



City of Cumming
100 Main Street
Cumming, Georgia 30040
Phone: (770) 781-2024
www.cityofcumming.net

Alcoholic Beverage License Application Packet

Thank you for your interest in obtaining an Alcohol License from the City of Cumming. The following are some things to remember in order to make your application for an Alcohol License proceed smoothly:

Applicant:

- Must be at least 21 years of age.
- Must be a citizen of the United States or an alien lawfully admitted for permanent residence.
- Must be a resident of Forsyth County unless the applicant specifically designates a resident of Forsyth County as Resident Agent.

Background Check: All applicants will be fingerprinted and will have a criminal background check performed by the City of Cumming Police Department. You will need to make a separate appointment with the City of Cumming Police Department to have your background check performed after submitting your Alcohol License Application. The Police Department may be reached by calling 770-781-2004.

Application Process: Once the application is complete and all administrative, investigative and permit fees are paid, the application for alcohol license will be advertised in the legal organ at least once prior to the consideration of your Application by the City of Cumming City Council.

State Law Compliance: In addition to the City of Cumming Alcohol Ordinance which is part of the Code of the City of Cumming Georgia, all Applicants must also comply with any and all state laws, federal laws, and regulations promulgated under either of those authorities. Issuance of a City of Cumming Alcohol license does not, by itself, authorize the sale or distribution of alcohol in the City of Cumming.

Fees: All fees are payable to **City of Cumming**. If the application is denied, your License Fee will be refunded; the Administrative fee and /Investigative Fee are nonrefundable.

Tax Reporting: Taxes are due on or before the 20th of each month. You are responsible for the timely submittal of your excises taxes. Taxes are due from both wholesalers and retailers. Failure to timely submit excise taxes will result in late fees being assessed against remitter. Penalties for noncompliance include fines and possible revocation of license.

Changes in Ownership/Management: Please refer to Section 18: Transferability of License/Change in Ownership of the Alcohol Ordinance for requirements involving the changes or transfer of ownership. You have specific obligations to be performed in a timely manner as outlined in the ordinance. Failure to do so could result in penalties up to and including revocation of your license.

If you have questions during the application process, please contact the Planning and Zoning Department at (770)781-2024.



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TYPE OF LICENSE: (check one) ☐ **NEW** ☐ **TRANSFER*** ☐ **RENEWAL ****

** Applications for renewal must be filed by October 15th of each year or late fees of 15% will be assessed.

■ Renewal Applications received on or after January 1st shall be treated as if it is an initial application.

Administrative:	Fee	
Administrative Fee: (Non-Refundable)	\$50	
Investigatory Fee: (Non-Refundable)	\$175	
Type of License:	(List all that apply)	Fee
Retail Package – Malt Beverage and Wine; Convenience Store		\$1,500
Retail Package – Malt Beverage and Wine; Package Store		\$1,000
Retail Package – Distilled Spirits		\$4,000
Retail Package – Growler Sales		\$750
Consumption On-Premises – Distilled Spirits, Malt Beverage and Wine		\$4,000
Consumption On-Premises – Distilled Spirits, Malt Beverage and Wine (additional fixed)		\$500/each
Consumption On-Premises – Distilled Spirits, Malt Beverage and Wine (additional movable)		\$200/each
Consumption On-Premises – Malt Beverage and Wine		\$1,500
Consumption On-Premises – Malt Beverage and Wine (additional fixed bar)		\$500/each
Consumption On-Premises – Malt Beverage and Wine (additional movable bar)		\$200/each
Consumption On-Premises – Distilled Spirits		\$2,500
Consumption On-Premises – Distilled Spirits (additional fixed bar)		\$500/each
Consumption On-Premises – Distilled Spirits (additional movable bar)		\$200/each
Employee Permit		\$40
Wholesaler (place of business in City) – Distilled Spirits for resale		\$1,000
Wholesaler (place of business in City) – Malt Beverages and Wine for resale		\$500
Hotel In-Room Service: Beer & Wine only Consumption on the premises license required		\$250
Alcohol Manufacturer or Distiller		\$1,000
Catering: Malt Beverages (no more than 100 event days/year)		\$250
Catering: Wine (no more than 100 event days/year)		\$250
Catering: Distilled Spirits (no more than 100 event days/year)		\$500
Special Event Licenses (per day or part thereof)		\$200
Tastings License		\$750
Brew Pub License (in addition to any other applicable license fee)		\$1000
TOTAL LICENSE FEES		

