



City of South Fulton

Alcohol Beverage License Application and Information Packet FOR Consumption On Premise BUSINESSES ONLY



Revised 1/3/2022

South Fulton Police Department

License and Permit Unit

5539 Old National Highway

College Park, GA 30349

470-809-7372

pdlicenses@cityofsouthfultonga.gov

APPLICATION INSTRUCTION SHEET

Incomplete or partial applications will not be accepted.

Please answer all questions on application legibly and appropriately in black/blue ink or typed. If a question does not apply to you, write “N/A” in the space provided.

Upon completing your application, you must upload the completed application and the required documents listed below to the new state centralized alcohol processing Georgia Tax Center website at <https://gtc.dor.ga.gov>. ALL Forms mentioned below can be obtained from the Georgia Tax Center website. For instructions on How to register a retail alcohol license account click the link <https://dor.georgia.gov/how-register-retail-alcohol-license-account>

The *Personal History Statement* must be completed by the owner/licensee/agent/manager and corporate officers or major stakeholders of the business/organization with 20% or more of interest in business. Each person completing the personal history statement will pay the non-refundable fingerprint fee of \$55.00 per individual. Upon submission of a completed application you will be scheduled to get your fingerprints completed. Please do NOT show up to get fingerprints without an appointment.

If you are a corporation or LLC, provide copies of your certificate of incorporation/corporate charter/by laws, properly signed by the Secretary of State and the registered agent(s) for the corporation.

Application must be accompanied by a *Federal Clearance Letter* verifying no federal indictments or pending charges. The Federal Clearance Letter must be completed by the owner/licensee/agent and corporate officers or major stakeholders of the business/organization with 20% or more of interest in business. Federal Clearance Letter may be obtained from the Federal District Court (see the Clerk of Court) Richard B. Russell Building, 75 Ted Turner Drive, Atlanta, GA 30303. There is a cost of \$32.00 for the Clearance Letter - per name.

Application must be accompanied by a *Certificate of Residency* verifying Agent/Licensee is a resident of the thirteen Metropolitan counties (Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Paulding and Rockdale). Applicants may take the enclosed certificate of residency form to the Probate Court of the county in which they reside to have the form signed by clerk of court.

Application must be accompanied by *Proof of Citizenship* by secure and verifiable document as outlined in O.C.G.A. § 50-36-2 (i.e. in the form of government issued photo ID) and applicant must complete the enclosed Citizenship Affidavit for Public Benefits and E-Verify Affidavit.

Application must be accompanied by *Survey* of location prepared by a Registered Survey noting the distances per City Ordinance Sec. 16-4001. The survey must be of the proposed premises depicting the distance requirements as specified on the alcoholic beverage application (question #6). 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).

Application must be accompanied by a copy of your City of South Fulton current *occupational tax certificate*. Applicants may submit a copy of a temporary occupational tax certificate; however, a permanent occupational tax certificate must be received before your alcohol license application will be submitted to council for approval.

Application must be accompanied by a copy of a signed deed, lease, sublease, rental agreement, etc., authorizing applicant's use of location.

All applicants must disclose financial investments pertaining to the business operation by completing the Financial Affidavit form.

As part of the application process, the police department will arrange for the following inspections to be approved by the following entities: Fire, Health, School Board, Zoning and Code Enforcement. Applications will not be submitted to council for approval until all required inspections are completed.

Application must be accompanied by a drawing of the alcohol license premises including the customer service area (if restaurant, club, bar, etc.), to include measurements of total square footage of service area. Note: additional fees may apply for additional bar areas based upon layout of location.

As part of the application process, the police department will arrange for the advertisement of the public hearing regarding your application. The applicant is responsible for the advertisement fee of \$505. (see fee page for cost)

The City's Alcoholic Beverage Ordinance Sec.16-2017, requires alcohol awareness training to be completed by Owner, Applicant, Licensee, Manager and all employees who dispenses, sells, serves, takes orders or mixes beverages. See Ordinance for further or website at <https://www.cityofsouthfultonga.gov/2882/Alcohol-Awareness-Training>

If there are any questions concerning the completion of the application, please call the South Fulton Police License and Permit Unit for assistance at 470-809-7372 or email us at pdlicenses@cityofsouthfultonga.gov.

