

2026 Renewal Requirements for Existing Alcoholic Beverage Licensees

To streamline the renewal application process and prevent delays, please make sure that you collect the following required information and documents before beginning the renewal process online. If you do not have all of the information when submitting the application online, you will have to start the process over.

All the required documents can be found in the emailed renewal packet or on the City of Chamblee Website Licensing page in the section for Alcohol Licenses. Please [click here](#) to access the forms. If you need assistance or have questions regarding the renewal process, please contact the Revenue & Licensing Officer via email at alcoholbusiness@chambleega.gov.

APPLICANTS WORKSHEET - List those who have an influential interest in the establishment.

Influential interest means the actual power to control or influence the operation, management, or policies of an establishment or legal entity which operates the establishment. An individual is deemed to have an “influential interest” if he or she:

- is the on-site general manager of the establishment,
- owns a financial interest of ten percent or more of a legal entity operating the establishment, or
- holds an office (e.g., president, vice president, secretary, treasurer, managing member, managing director, etc.) in a legal entity which operates the establishment. (City Code Sec. 6-1, see “Influential interest”)

Additional applicant means any other individual with an influential interest in the establishment who lives or has an office in any of the following Georgia counties: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, and Rockdale. (City Code Sec. 6-1, see “Additional Applicant”)

LIST OF OWNERS – For businesses not publicly traded: A list of business owners including their names, city, and state of their residential and work addresses, date of birth, email address, and ownership percentages for every owner. For publicly traded businesses: A list of corporate officers including their names, city, and state of their residential and work addresses and corporate titles.

BUSINESS INFORMATION - Be prepared to provide pertinent business information such as: Registration Type, Legal Business Name, DBA (if applicable), Federal Employer ID #, Georgia Sales Tax #, Georgia Withholding #, and the business E-Verify # (if applicable).

HOURS –Operating hours information [for restaurants, see 6-142(b)(2)]. * Consumption on Premises Establishments Operating after 12:30 AM must satisfy the requirements listed at the bottom of this notice.

REVIEW OF ALCOHOL ORDINANCE – Review the [Chamblee Alcohol Ordinance](#) to keep current with any changes to the regulations pertaining to operation of an Alcohol License Establishment.

PERSONNEL STATEMENTS – Required of the primary applicant and of each additional applicant listed in the application. (defined in City Code Sec. 6-1). If multiple applicants are listed, please have each person complete the personnel statement to collect information from each applicant.

FRONT FACING COLOR PHOTO – A recent (within the last six months) Front Facing Color Photo is required from each applicant listed and must be included with the Personnel Statement.

S.A.V.E. AFFIDAVIT – Required to be completed by each person listed as an applicant. Must be notarized and a copy of the front and back of an approved document must be included (Driver's License, Passport, Permanent Resident Card, etc.)

PRIVATE EMPLOYER AFFIDAVIT – Must be notarized – please make sure you complete the parts that apply to your business – 10 or fewer employees OR 11 or more employees.

REGISTERED AGENT INFORMATION – Registered agent must reside in DeKalb County, have known the primary applicant for at least one year, and be 18 years of age or older. Please include a copy of the Driver's License for the Registered Agent.

STATEMENT OF FLOOR AREA – Restaurants must meet requirements stated in City Code Sec 6-142(a)(2).

EMPLOYEES AND ALCOHOL DISTRIBUTORS – List all current employees for the business and all alcohol distributors. A Handling Permit is required for:

- Any employee of a package licensee whose primary business is the sale of alcoholic beverages.
- Any employee of a package licensee who sells alcoholic beverages in a convenience store or service station.
- Any employee of a consumption on the premises licensee who serves or works in the serving area, including bar or lounge area of the licensed premises, and sells, serves, takes orders for, or handles alcoholic beverages.

ALCOHOL & FOOD SALES AFFIDAVIT – All establishments with a consumption on premises alcohol license must complete the Alcohol & Food Sales Affidavit and have it notarized.

OCCUPATIONAL TAX CERTIFICATE – Submit a copy of your current Occupational Tax Certificate.

COMMON ORDINANCE VIOLATION ACKNOWLEDGEMENT – Submit a copy of the acknowledgement letter signed by the Primary Applicant

BACKGROUND CHECKS – An applicant (primary or additional) who has previously provided fingerprints for a Chamblee alcohol license should EITHER complete and sign a Criminal History Consent Form (no additional cost) or sign up to submit their fingerprints through GAPS. Any applicant (primary or additional) who has not previously provided fingerprints for a Chamblee alcohol license must follow the instructions to provide fingerprints through GAPS. The instructions for the GAPS process can be found in the renewal packet. Applicants will not be approved to schedule a fingerprinting appointment until a complete application has been submitted.