TYPE OF BUSINESS: Circle Applicable Category

Eating Establishment

Hotel/Motel

Convenience Store

Brew Pub

Wholesale

Super Market

Other: _____

Package Liquor Store Do you have ownership or interest in any other package store? If yes, how many stores? _____

For additional Package Liquor Stores list the name, address and license number of each package store:

Will live entertainment be offered? _____ If Yes, Explain: _____

TYPE OF OWNERSHIP:

Individual / Sole Proprietor

Corporation /LLC

Partnership

Private Club

QUALIFICATIONS OF LICENSEE:

Are you a legal resident of the United States? _____ Are you 21 years of age or older? _____

In the last five years have you even been convicted, plead guilty or nolo contendere to a crime involving moral turpitude, illegal gambling or illegal possession or sale of a controlled substances or the illegal possession or sale of alcoholic beverages, including the sale or transfer of alcoholic beverages to minors in a manner contrary to law, keeping a place of prostitution, pandering, pimping, public indecency, prostitution, solicitation of sodomy, or any sexual related crime? _____ If yes, please explain in detail. _____

BUSINESS INFORMATION:

Business Name: _____

Business Location Address: _____

City: _____ State: _____ Zip: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name/Title _____ Phone #: _____ Fax #: _____

Email Address: _____ Length of Time Business has been in Operation: _____

Georgia Sales Tax # _____ F.E.I.N. (Federal Tax ID Number) # _____

DISTANCE REQUIREMENT: (Not required for Renewals)

The alcohol ordinance requires that all licenses be issued for areas with permissible zoning classifications. It also provides for a distance requirement of 100 yards from any church or alcohol treatment facility, or 200 yards from any school building or daycare facility. Additionally, no retail package liquor store may be located within 500 yards of any other retail package liquor store.

To complete the rest of the application, complete the forms which correspond to your particular business:

Individual/Sole Proprietor Page 3

Corporations/LLC's Page 4

Partnerships Page 5

Private Clubs Page 6

FOR INDIVIDUAL/SOLE PROPRIETOR ONLY

If license is granted, license will be issued in the individual's name.

OWNER / APPLICANT INFORMATION:

Full Name of Licensee (No Initials): _____
Address of Residence: _____ Length of Time at Residence: _____
City: _____ State: _____ Zip: _____
Phone Number: () _____ GA Drivers License # _____ (Copy of Drivers License Required)
Age: _____ Sex: _____ Birth Date: _____ Place of Birth: _____ SSN # _____

Are you a resident of the City of Cumming? **YES** _____ **NO** _____ If not, the City of Cumming requires you provide a Resident Agent designated for matters relating to the license. Attach a copy of Resident Agent's driver's license.

RESIDENT AGENT: (Must be a resident of Forsyth County) - Include Resident Agent Consent Form

Full Name (No Initials): _____
Address of Residence: _____ Length of Time at Residence: _____
City: _____ State: _____ Zip: _____
Phone Number: () _____ GA Drivers License # _____ (Copy of Drivers License Required)
Age: _____ Sex: _____ Birth Date: _____ Place of Birth: _____ SSN # _____

MANAGER:

Full Name (No Initials): _____
Address of Residence: _____ Length of Time at Residence: _____
City: _____ State: _____ Zip: _____
Phone Number: () _____ GA Drivers License # _____ (Copy of Drivers License Required)
Age: _____ Sex: _____ Birth Date: _____ Place of Birth: _____ SSN # _____

Complete the Application by Going to Page 6

FOR CORPORATIONS/LLC'S ONLY

Date of Incorporation: _____ Place of Incorporation: _____

Parent Corporation (if applicable): _____

Is the corporation owned by a parent corporation or held by a holding company? YES NO

If yes, explain: _____

If license is granted, then the license will be issued in the name of the individual who is a resident of the City of Cumming or in the name of the appointed Resident Agent, pursuant to the Alcohol Ordinance.

Provide the information listed below for each corporate officer, the corporation's registered agent, any shareholder who holds 20% or more of any class of corporate stock, and any entity having a financial interest in the business this application is being submitted for.

Attach a separate page if more space is required.