Upon completing your application, you must upload the completed application to the new state centralized alcohol processing Georgia Tax Center website at <https://gtc.dor.ga.gov>

Note all documents should be dated no more than 30 days prior to submitting application.

Date Revised: 1/03/2022



ALCOHOL LICENSE FEE SCHEDULE

The following alcohol license fees are hereby established and shall be payable by check, money order, or debit/credit card, as applicable, at the time of filing the application:

Administrative Fees:

Alcohol License Application Fee	\$300.00
All other Application Fees	\$150.00
Background / Fingerprint Fee	\$55.00
Advertising Fee.....	\$505.00
Fire Inspection Fee	\$75.00

LICENSE FEES:

Retail Consumption on Premises

Liquor.....	\$3200.00
Beer	\$650.00
Wine.....	\$650.00
Add' Bar/Lounges.....	\$1000.00
BYOB Wine.....	\$125.00
Wine & Malt Tasting (No Distilled Spirits).....	\$50.00

Note: Premises offering sale by the drink require an additional fee (16-2003) for the operation of each lounge, separate restaurant (with separate bar), or other place for consumption on the premises located within the same building covered by the initial license and under the same ownership. In addition to the initial license fee, an annual fee of \$1000.00 will be charged for each additional bar.

Special Permit Fees (Complete Special Event Permit Applications on Police Website

Non-Profit Special Event, Beer, Wine & Distilled Spirits/Liquor	\$50.00
For-Profit Special Event Beer & Wine.....	\$125.00
For-Profit Special Event Distilled Spirits / Liquor	\$125.00
Annual Off Premises Catering License	\$200.00
Off Premises Per Event Catering Permit	\$50.00

Temporary Alcohol License Fee

Distilled Spirits /Liquor (Sale/Consumption on Premises)	\$500.00
Beer and wine (Sale/Consumption on Premises)	\$250.00

<u>Microbrewery</u>	\$2000.00
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SECTION 1: Licensee/Agent _____ For the year _____ Date _____

All applications must be typed or printed in black/Blue 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 with the South Fulton Police Department. All required supporting documents must be attached.

Type of License Applying For: (Check All That Apply)

☐ New License ☐ Change of Ownership ☐ New Location ☐ Other. Please Specify: _____

Please select the beverages to be sold: (Check All That Apply)

☐ BEER ☐ WINE ☐ DISTILLED SPIRITS/LIQUOR

Please select ALL the categories that best describe the business for which this application is being submitted.

☐ BYOB (Wine/Malt Only) ☐ Restaurant (3% for excise taxes) ☐ Microbrewery

☐ Public Entertainment Facility ☐ Hotel / Hotel Suites ☐ Night Club / Bar / Lounge

☐ Tasting (Wine/Malt)
(3% excise tax)

Other. Please Specify _____

Additional Activities Proposed for Premises (check all that apply)

☐ Customer Dancing ☐ DJ/Live Entertainment ☐ Adult Entertainment/Sexually Oriented Business

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; (3) Attach membership application and copy of member list.

1. Is applicant: [] Sole Proprietorship [] Partnership [] Corporation [] LLC [] Private Club

2. Legal Name of Business: _____

Operating/Trade Name of Business _____

Has location had an alcohol license within the last 12 months? [] Yes [] No

3. Business Address: _____ Council District: _____
(Street Address, City, State Zip)

4. Billing Address: _____

5. Proposed Location Zoned: _____

6. A. Distance from closest private residence in any direction: _____
B. Distance from closest college campus or school ground: _____
C. Distance from closest branch of any South Fulton Public library: _____
D. Distance from closest church or place of worship: _____
E. Distance from a sexually oriented business: _____
F. Distance from closest regular school bus stop as designated by
Fulton County Board of Education for pick-up or drop-off of
school children in transport to the public schools of City of South Fulton. _____

SECTION 2:

1. Full name of Applicant (Company/Corporation) _____
2. Full name of Licensee: _____
- Licensee 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 Licensee will actively be on the premise: _____
- List duties of Licensee: _____
- _____

3. Full Name of Spouse, Including Maiden Name: _____
- Date of Birth and Place of Birth: _____
- Hours Spouse on Premises: _____

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

COMPANY	ADDRESS (CITY & STATE)	POSITION	DATES

5. Does Licensee or any Partner(s), Corporation Officer, Principal 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
6. 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