STATE ALCOHOL LICENSE – Applicant to provide the Finance Department with a copy of their current State Alcohol License.

PAYMENT – Payment for the Administrative and Investigative Fee of \$200.00 will be paid when the application is submitted. The remaining payment for the Alcohol License will be accepted at the end of the application process once the application has been approved.

Consumption on Premises Establishments Serving Liquor by the Drink – All establishments serving liquor by the drink must be current on their excise tax payments for their renewal application to be approved. If you are unsure of your excise tax payment status, please send an email to alcoholbusiness@chambleega.gov.

Consumption On Premises Establishments Operating after 12:30 AM MUST PROVIDE:

- Safety plan as set forth in Sec. 6-155
- Copy of any print advertisement during the past 12 months or verified statement that the establishment did not use print media during the time, see Sec. 6-142(b)(3)(b)
- List of social media platforms the establishment uses for promotions, see Sec. 6-142(b)(3)(c) or a statement that social media is not used.
- Sworn statement from a Certified Public Accountant on the Alcohol & Food Sales Affidavit, stating the information required in Section 6-4(c)(1) for each of the last 12 months is correct. See Sec. 6-142(b)(3)(d).
- A sworn statement (affidavit) from the primary applicant, stating that the establishment has a camera system that records activity everywhere at the establishment that is accessible to patrons (excluding restrooms), including at the entrances to the establishment and in the parking lot for the establishment. The affidavit must also state that: (1) the system records video footage when the establishment is occupied or is open to the public; (2) the system stores all footage for at least 14 days in a format that can be viewed on the premises or over the internet; and (3) the footage can be transferred to an external storage device for viewing and long-term retention.

APPLICANTS WORKSHEET

STEP ONE: List the individuals who have an influential interest in the establishment, and fill in the residence and office location information for each person. List every individual who:

- (1) is **the on-site general manager** of the establishment, OR
- (2) **owns** a financial interest of **ten percent or more** of a legal entity operating the establishment, OR
- (3) is a **corporate officer** (e.g., president, vice president, secretary, treasurer, managing member, managing director, etc.) in a legal entity which operates the establishment. (City Code Sec. 6-1, see "Influential interest")

STEP TWO: In the "P or A" Column, write "P" (for Primary Applicant) beside the name of the individual who is **primarily responsible for alcoholic beverage matters for the establishment**. (City Code Sec. 6-1, see "Applicant")

STEP THREE: In the "P or A" Column, write "A" beside other applicants who live or work in any of these Georgia counties: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, and Rockdale. (These are Additional Applicants.)

STEP FOUR: The Primary Applicant and each Additional Applicant **must complete a Personnel Statement**, and complete a **SAVE affidavit (with front/back copy of photo ID)**. Applicants must also provide fingerprints (except that an applicant who previously provided fingerprints for a Chamblee alcohol license may instead provide a completed criminal history consent form).

P or A	Name (First Middle Last)	Residence			Office (where person works)		
		City	State	County	City	State	County

Check here _____ and use extra pages, if necessary, to list and provide information for other individuals with an influential interest in the establishment.

The above is accurate and true as of the date of submission of the application/renewal with the City of Chamblee.

Primary Applicant Signature

Date

Primary Applicant Printed Name

Business Name & DBA: _____



PERSONNEL STATEMENT

Instructions: A personnel statement must be executed under oath, by the Primary Applicant and by each Additional Applicant (see definitions in City Code Section 6-1) applying for an alcoholic beverage license. Each question must be fully answered. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. A personnel statement for all the above persons must be submitted with each license application.

1. Full Name _____ Email Address _____
2. Full name and address of business of which this personnel statement is a part:

3. Position of applicant in business: _____
4. State ownership or interest, if any, in this business: _____
5. Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages? _____
If yes, give names and locations and amount of interest in each: _____

6. Have you had any financial interest in an alcoholic beverage business that has had its alcohol license denied or revoked? _____
If so, give details: _____
7. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages? _____ If so, give details: _____

8. If during the past ten years you have bought and sold any alcoholic beverage business, give details (date, license number, persons and considerations involved). _____

9. Have you ever been denied bond by a commercial security company in relation to an alcoholic beverage business? _____
If so, give details: _____
10. Other names used by applicant: Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used: _____

11. Home address _____ Home Phone _____ - _____ - _____
Business address _____ Business Phone _____ - _____ - _____
12. Date of Birth ____/____/____
13. Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐
14. If married or separated, complete the below requested information on spouse/partner:
Full name of spouse: _____
Birth Name: _____ Date of Birth: _____ - _____ - _____

