCE? [ ] YES [ ] NO

_____ _____
Licensee Signature License Representative Signature

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
CITY OF STONE MOUNTAIN, GEORGIA
PAGE 7

VERIFICATION OF LICENSEE

STATE OF GEORGIA, _____ COUNTY.

I, _____, Licensee, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

_____
Applicant/Licensee Signature (Full Name in Ink)

I hereby certify that _____ signed his/her name to the
(Full Name of Applicant/Licensee)
foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20_____.

_____
NOTARY PUBLIC

My Commission Expires: _____

[AFFIX SEAL]

VERIFICATION OF LICENSE REPRESENTATIVE

STATE OF GEORGIA, _____ COUNTY.

I, _____, License Representative, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

_____
License Representative (Full Name in Ink)

I hereby certify that _____ signed his/her name to the
(Full Name of License Representative)
foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20 _____.

_____
NOTARY PUBLIC

My Commission Expires: _____

[AFFIX SEAL]

AFFIDAVIT OF LICENSEE/LICENSE REPRESENTATIVE
PAGE 8

STATE OF GEORGIA, _____ COUNTY

The undersigned licensee hereby certifies that he/she (is not) (is) serving as licensee and the license representative of _____; that he/she is at least twenty one (21) years of age, (is not) (is) a resident of either DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County, and (is not) (is) a manager of the business.

_____
SIGNATURE OF LICENSEE

Sworn to and subscribed before me, this

_____ day of _____, 20_____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:

[SEAL]

The undersigned license representative hereby certifies that he/she is serving as the license representative of _____; that he/she is at least twenty one (21) years of age, is a resident of DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County, and is a manager of the business.

_____
SIGNATURE OF LICENSE REPRESENTATIVE

Sworn to and subscribed before me, this

_____ day of _____, 20_____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:
[SEAL]

All Individuals Named in the Application Must Submit and Complete a Consent Form

CONSENT FORM

I hereby authorize THE CITY OF STONE MOUNTAIN to receive any criminal history record information pertaining to me which may be in the files of any state and local criminal justice agency in Georgia via a fingerprinting process.

_____
Full Name Printed

_____
Street Address

_____
City, State, Zip

_____ _____ _____ _____
Sex Race Date of Birth Social Security #

U.S. Citizen _____ Yes _____ No
(Attach proof, if applicable)

_____
Signature

NOTICE
****

Criminal justice agencies which disseminate criminal history records to private individuals and to public and private agencies shall advise all requestors that, if an employment or licensing decision adverse to the record subject is made, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. This disclosure must include information that a criminal history record check was made, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor. This disclosure requirement applies to criminal justice agencies when such agencies make employment or licensing decisions adverse to record subjects.

_____ _____
NOTARY PUBLIC DATE

MY COMMISSION EXPIRES:

[SEAL]

CITY OF STONE MOUNTAIN
FINGERPRINTING PROCEDURE

PAGE 9A

Where to go:	DeKalb County Police Permits Unit 3630 Camp Circle Decatur, GA 30032
Hours:	Monday – Thursday 8am – 11am and 1pm – 4pm Closed on Holidays
Phone:	404-468-2490 by appointment only

PLEASE TELL THE DeKALB COUNTY POLICE THAT YOU ARE GETTING FINGERPRINTED FOR AN ALCOHOL LICENSE IN THE CITY OF STONE MOUNTAIN

***You must leave a copy of your City Alcohol Privilege License Application packet with the DeKalb County Police, so please make a copy of the application and retain the original**

Please pay with a money order or a cashier's check **ONLY**- **$55.00**
Make payable to DeKalb County Police
This fee of 55.00 made payable to DeKalb County Police will be deducted from the Alcohol Beverage Privilege License fee paid to the City of Stone Mountain

All Individuals Named in the Application Must Complete and Submit a 5-Year Background History Affidavit

PAGE 10

AFFIDAVIT
5-YEAR BACKGROUND HISTORY

I, _____, do hereby swear that I have not within 5 years prior to the date of this application been convicted or nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drug, has not entered a guilty plea, or been convicted of a felony or a misdemeanor of a crime opposed to decency and morality.

_____
Applicants Signature

VERIFICATION

STATE OF GEORGIA, _____ COUNTY.

I, _____, Licensee, do hereby subject to criminal penalties for false swearing, that the statements made by me in this affidavit are true.

_____
Applicant's Signature (Full Name in Ink)

I hereby certify that _____ signed his/her name
(Full Name of Applicant)
to the foregoing affidavit after stating to me that he/she knew and understood all statements made therein, and, under oath actually administered by me, has sworn that said statements are true.

This _____ day of _____, 20 _____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:

[SEAL]

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION
CITY OF STONE MOUNTAIN, GEORGIA
PAGE 11

By executing this affidavit under oath, as an applicant for a **City of Stone Mountain**, Georgia Occupation Tax Certificate; Alcohol Beverage License; Taxicab, Limousines and Other Passenger-Carrying Vehicles License; Pawnbrokers License, Adult Entertainment License, Contract or Peddlers & Solicitors I am stating the following with respect to my application for a **City of Stone Mountain**, Georgia

Check One:

☐ Occupation Tax Certificate ☐ Alcohol Beverage License ☐ Pawnbrokers ☐ Adult Entertainment

☐ Taxicab, Limousines & Other Passenger-Carrying Vehicles ☐ Contract ☐ Peddlers & Solicitors

Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity:

Print Name: _____ Date of Birth _____

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 year of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

_____

Alien Registration Number for Non-Citizens Issued by the Department of Homeland Security or other federal immigration agency.

