LAWRENCEVILLE
GEORGIA

Alcohol License
Renewal Application

Alcohol License Number_____
Business License Number_____

Link to online payment form: www.lville.city/alcohol-license-payment

Use your phone camera to scan the
QR code for the online payment form:

70 S Clayton St • P O Box 2200 • Lawrenceville, GA 30046-2200
678-407-6401 • www.lawrencevillega.org

LAWRENCEVILLE
GEORGIA

City of Lawrenceville -Alcohol Licensing Renewal Guidelines

1. ☐ **Read the City's Alcohol Ordinance!**
2. Licensees are required to maintain a copy of the Ordinance on the premises of the business, and employees shall be familiar with the complete requirements of the ordinance.
3. ☐ **Complete the application section** (Pages 3 - 5)
4. ☐ **All Owners and Managers must complete the affidavit** (Pages 7) **in lieu of completing an annual background check unless there is something has changed for the owner or manager.**
    - ☐ **Any new managers must complete a personal history statement** (pages 9 – 12) **and have fingerprints run.**
        - ☐ **NEW Managers, and/or Mangers or Owners with CHANGES to their background are required to complete a background check affidavit** (Page 14) **and affidavit for public benefit (SAVE)** (Page 15)**.**
        - ☐ **Include a copy of their current driver's license or state identification card for all new managers. Applications cannot be processed without this information!**
        - ☐ **Fingerprint information must be obtained from the Licensing & Revenue Division of Finance.**
5. ☐ **Registered agent**
    - Agent MUST be a Gwinnett County resident and **complete the Agent Form** (Page 6).
    - Owner or manager must register as agent if filling that role.
6. ☐ Complete **employee listing** (Page 8) for **on premises consumption locations only**.
7. ☐ If the business represents an eating establishment, submit a copy of the menu.
8. ☐ Review forms for completeness and have notarized.
    - **Incomplete applications will not be accepted.**
9. ☐ Submit a copy of next year's State Alcohol License.

RENEWALS ARE DUE BY JANUARY 31ST TO AVOID PENALTIES AND POTENTIAL LOSE OF LICENSE

- **Please make sure that all fees including Business License are current and paid.**
- **Outstanding balances will delay the issuance of your alcohol license.**
- Alcohol.License@lawrencevillega.org or by calling 678-407-6401.
- Renewal applications can be downloaded at www.lawrencevillega.org.
- Fees are due at time of application submittal.
- Return application to:

City of Lawrenceville
Alcohol Licensing
PO Box2200
Lawrenceville, GA 30046

LAWRENCEVILLE
GEORGIA

APPLICATION FOR ALCHOL BEVERAGE LICENSE RENEWAL

INSTRUCTIONS: THIS APPLICATION MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH. EACH QUESTION MUST BE ANSWERED COMPLETELY. (If the space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached.)

BUSINESS NAME:_____ **DBA:** _____
PHONE:_____ **EMAIL:**_____
STREET ADDRESS:_____ **CITY:**_____ **STATE:**_____ **ZIP:**_____

ADMINISTRATIVE FEE: $300 – FOR RENEWALS IF THE LICENSEE HAS CHANGED

TYPE OF BUSINESS (CHECK ALL THAT APPLY)

- ☐ RESTAURANT
- ☐ PATIO SALES
- ☐ PERFORMING ARTS FACILITY
- ☐ HOTEL/MOTEL
- ☐ OTHER _____
- ☐ CONVENIENCE STORE
- ☐ GROWLER STORE
- ☐ CATERER
- ☐ WHOLESALE
- ☐ GROCERY STORE
- ☐ INDOOR SPECIAL EVENT FACILITY
- ☐ WINE SHOP
- ☐ NON-PROFIT

WILL YOUR ESTABLISHMENT PROVIDE LIVE ENTERTAINMENT? ☐ YES ☐ NO
IF YES EXPLAIN:_____
_____

TYPE OF LICENSE AND FEES (CHECK ALL THAT APPLY)

RETAIL PACKAGE (OFF PREMISES CONSUMPTION)

