

ALCOHOLIC BEVERAGE INFORMATION SHEET
FOR NEW APPLICANTS

PER CITY OF LOVEJOY ALCOHOL ORDINANCE NUMBER 01-10

Terms and phrases used in this application have the meaning assigned to them by the regulations.

Print or type the requested information and complete each section fully.

If there is inadequate space provided, attach a separate sheet with the additional information and corresponding question number.

This application, together with all supporting documentation, and a money order or certified check in the amount of \$250.00, payable to "City of Lovejoy", must be submitted to the City of Lovejoy, City Clerk. Be certain to date and sign the forms in all spaces provided. An application will not be accepted nor will processing begin until all requested information has been submitted.

Before signing the application, check all answers, explanations and attachments to insure that each is completed fully and correctly.

VERIFICATION

State of Georgia
County of Clayton

I, _____, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that I have a copy of the alcoholic regulations from the City of Lovejoy, that I have read and understand these regulations and that the statements, answers and information given by me as the Applicant in this application for a City of Lovejoy Malt Beverage and/or Wine Consumption License are true and correct.

Applicant's Signature

Sworn to and subscribed before me this _____
day of _____, 20____.

Notary Public

ALCOHOLIC BEVERAGE LICENSE APPLICATION

FOR OFFICE USE ONLY

Investigation Fee: _____

Paid by: _____

Date Received: _____

License Fee: _____

Received: _____

License Number: _____

Application for
Calendar Year _____

Received _____

Reviewed by: _____

Approved: _____

Denied: _____

REVIEWED BY:

Police Department _____

Fire Department _____

Commercial Building Insp. _____

Business License _____

Zoning Administrator _____

Approved Retail Consumption Dist. _____

Environmental Health Dept. _____

Traffic Engineering _____

Other _____

APPROVED

APPLICANT/LICENSEE

1. Full Name: _____ SS# _____

Address _____ DOB _____

City _____ State _____ Zip Code _____

Sex _____ Race _____ Drivers License # _____ State _____

Telephone Number (Business) _____ (Home) _____

Position/Title _____

2. Business for which the license is applied for:

Business/Corporate Name or Other _____

DBA Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Location _____ Suite _____

City _____ State _____ Zip Code _____

Telephone Number _____

Type of Ownership:

Sole Ownership _____ Partnership _____ Corporation _____

Name _____

Address _____

Date of Birth _____

of all employees (PLEASE ATTACH SHEET)

4. Type of Alcohol License you are applying for:

- ☐ Sales by the drink, malt beverages only, \$1,250.00
- ☐ Sales by the drink, malt beverages and wine, \$2,000.00
- ☐ Sales by the drink, malt beverages, wine and distilled spirits, \$5,000.00
- ☐ Package Sales, \$2,000.00

5. Indicate what types of alcoholic beverages will be for sale or consumption at your place of business:

Malt Beverages (Beer) _____ Wine _____

6. Ownership information: Name each person that has ownership or interest in this business, and indicate percentage of ownership:

7. General Manager of particular business location:

8. If applicant is a corporation, was the corporation incorporated in the State of Georgia or is it registered to do business in the State of Georgia? _____, Give the following information of the corporation's registered agent to receive process:

Name: _____

Address: _____

City: _____

State _____

Zip Code _____

Telephone Number: _____

9. If application is for a corporation, have any of the stockholders owning 5 percent or more of the corporation's stock been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude?

If yes, explain.

10. Does the business operation or, where applicable, corporation have any interest in a wholesale license or retail consumption?

If so, explain.

11. Has any person, firm, partnership or corporation, which would have an interest in the license ever violated a Federal, State, County, or City law, statute, or ordinance, or any regulation regarding alcoholic beverage, their sale distribution or manufacture? If so, explain.