PERSONNEL STATEMENT (Continued)

15. Employment Record for the past ten years (Give most recent experience first):

Dates Employed (from/to)				Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
Month	Year	Month	Year				

16. List of all of your residences for the past ten years (Give current/most recent residence first):

Dates		Street	City	State
From	To			

17. Have you ever been arrested, or held by Federal, State, or other law-enforcement authorities, for any violation of federal law, state law, county or municipal law, regulation or ordinances? (Do not include traffic violations. All charges must be included, even if they were dismissed. Give reason charged or held, date, place where charged, disposition. **If no arrest, please check the no arrest box.** After last arrest is listed, please write no other arrest). ☐ No Arrest

18. Attach photograph (front view) taken within the past year.

19. To complete this application, I will submit a complete set of my fingerprints, via G.A.P.S., for a criminal background check.

(Attach Photo Here)

Note: 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.

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 personnel statement are true and correct.

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____.

Notary Public

My Commission Expires

(Seal)

City of Chamblee City Hall

3518 Broad Street | Chamblee, GA 30341 | 770-986-5010 | chambleega.gov



S.A.V.E AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the
Georgia Security and Immigration Compliance Act O.C.G.A. § 50-36-1(e)(2)

This form is required from both primary and additional applicants for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following (check one box):

I am a United States citizen, or

(Must include a copy of either current State Driver's License, Passport, Military ID, or other approved document*.)

I am a legal permanent resident of the United States**, or

(Must include a copy of your Permanent Resident Card or other approved document*.)

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** (Must include a copy your Employment Authorization Card or other approved document*.)

**My alien number issued by the Department of Homeland Security or other federal immigration agency
is: _____

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. § 50-36-1 (e)(1), with this affidavit.

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 Applicant

Date

Printed Name of Applicant

SCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

(Seal)

My Commission Expires

*A complete list of verifiable documents can be found on the City of Chamblee website under Occupational Tax Certificates or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).

CHAMBLEE POLICE DEPARTMENT
CRIMINAL HISTORY CONSENT FORM

I hereby authorize the City of Chamblee, Georgia
to receive any Georgia criminal history record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia (**MUST BE COMPLETED**).

Full Name (*print*)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Business Name

Special Employment Provisions Only Check ONE:

- ☒ Criminal Record/Employment Check only (Purpose code "E")
☐ Employment with Mentally Disabled (Purpose code "M")
☐ Employment with Elder Care (Purpose code "N")
☐ Employment with Children (Purpose code "W")
☐ Personal use only (Purpose code "U")

ONE of the following MUST be checked:

- ☐ This authorization is valid for 90/180/___ (circle one) days from the date of signature.
☐ I, _____, give consent to the above named to perform periodic
criminal history background checks for the duration of my employment with this company.
☒ This authorization is valid for one (1) time only from the date I have entered.

CH CLERK: _____ **DATE:** _____

Georgia Enrollment & Fingerprinting Services



Go to: ga.state.identogo.com/ata

1. Enter Service Code: 2TGR22
2. Click Get Started.
3. Enter Reviewing Agency ID code [GA923241Z](#)
4. Click continue.
5. Click Start Enrollment.
6. Check the box to acknowledge that you have read, understand, and agree to the above statement.
7. Click continue.
8. Complete the required fields.
9. Click review and follow emailed instructions.
10. Email alcoholbusiness@chambleega.gov to notify staff that you have registered.
11. Complete registration process and submit fingerprints.
12. Email alcoholbusiness@chambleega.gov once fingerprints have been submitted.



STATEMENT OF FLOOR AREA

Consumption On-Premise License

Name of Business & DBA (if applicable): _____

Business Location Address: _____
Street City State Zip Code

The total square footage of floor area occupied by the establishment is: _____

The total square footage of floor area **accessible to patrons** is: _____

[This number includes waiting areas, customer restrooms, etc.]

The total square footage of floor area **devoted to tables and seating for patron dining** is: _____

[This number *does not* include waiting areas, customer restrooms, etc.]

A sketch or diagram showing the configuration of the premises **is attached** to this application.

OR

For this application, I adopt the floor plan that this business previously submitted to the city clerk or finance director in _____ (month/year). I certify that the configuration of the premises listed above, as shown in the adopted floor plan previously submitted to the city,

has* / has not been altered since it was prepared.

*If changes to the configuration of the premises have been made since your last floor plan was submitted, you must submit an updated floor plan showing the configuration complies with city code section 6-142 (restaurant) or section 6-157 (grocery store).