- ☐ BEER & WINE $2000
- ☐ BEER $1000
- ☐ WINE $1000
- ☐ GROWLER STORE $500

RETAIL CONSUMPTION ON PREMISES

- ☐ BEER & WINE $2000
- ☐ BEER $1000
- ☐ WINE $1000
- ☐ DISTILLED SPIRITS $4000
- ☐ BREWPUB $2500

OTHER (STAND-ALONE LICENSES)

- ☐ INDOOR SPECIAL EVENTS FACILITY $2000
- ☐ PERFORMING ARTS FACILITY $1500
- ☐ WINE SHOP $2500
- ☐ CATERING $200
- ☐ HOTEL/MOTEL $100
- ☐ ART SHOP $500
- ☐ FROZEN CONSUMABLES $100
- ☐ BREWERY $2500
- ☐ DISTILLER $2500

OTHER (SUPPLEMENTAL LICENSES)

- ☐ PATIO SALES $200
- ☐ ADDITIONAL FIXED BAR $600
- ☐ MOVABLE BAR $200
- ☐ CATERING PERMIT (PER EVENT) $50
- ☐ OUTDOOR EVENT (SUP REQUIRED) $2000

NON-PROFIT PRIVATE CLUB

- ☐ BEER & WINE $1000
- ☐ BEER $500
- ☐ WINE $500
- ☐ DISTILLED SPIRITS $2000

WHOLESALE DEALER INSIDE THE CITY

- ☐ BEER & WINE $600
- ☐ BEER $300
- ☐ WINE $300
- ☐ DISTILLED SPIRITS $1000

LAWRENCEVILLE
GEORGIA

APPLICATION FOR ALCHOL BEVERAGE LICENSE RENEWAL (CONTINUED)

Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, including any additional attached sheets submitted herewith.

Has any owner information changed? ☐ Yes ☐ No

If yes please explain:_____

_____

Has any manager information changed? ☐ Yes ☐ No

If yes please explain:_____

_____

Has any registered agent information changed? ☐ Yes ☐ No

If yes please explain:_____

_____

Have any corporation or partnership changes occurred? ☐ Yes ☐ No

If any corporation or partnership changes have occurred new paperwork must be provided.

Number of owners and managers_____.

All owners, managers, and registered agents must complete an affidavit in lieu of a background check. New owners and managers must fill out a statement of personal history, complete a background check affidavit and be fingerprinted.

LAWRENCEVILLE
GEORGIA

APPLICATION FOR ALCHOL BEVERAGE LICENSE RENEWAL (CONTINUED)

Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, including any additional sheets submitted herewith.

STATE OF GEORGIA, _____COUNTY

I DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONAL STATEMENT IS TRUE AND CORRECT.

APPLICANT'S PRINTED NAME_____

APPLICANT'S SIGNATURE_____

I hereby certify that _____signed his/her name to the foregoing application 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 and correct.

THIS DAY_____OF_____ 20 _____.

_____ Affix Seal Here
NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:_____

LAWRENCEVILLE
GEORGIA

REGISTERED AGENT
INFORMATION FORM

I,_____, do 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 Alcohol Beverage Ordinances of the City of Lawrenceville, 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. I understand that the Registered Agent must be a citizen of the United States and a resident of Gwinnett County. I hereby authorize the City of Lawrenceville Police Department 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 Lawrenceville Police Department's investigation. I further certify that I will notify the City of Lawrenceville alcohol licensing office of any changes affecting my status and/or position with this company.