Name:	Telephone:
Address:	Percentage of Financial Interest:
City: _____ State: _____	Zip Code: _____
Corporate Office Held:	SSN: _____

Name:	Telephone:
Address:	Percentage of Financial Interest:
City: _____ State: _____	Zip Code: _____
Corporate Office Held:	SSN: _____

Name:	Telephone:
Address:	Percentage of Financial Interest:
City: _____ State: _____	Zip Code: _____
Corporate Office Held:	SSN: _____

Provide the information listed below for the shareholder who resides in the City of Cumming. If no shareholder resides in the City of Cumming then provide the information for a Resident Agent designated for matters relating to the license. Attach a copy of shareholder or resident agent's driver's license.

Name:	Telephone:
Address:	Percentage of Financial Interest:
City: _____ State: _____	Zip Code: _____
Corporate Office Held:	SSN: _____

Complete the Application by Going to Page 6

FOR PARTNERSHIPS ONLY

Date the Partnership was formed: _____

If license is granted, then the license will be issued in the name of the individual who is a resident of the City of Cumming or in the name of the appointed Resident Agent, pursuant to the Alcohol Ordinance.

Provide the name, address, telephone number and percentage of financial interest in this business for each partner. **Attach a separate page if more space is required.**

Name:	Home Telephone:
Address:	Cell/Work Telephone:
City: State:	Zip Code:
% of Financial Assistance:	SSN:

Name:	Home Telephone:
Address:	Cell/Work Telephone:
City: State:	Zip Code:
% of Financial Assistance:	SSN:

Name:	Home Telephone:
Address:	Cell/Work Telephone:
City: State:	Zip Code:
% of Financial Assistance:	SSN:

Provide the information listed below for the partner who resides in the City of Cumming. If no partner resides in the City of Cumming, provide the information for a Resident Agent designated for matters relating to the license. Attach a copy of the partner's or Resident Agent's driver's license.

Name:	Home Telephone:
Address:	Work/Cell Telephone:
City: State:	Zip Code:
Georgia Driver's License #	SSN:
Length of time at Residence:	Place of Birth:

Complete the Application by Going to Page 6

Alcoholic Beverage License Application Oath

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 all attached sheets submitted herewith.

OATH

STATE OF GEORGIA, FORSYTH 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 ARE TRUE AND CORRECT. I SOLEMNLY SWEAR THAT I HAVE NOT BEEN CONVICTED, PLEAD GUILTY OR NOLO CONTENDERE TO A CRIME INVOLVING MORAL TURPITUDE, ILLEGAL GAMBLING OR ILLEGAL POSSESSION OR SALE OF A CONTROLLED SUBSTANCE OR THE ILLEGAL POSSESSION OR SALE OF ALCOHOLIC BEVERAGES, INCLUDING THE SALE OR TRANSFER OF ALCOHOLIC BEVERAGES TO MINORS IN A MANNER CONTRARY TO LAW, KEEPING A PLACE OF PROSTITUTION, PANDERING, PIMPING, PUBLIC INDECENCY, PROSTITUTION, SOLICITATION OF SODOMY, OR ANY SEXUAL RELATED CRIME IN THE PAST FIVE YEARS. I SOLEMNLY SWEAR THAT I AM A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA.

APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT _____ SIGNED HIS NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS _____ DAY OF _____, 20____.

Notary Public
(Seal)

Official Review

Date Received: _____ Date Reviewed: _____ Zoning: _____

Distance Requirement Factors:

Church: _____ School Building: _____ Daycare: _____

Alcohol Treatment Facility: _____

Date Referred for Background Check: _____

Date of Advertisement: _____

Decision of Council: _____

Outcome of Appeal (if applicable): _____

RESIDENT AGENT CONSENT FORM

Business Name

Location Address

I, _____, do hereby consent to serve as the Resident Agent for the licensee, owners, officers, and/or directors of the above named business, and agree to perform all obligations of such agency under the Alcohol Ordinance of the City of Cumming. I understand the purpose of the Resident Agent requirement is to have and continuously maintain in the City of Cumming or Forsyth County a Resident 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 Resident Agent must be a resident of Forsyth County.

This _____ day of _____, 20 _____

Signature of Resident Agent

Print Name of Resident Agent

Street Address

City - County - State - Zip Code

Home Telephone Number

Work/Cell Telephone Number

Sworn to and subscribed before me this

_____ day of _____ 20__.

Notary Public, State of Georgia
(SEAL)

My Commission Expires: _____