12. Has any person, firm, partnership, or corporation, which would have an interest in the license, ever had an alcoholic beverage or business license suspended or revoked by the State of Georgia, or any political subdivision thereof?
If so, explain.
-

13. Describe the business operation.
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14. If this application is for a retail consumption license indicate the seating capacity for the premises as established by the Clayton County Fire Marshal. _____

15. If this application is for a retail dealer license, indicate the monetary amount of inventory of food, tobacco products, household supplies and periodicals. (Note: Automotive supplies are not to be considered in determining this amount.) _____

16. Is the business located less than:

Retail Dealer

100 Yards from a church _____

200 Yards from a school building
or grounds, educational building
or college campus. _____

100 Yards from an alcoholic
treatment center. _____

Retail Consumption

100 Yards from a church _____

200 Yards from a school building
or grounds, educational building
or college campus. _____

100 Yards from an alcoholic
treatment center. _____

17. Provide Blue Print or scale drawing of building. Also, survey of property.

1. FULL NAME: _____ S.S.# _____
 ADDRESS: _____ DOB _____ RACE _____
 CITY: _____ STATE: _____ ZIP _____ SEX _____
 COUNTY OF _____, GEORGIA D.L.# _____ STATE _____
 TELEPHONE NO. (BUSINESS) _____ (HOME) _____

2. Indicate whether you are the owner, co-owner, corporate officer, other _____
 Indicate percentage of ownership: _____

3. Are you a citizen of the United States of America? _____
 If not, are you a permanent, registered alien? _____
 Registration No. _____ Native Country: _____

4. Are you and have you been a resident of the State of Georgia for one year preceding the date of the application: _____ Attach Certificate of Residence from the Probate Court of your county of residence.

5. List, in reverse chronological order, your legal residences for past 10 years:

FROM	TO	ADDRESS

6. Within the 10 years immediately preceding the date of the application, have you been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude? If yes, explain.

7. Do you have an interest in any wholesale dealer license? If so, explain.

8. Do you have an interest in any retail dealer license? If so, explain.

9. Do you have an interest in any retail consumption license? If so, explain.

CERTIFICATE OF RESIDENCE
FOR CONSUMPTION ON PREMISES APPLICANTS ONLY

STATE OF GEORGIA

COUNTY OF _____

I, _____, Judge of the Probate Court for
_____ County, Georgia, hereby certify that
_____ is now a bona fide resident of the State
of Georgia for one year and the County of _____ for one year
immediately preceding this date based upon the affidavit of applicant and the evidence submitted
therewith.

IN WITNESS, WHEREOF, I have herewith set my hand and affixed the seal of said Probate
Court, this _____ day of _____, 20_____.

Judge of the Probate Court

County, Georgia

VERIFICATION

STATE OF GEORGIA
COUNTY OF CLAYTON

I, _____, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that the statements, answers and information given by me on this form and any attachments thereto are true and correct.

Proposed Licensee's Signature

Sworn to and subscribed before me
this _____ day of _____, 20____.

Notary Public

CITY OF LOVEJOY
2601 STEELE ROAD
LOVEJOY, GEORGIA 30250
770/471-2304 FAX 770/471-6499
CONSENT FORM

MUST BE PRINTED OR TYPED IN ORDER TO BE ACCEPTED FOR PROCESSING

I hereby authorize the Clayton County Police Department and the City of Lovejoy City Clerk to receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Name of Business _____
Business Address _____
City and State, Zip Code _____

Name in Full _____
Last First Middle Maiden

Address _____

City _____ State _____ Zip _____ Phone # _____

Sex _____ Race _____ Date of Birth _____

Place of Birth _____ SS# _____

Driver's License No. _____ State _____ (Attach A Copy)

Color of Eyes _____ Hair _____ Height _____ Weight _____

Employment Date _____

Last residence prior to current address _____

Have you ever been convicted of any violation of the law? _____ If yes, disclose all criminal convictions other than misdemeanor traffic violations including the dates and place of conviction(s) and nature of the offence(s) _____

Are you a U.S. Citizen? _____ If not, list immigration registration number _____ and attach a copy.

I DO HEREBY SWEAR THAT THE ABOVE IS TRUE AND CORRECT UNDER THE PENALTY OF GEORGIA STATE LAW 16-10-71 FOR FALSE SWEARING AND 16-10-20 FOR FALSE STATEMENTS.

SIGNATURE

Sworn to and subscribed before me this _____ day
of _____, 20____.

Notary Public