BUSINESS NAME:_____

LOCATION ADDRESS:_____

NAME OF AGENT:_____

AGENTS HOME ADDRESS:_____

AGENTS PHONE NUMBER:_____

DRIVER'S LICENSE NUMBER:_____

DATE OF BIRTH:_____

APPROVED BY:

_____
OWNER/DIRECTOR TITLE

_____
OWNER/DIRECTOR SIGNATURE

_____
AGENT TITLE

_____
AGENT SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME

THIS___ DAY OF _____, 20____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:_____

Affix Seal Here

SUBSCRIBED AND SWORN TO BEFORE ME

THIS___ DAY OF _____, 20____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:_____

Affix Seal Here

LAWRENCEVILLE
GEORGIA

AFFIDAVIT
LAWRENCEVILLE ALCOHOL LICENSE RENEWAL APPLICATION INFORMATION

Licensee Name:_____

Licensed Address:_____

Personally appeared before me, the undersigned officer duly authorized to administer oaths, _____, who, after being duly sworn, deposes and says:

1.

I completed and filed an application for an Alcohol License with the City of Lawrenceville, Georgia.

2.

I am filing a renewal application for the continuance of the Alcohol License issued by the City of Lawrenceville, Georgia.

3.

I am familiar with the contents of the original and renewal applications, and I hereby confirm that all the information, including but not limited to, criminal history information, arrest information, and any information regarding suspensions or withdrawal of any licenses in any other jurisdiction, set forth in the original and renewal application is and remains true and correct expect as set forth below:

_____

_____

4.

I understand that the original application is made a part of this renewal application, and the renewal is based upon the information contained in the original application. I understand that a false statement in the original application and/or this affidavit will void the application and may make me subject to prosecution for perjury under the laws of Georgia.

5.

I have not been convicted of or pleaded guilty or nolo contendere to any of the offenses listed in Section 4-23 of the Lawrenceville Code of Ordinances. Further, I am familiar with all laws, rules, and regulations of the State of Georgia and all ordinances of the City of Lawrenceville covering the operation of the alcoholic beverage, wine, and/or beer establishments, I will operate in accordance therewith under this renewal.

Affirmed and stated this ____ day of _____, 20____.

_____ _____
Print Name Signature

Sworn before me this ____ day of _____, 20____.

_____ Affix Seal Here
Notary Public

My commission expires: _____

LAWRENCEVILLE
GEORGIA

List of Employees for Alcohol-Licensed Businesses, Make Additional Copies if Needed.

Business Name:____

Business Address:____

Name:____________________ Sex:__________ Race:__________
Residence Address:______________________________________
Telephone Number:________ Date of Birth:_______Place of Birth:__________
Social Security Number:____________ Alien Registration Number:__________
Driver's License Number:______________ State:________________
Job Position: Server__________________ Cashier________________

Name:____________________ Sex:__________ Race:__________
Residence Address:______________________________________
Telephone Number:__________ Date of Birth:_______Place of Birth:__________
Social Security Number:____________ Alien Registration Number:__________
Driver's License Number:______________ State:________________
Job Position: Server__________________ Cashier________________

Name:____________________ Sex:__________ Race:__________
Residence Address:______________________________________
Telephone Number:__________ Date of Birth:_______Place of Birth:__________
Social Security Number:____________ Alien Registration Number:__________
Driver's License Number:______________ State:________________
Job Position: Server__________________ Cashier________________

LAWRENCEVILLE
GEORGIA

Personal History

Instructions: Please make additional copies of this form for each owner/manager of your business. This application must be typed or printed legibly and executed under oath, each question must be fully answered. If space provided is not sufficient, answer on a separate sheet and indicate that a separate sheet is attached.

Business Name:_____

Name: _____

Last First Middle

Applicant Home Address: _____

_____

Phone Number:_____ Alternate Phone:_____

Email Address:_____ Fax Number:_____

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

Date of Birth:_____ Place of Birth:_____

Your Relationship with this Business:

☐ Sole Owner ☐ Principal Stockholder ☐ Director ☐ Registered Agent
☐ Partner ☐ General ☐ Limited ☐ Silent
☐ Manager ☐ Officer:_____ ☐ Employee:_____

Percentage of ownership or interest, if any:_____
Method and amount of compensation, if any (directly or indirectly):_____

Check one: ☐ US Citizen ☐ Legal Alien ☐ Legal Permanent Resident
Check one: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

If married or separated, complete the following:
Full Name of Spouse:_____

Maiden Name:_____ Date of Birth: _____

Other names used by the Applicant: maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, show dates used:_____