7. Does Licensee or any member of the Partnership, Corporation or Stockholder currently hold an Alcohol license in the state of Georgia (including a work/server/pour permit)? ☐ Yes ☐ No
8. Has Licensee or any member of the Partnership or Corporation or Stockholder ever applied for an Alcoholic Beverage license (or work/server/pour permit) and been denied, suspended, or revoked? ☐ No ☐ Yes
If yes check which type ☐ denied ☐ suspended ☐ revoked

If yes, please check appropriate status above and explain _____

9. 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: _____

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

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

12. Has the manager worked in this or a similar capacity? ☐ Yes ☐ No

If yes, explain: _____

FINANCIAL BACKGROUND INFORMATION

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

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

14. 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.

15. 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

16. Bank accounts and assets in the name of licensee/agent and/or maintained by the licensee/agent, whether individual, partnership or corporation.

TYPE	BANK	CITY & STATE	LAST 6 OF ACCOUNT#	AMOUNT

17. Has Licensee/Agent, 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

18. List any other individual(s) or 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.
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19. List any financial interest or ownership which Licensee/Agent or any member of the partnership or corporation or stockholder presently has in any other alcoholic beverage license in the state of Georgia.

NAME	NAME AND ADDRESS OF PREMISES	POSITION	% OF INTEREST

20. 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. _____

LICENSED PREMISES

21. Do you own the property where the business is located? ☐ Yes ☐ No

If yes:

Date of Purchase _____ Purchase Price _____

Name of Seller: _____

22. If property is rented/leased provide owner's name and address:

Amount of rent/lease:

Monthly _____ Annually _____ Other (specify) _____

(Submit copy of signed lease agreement, deed, sublease, etc.)

23. Has a license at this location ever been denied, suspended, or revoked? ☐ No ☐ Yes

☐ denied, ☐ suspended or ☐ revoked

If yes, check the appropriate status above and explain: _____

24. Is business located in a hotel or motel? ☐ Yes ☐ No

If yes, name of Hotel or Motel _____

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

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

27. Where will your trash receptacle be located? _____

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

29. How often will you clean your property? _____

30. What is your plan for sanitation (clean water and sewage disposal) on the premises? _____

31. What is your plan for unlawful conduct on the premises? _____

32. What is your plan for fire prevention on the premises? _____

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

34. 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? _____

35. What type of buffering do you have, or will you provide to alleviate the effects of noise, lighting, odors, traffic or other nuisances on surrounding properties? _____

36. What plans do you have to prevent un-permitted vending on your property? _____

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

38. Seating Capacity: ☐ Restaurant _____ ☐ Bar _____ ☐ Other _____
☐ Brewpub _____ ☐ Brewery _____
☐ Lounge _____ ☐ Winery _____
☐ Private _____ ☐ Nightclub _____

39. 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. ***

40. Is business air conditioned? ☐ Yes ☐ No

41. Will you have live entertainment? ☐ Yes ☐ No

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

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

44. 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? _____



CERTIFICATION

I have received a copy of the City of South Fulton Alcoholic Beverage Ordinance and I have read it and agree to adhere to all applicable City of South Fulton Ordinances, Georgia state laws and regulations governing the operation of establishments that serve and/or sell alcoholic beverages? ☐ Yes ☐ No

I understand it is the responsibility of the applicant/licensee/agent to ensure that all licenses to sell alcoholic beverages are renewed no later than December 15th of each year or I will have to apply for a new alcohol license. ☐ Yes ☐ No

I understand that a state alcohol license must also be obtained before any alcoholic beverage can be served or sold in the City of South Fulton, (this includes Alcoholic Beverage Manufacturers). I further understand that the state license is obtained **after** the city license is obtained and I am responsible for contacting the Georgia Department of Revenue to obtain a state alcohol license.
☐ Yes ☐ No

I understand that I am required to pay alcohol excise taxes in accordance with City of South Fulton Ordinance, Title 16 Alcoholic Beverages, and failure to pay excises taxes imposed by this ordinance will be grounds for suspension or revocation of my alcohol license. ☐ Yes ☐ No

I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Application for Alcoholic Beverage Sales and Service and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

~For Notary~

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

SWORN TO AND SUBSCRIBED

BEFORE ME THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC PRINTED NAME