I, _____, certify subject to the penalties for false swearing, that the foregoing is true and correct.

Primary Applicant Printed Name

Primary Applicant Signature

Signed and sworn to before me on this _____ day of _____, 20____

Notary Signature and Seal

My commission expires: _____



Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, as an applicant for an Alcohol License as referenced in O.C.G.A. §36-30-6(d), from the City of Chamblee, the undersigned applicant representing the private employer known as _____
(Name of Business) verifies one of the following with respect to my application for the above mentioned document:

Section 1:

Choose **ONE** of the following:

- a. _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees.
Complete Section 2 and 3 below.
- b. _____ On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees.
Complete Section 3 below.

Section 2:

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number
(This number is between 4-8 digits and does not include letters)

Date of Authorization

Section 3:

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 violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 20____ in
_____(city), _____(state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____

(Seal)

NOTARY PUBLIC

My Commission Expires: _____



List of Employees and Wholesale Distributors

List the name of your employees below:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

List the name of your distributors below:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____



REGISTERED AGENT FORM

BUSINESS NAME

BUSINESS LOCATION

CITY/STATE/ZIP

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of Ordinance #308 of the City of Chamblee. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of DeKalb County. Please include a copy of the Driver's License for the Registered Agent).

This _____ day of _____, 20_____.

REGISTERED AGENT INFORMATION:

Signature of Agent

Agent Date of Birth (MM/DD/YYYY)

Type or print name of Agent

Agent E-Mail

Agent's Home Address

Agent's City, State, Zip Code

PRIMARY APPLICANT:

Signature of Primary Applicant

Type or print name of Primary Applicant



Common Ordinance Violation Acknowledgement

Dear Business Owner,

Thank you for choosing to operate your business in the City of Chamblee. We recognize the challenges and responsibilities that come with maintaining a licensed alcohol business and want to provide you with a list of the most common ordinance violations that could jeopardize your alcohol license. Additionally, please review the [Chamblee Code of Ordinances](#) regularly to ensure compliance and stay up to date with new amendments.

Retail Establishments (Off-Premises Package Sales)

- Require identification to prevent underage persons from being sold alcohol (Sec. 6-10)
- Alcohol purchased from licensed wholesalers; receipts kept for 3 years. (Sec. 6-15)
- Sale hours: 8:00 a.m. – 11:45 p.m. (Mon – Sat), 11:00 a.m. – 11:45 p.m. (Sun) (Sec. 6-123)
- Staff must have valid Alcohol Handling Permits issued by Chamblee PD (Sec. 6-16)
- Alcohol prices are clearly marked (Sec. 6-124)
- Beer & Wine: 80% of floor/storage space dedicated to other retail products (Sec. 6-121)
- Package Stores: No coin-operated machines for entertainment on site (Sec. 6-99)

Consumption-on-Premises Establishments

- Require identification to prevent underage persons from being sold alcohol (Sec. 6-10)
- No sales of two or more alcoholic beverages for a single price (Beer Buckets) or the sale of all such beverages a customer can or desires to drink at a single price. (Sec. 6-13)
- No selling, offering to sell, or delivery to any person or group of persons more than 6 fluid ounces of distilled spirits, spiritous liquor, or fortified wine in one container. (Secs. 6-13, 6-148)
- No persons onsite shall engage in any prohibited conduct as defined in Sec. 6-14.
- Alcohol purchased from licensed wholesalers; receipts kept for 3 years. (Sec. 6-15)
- Staff have valid Alcohol Handling Permits issued by Chamblee PD (Sec. 6-16)
- Default COP operating hours: Mon – Sat, 9:00 a.m. – 12:30 a.m. (next day). If licensed for Sunday sales: Sun, 11:00 a.m. – 12:30 a.m. (early Monday) (Sec. 6-152(b)).
- Certain alcoholic beverage businesses, including Downtown Eating and Drinking Establishment, Downtown Activity Establishment, Art Shop, Taproom, Downtown Wine Shop, Breweries, and Distilleries, must comply with the operating hours in the alcohol code that pertain to that business type.

- Restaurants eligible for an alcohol license must derive at least 50% of their total revenue from food served and non-alcoholic beverages consumed on the premises. (Sec. 6-142)
- Remit excise tax report and payment by the 20th for preceding month for liquor by the drink sales. (Sec. 6-240)
- Providing hookah requires the location to exceed 2,500 sf of customer seating (UDO Sec. 240-13)

Later-Hours Consumption-on-Premises – In addition to Consumption-on-Premises Establishments section listed above. (Establishments open beyond 12:30 a.m.)