_____

_____

LAWRENCEVILLE
GEORGIA

Personal History (continued)

Employment record for the past four (4) years. (List most recent experience first):

From:_____ To:_____ Employer:_____

Title:_____ Salary:_____

Reason for leaving:_____

_____

From:_____ To:_____ Employer:_____

Title:_____ Salary:_____

Reason for leaving:_____

_____

From:_____ To:_____ Employer:_____

Title:_____ Salary:_____

Reason for leaving:_____

_____

Do you have any financial interest, or are you employed in any other wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages?
☐ Yes ☐ No

Have you ever had a financial interest in an alcoholic beverage business that was denied a license?
☐ Yes ☐ No (If yes, please describe below)

_____

_____

_____

Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) ever been cited for any violation of the rules and regulations or the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages:
☐ Yes ☐ No
(If yes, describe)_____

_____

_____

LAWRENCEVILLE
GEORGIA

Personal History (continued)

Have you bought and sold any alcoholic beverages in the course of business in the last ten (10) months?
☐ Yes ☐ No

(If yes, describe date, license number, persons and considerations) _____

_____

_____

_____

Has a commercial security company ever denied you bond? ☐ Yes ☐ No

(If yes, please explain)_____

_____

Have you ever been arrested or held by Federal, State, or other law-enforcement authorities for violation of any Federal law, State law, county or municipal law, regulations or ordinances? (Do not include traffic violations.) All other charges must be included ever if they were dismissed.
☐ Yes ☐ No
If yes, give reason charged or held, date, place where charged and disposition. (If no arrest, please write no arrest. After last arrest is listed, please write no other arrest.)

1. _____
2. _____
3. _____
4. _____

List four references (personal or business). Give complete address and phone number with area code if giving a business reference and state the person's name to be contacted. Do not include relatives or fellow employees.

1. _____
2. _____
3. _____
4. _____

LAWRENCEVILLE
GEORGIA

Personal History (continued)

Have you had any license under the regulatory powers of the City of Lawrenceville and/or Gwinnett County denied, suspended or revoked within two (2) years prior to the filing of this application?

☐ Yes ☐ No

(If yes, describe)_____

_____

_____

Attach photograph (front view) taken within the last year. Date of picture:_____

Attach photo here

LAWRENCEVILLE
GEORGIA

Personal History (continued)

Statement of Personal History

Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing and it includes any additional attached sheets submitted herewith.

State of Georgia,_____County

I, _____ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing Personal History Statement are true and correct.

_____ _____

Applicant's Printed Name Applicant's Signature

I hereby certify that _____ signed his/her name to the foregoing application 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 and correct.

This day _____ of _____, 20___

_____ Affix Seal Here

Notary Public Signature

MY COMMISSION EXPIRES:_____

LAWRENCEVILLE
GEORGIA

Personal History (continued)

Background Check Affidavit

I, _____ do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Lawrenceville, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations reports, background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints; or grievances filed by or against me; and the records, recollections of attorneys at law, or other counsel , whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information deemed pertinent for the purposes of assessing my suitability for a City of Lawrenceville license, permit or appointment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part upon this release authorization, will be considered in assessing my suitability for a City of Lawrenceville license, permit or appointment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the Lawrenceville Police Department to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency.
A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

Applicant's Signature: _____

Race:_____ Sex:_____ Date of Birth:_____ SSN:_____

Driver's License Number:_____ State: _____

Address:_____

Sworn to me and subscribed in my presence, this _____ day of _____, 20____

_____ Affix Seal Here
Notary Signature

MY COMMISSION EXPIRES:_____

LAWRENCEVILLE
GEORGIA

SAVE Public Benefits Affidavit- O.C.G.A § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for the City of Lawrenceville, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for 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 is: ___ _____.

The undersigned applicant also hereby verified 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 Owner

_____
Printed Name of Owner

Subscribed and sworn before me on this the___ day of_____, 20__

_____
Notary Public Affix Seal Here