O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

_____

Other Identifying Number

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. § 50-36-2(b)(3) 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 Code Section 16-10-20 of the Official code of Georgia and face criminal penalties as allowed by such criminal statute.

_____ _____
Signature of Applicant Date

_____
Printed Name

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

_____
Notary Public SEAL
My Commission Expires:

CITY OF STONE MOUNTAIN POLICE DEPARTMENT
CRIMINAL HISTORY CONSENT
ALCOHOLIC BEVERAGE PRIVILEGE LICENSE
PAGE 12

I, _____, authorize the City of Stone Mountain Police Department 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 the State of Georgia and a criminal history record from the Georgia Crime Information Center. I understand that this information will be used to determine my eligibility to hold an Alcoholic Beverage Privilege License in the City of Stone Mountain. I acknowledge the personal information provided below is true and complete.

_____ _____
FULL LEGAL NAME (No abbreviations) DATE OF BIRTH

_____ _____
STREET ADDRESS MAIDEN NAME (if applicable)

_____ _____
CITY, STATE, ZIP CODE STATE / COUNTRY OF BIRTH

_____ _____ _____ _____
SOCIAL SECURITY NUMBER DRIVERS LIC NUMBER / STATE SEX RACE

_____
SIGNATURE

_____
DATE OF AUTHORIZATION

CERTIFICATION OF THE CHIEF OF POLICE

□ I hereby certify that the person named in the application has been investigated and found not to have within the 5 years prior to this date been convicted of nor entered a plea of nolo contendre to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or misdemeanor or a crime opposed to decency and morality.

□ I hereby certify that the person named in this application has been investigated and found ineligible for an Alcoholic Beverage Privilege License.

_____
SIGNATURE – CHIEF OF POLICE

_____
DATE

CITY OF STONE MOUNTAIN
NOTICE OF APPLICATION ADVERTISEMENT
PAGE 13

Section 3-30

All persons applying for a license under the terms of this ordinance shall give notice of that application by placing a notice in the City legal organ (The Champion) for two (2) consecutive weeks prior to the week when the application shall be heard by the City Council. An affidavit from the publisher of said legal organ shall be filed with the City Clerk prior to the hearing. **(The Champion – 404-373-7779 – Press 4 for Legal Advertising)**

Said notice shall contain the location of the proposed business, names of all persons as they appear on the application as required by Section 3-22 of this ordinance, and the date and time the City Council will hear the application. The advertisement shall be the type used for legal ads in the legal organ of the City, and the notice referred to shall be in the following form:

NOTICE OF APPLICATION FOR RETAIL
LICENSE TO SELL ALCOHOLIC BEVERAGES

_____, has/have made application to the Council of the City of Stone Mountain for a retail license to sell alcoholic beverages at the following location: _____.
The application will be heard by City Council at a public hearing to be held at _____ o'clock _____m. on the _____ day of _____, 20_____.

Signed _____
Licensee

Note: Names of the individual, general partners, corporation, licensee and license representative must be shown.

Those applying for a license shall place signs upon the location of the proposed business. Said signs shall read as follows:

"Alcohol beverage license applied for. Hearing before City Council of the City of Stone Mountain, Georgia on the _____ day of _____, 20_____."

The applicant shall post the signs described above on the location of the proposed business for two (2) weeks prior to the week of the hearing. Each sign shall be obtained from the City, and the applicant shall pay of fee of $25.00 per sign. Each sign shall face toward all public or private property adjoining the proposed location. Such signs shall be placed where they can be easily seen from all public or private property adjoining the proposed location. An affidavit from the applicant certifying posting shall be filed with the City Clerk prior to the hearing.

This subsection does not apply when application is made for a license transfer pursuant to Section 3-34 of this ordinance.

CITY OF STONE MOUNTAIN
AFFIDAVIT
POSTING OF SIGN ON PROPERTY
PAGE 14

Sign must be posted two (2) weeks prior to the week of the hearing date. See Section 3-30 (b) for the requirements of posting. If this affidavit is not submitted, the hearing will not be held.

I, _____, do hereby swear that a sign announcing that an application for an alcoholic beverage license has been placed on the property located at _____, in accordance with Section 3-30 (b) of the Code of Ordinances of the City of Stone Mountain. This sign was erected the _____ day of _____, 20_____.

_____
Applicant's Signature

Business Name: _____

VERIFICATION

State of Georgia, _____ County

I, _____, Licensee, do hereby subject to criminal penalties for false swearing, that the statements made by me in this affidavit are true.

_____
Applicant's Signature (Full Name in Ink)

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

This _____ day of _____, 20 _____.

_____
Notary Public

My Commission Expires

(Affix Seal)