- Later-Hours Alcohol Establishment must file and operate under Safety Plan (Sec. 6-155)
- Must serve prepared meals described on its menu every hour it is open. (Sec. 6-142)
- Monday through Saturday permitted sale hours are from 9:00 a.m. to 2:00 a.m. the following day. Establishment must be closed and clear of patrons by 2:30 a.m. (Sec. 6-152)
- Sunday permitted sale hours are from 11:00 a.m. to 11:59 p.m. Establishment must be closed and clear of patrons by 12:30 a.m. on Monday morning. (Sec. 6-152)
- No liquor sales by the package or bottle service are allowed. (Sec. 6-148)

Thank you again for being part of our growing and dynamic business community. Your partnership in promoting safe, enjoyable, and compliant environments is an important part of what makes Chamblee a great place to live, work, and visit.

Please sign the acknowledgement below and return with your renewal application.

I _____, primary applicant for _____
(business name), acknowledge I have reviewed the list of common ordinance violations in addition to having access to the City of Chamblee Code of Ordinances.

Primary Applicant Signature

Date



AFFIDAVIT - ALCOHOL AND FOOD SALES

(Consumption on the Premises Alcoholic Beverage License Application)

This form is required for all consumption-on premises alcoholic beverage license applications (see city code section 6-4(c)(1)).

Instructions for the Alcohol and Food Sales Affidavit:

Column A: “Total Monthly Revenue” – Total monthly revenue of the establishment.

Column B: “Total revenue from food & nonalcoholic beverages” – Revenue derived from the sale of food prepared and consumed on premises and nonalcoholic beverages consumed on the premises.

Column C: “Percentage of total revenue from food & non-alcoholic beverages” – This percentage is Column B (Total Monthly Revenue) divided by Column A (Total revenue from food & non-alcoholic beverages).

Column D: “Total revenue from charges to enter or remain on premises” – Use this column to report the revenue derived from charges to enter or remain on the premises.

Column E: “Total revenue from alcoholic beverages” – Use this column to report the revenue from the sale of alcoholic (wine, malt and distilled) beverages combined.

Column F-H: “Total revenue from (fill in blank) (category > 10%)” – Use these columns to report revenue from any other category that exceeds ten percent (10%) of the monthly revenue not accounted for in a columns B, D or E. For example, “carry-out” food orders, merchandise sales, parking, tobacco, hookah, etc. If additional space is needed add monthly information on a separate form. Write the category reported on the lines provided.

Column I: “Total revenue for categories that do not individually exceed 10%” – Use this column to report any other combined revenue derived from categories that individually do not exceed 10% of monthly revenue. For example, “carry-out” food orders, merchandise sales, parking, tobacco, hookah, etc.

Establishments licensed as a restaurant who desire to remain open to the public after 12:30 a.m. must provide a sworn statement (affidavit) from a certified public accountant (CPA), which reports the information required in subsection 6-4(c)(1) of the city code for each of the last 12 months (also see city code section 6- 142(b)(3)(d)).



AFFIDAVIT - ALCOHOL AND FOOD SALES

(Consumption on the Premises Alcoholic Beverage License Application)

Name of Applicant Business: _____

12 month period: _____

month/year - month/year

Applicant Business Address: _____

Street

City

State

Zip Code

This affidavit must be completed and signed under oath in accordance with City Code section 6-4(c)(1) (and by a CPA if 6-142(b)(3)(d) applies). The following must be provided for the last twelve months. If the business has not been open that long, state the start date: _____.

	A	B	C	D	E	F	G	H	I	
	Month/Year (MM/YYYY)	Total monthly revenue	Total revenue from food & non- alcoholic beverages ¹	Percentage of total revenue from food & nonalcoholic beverages ¹	Total revenue from charges to enter or remain on premises	Total revenue from alcoholic beverages	Total revenue from (category > 10%)²	Total revenue from (category > 10%)²	Total revenue from (category > 10%)²	Total revenue for categories that do not individually exceed 10%
1.				%						
2.				%						
3.				%						
4.				%						
5.				%						
6.				%						
7.				%						
8.				%						
9.				%						
10.				%						
11.				%						
12.				%						

I, _____, certify subject to the penalties for false swearing, that the foregoing is true and correct.

Printed Name

Signature

(if a CPA, CPA License No.)

Signed and sworn to before me on this _____ day of _____, 20_____

Notary Signature and Seal

My commission expires: _____

¹ Food must be prepared and consumed on premises ² Write the category reported on the lines provided (e.g., merchandise sales, parking, tobacco, etc.)