



Cobb County Business License Division
P.O. BOX 649
Marietta, GA 30061-0649
Phone – 770-528-8410

1150 Powder Springs Street, Suite 400
Marietta, Georgia 30064

Temporary Alcoholic Beverage License for Non-profit Fundraiser

Once the application has been completed in its entirety and all requested attachments are included you may contact us at 770-528-8410 or ramona.zamora-ramirez@cobbcounty.org to schedule an appointment for application review. **APPLICATIONS WILL BE REVIEWED BY APPOINTMENT ONLY.** Once your application is reviewed and determined to be complete, you will upload the completed application utilizing the Georgia Tax Center (GTC) Centralized Alcohol Licensing portal, which can be found at <https://dor.georgia.gov/centralized-alcohol-licensing-retail-licensees>

1. Temporary alcoholic beverage applications will **only be accepted from non-profit or charitable organization for a non-profit fundraiser or charitable fundraising event.** The application must be completed in its **entirety** before being reviewed by the Business License Division. Each question must be answered; no question should be left blank. N/A will suffice when the question is not applicable. **Provide one original and all attachments for review.** If you have any questions, please contact our office at 770-528-8410. Once the application has been **completed in its entirety and all requested attachments are included with the application** contact us at 770-528-8410 or ramona.zamora-ramirez@cobbcounty.org to schedule an appointment for application review.

Applications should be reviewed by the Business License Division and uploaded to the Georgia Tax Center portal a minimum of 45 days prior to the event date. You will also be required to obtain a State License. The Georgia Tax Center (GTC) Centralized Alcohol Licensing portal.
2. The application and all attachments **must be typed or legibly printed in black ink.**
3. A personal statement must be submitted for the licensee. (One personal statement packet is attached)
4. A signed and notarized consent form must be provided for the licensee.
5. Provide a copy of the Certificate of Incorporation if the business is a corporation or a Certificate of Organization if the business is an LLC and please provide evidence of non-profit Status as acknowledged by the IRS.
6. Provide a copy of a lease and/or sublease, contract, management agreement, and/or purchase agreement or deed for the property. All documents must be executed by all parties involved.
7. All temporary alcoholic beverage licenses must be considered by the Business License Division Manager who may approve the temporary license. Denial by the Business License Division Manager may be appealed to the Cobb County License Review Board.
8. The cost of the license is \$25 per day per type of alcoholic beverage.
9. Provide a complete seven (7) year driver's history for the licensee, this report can be obtained from any State Department of Motor Vehicles/Drivers Services. Georgia Department of Drivers Services locations may be found at the following link: <http://www.dds.ga.gov/locations/locationlist.aspx>. If the licensee has resided outside the State of Georgia within the previous seven years, a driver's history must be obtained from the previous state(s) of residence. **The (7) year driver's history must be dated less than thirty days from the time the application is submitted to the Business License Division**



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Application for Temporary Alcoholic Beverage License

Application Date _____
License Number: _____

Liquor	Beer	Wine
Pouring ()	Pouring ()	Pouring ()
Package ()	Package ()	Package ()

1. Type of Event: _____
2. Name doing business as: _____ Phone: _____
Corporation, Partnership, or Company Name: _____ Fax # _____
Business Address: _____
City: _____, State: _____ Zip: _____
Address of Event _____, City: _____ Zip: _____
3. Mailing Address: _____
City: _____, State: _____ Zip: _____
E-mail Address: _____
4. Licensee Full Name _____ Title: _____
SS #----- Business Phone: _____ Home Phone _____
Cell/Alternate Phone _____
Home Address _____
City: _____, State: _____ Zip: _____

5. Type of Ownership: Sole Proprietor () Partnership () Corporation ()
LLP () LLC ()

6. If Sole Proprietor:

Name	Position Held	DOB	SSN	Address	Phone #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. If Partnership or Limited Liability Partnership:

List full name, date of birth, social security number, address, and percentage of ownership for each individual or board member, including all “limited” and “silent” partners, having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	Position Held	DOB	SSN	Address	Phone #	% of Ownership
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

8. If Corporation or Limited Liability Company:

List full name, date of birth, social security number, address, and percentage of ownership for each individual or board member, including all “limited” and “silent” partners, having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	Position Held	DOB	SSN	Address	Phone #	% of Ownership
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

9. Name of Property Owner Address Relation to applicant or owner(s)

_____	_____	_____
_____	_____	_____
_____	_____	_____

10. List the full name and address of every lessor and sub-lessor of the property where the event is to be conducted.

11. Name the person(s) that will be the manager(s) of this event.

12. Please indicate the dates, day(s) and the hours of operation for this event.

13. Please provide the complete address of the event including street number and suite.

14. Are you aware that the sale of alcoholic beverages to an underage person(s) by you or your employees may result in the suspension or revocation of the alcoholic beverage license?

YES or **NO** (Please circle one)

15. What written procedures do you have in place to ensure that alcoholic beverages are not sold to underage person(s)? Please attach all documentation relating to such procedures and include an explanation as to their usage.

16. What procedures do you have in place to ensure that alcoholic beverages are not sold in violation of the Cobb County Code of Ordinances and State Law? Please attach all documentation relating to such procedures and include an explanation as to their usage.

17. Whose responsibility is it to ensure that all alcohol is secured and served responsibly?

18. Please disclose the charity or charities that this fundraiser will benefit.

19. Please indicate the percentage of the proceeds that will go to the charity or charities.

20. Please describe the security that will be provided for this event in terms of personnel, procedures and facility arrangements. Attach pertinent documents describing policies and procedures regarding the security for the event.

I, _____, SWEAR THAT THE FACTS AND STATEMENTS STATED BY ME IN THE ABOVE AND FOREGOING ANSWERS ARE TRUE AND COMPLETE, AND THAT NO FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN, AND NO FALSE OR FRAUDULENT STATEMENT OR STATEMENTS HAVE OR WERE MADE IN ORDER TO PRODUCE THE GRANTING OF AN ALCOHOLIC BEVERAGE LICENSE.

I FURTHER CERTIFY THAT I WILL NOTIFY COBB COUNTY BUSINESS LICENSE DIVISION OF ANY CHANGE IN MANAGEMENT, LICENSEE OR OWNERSHIP IMMEDIATELY.

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

SIGNATURE AND TITLE OF
PERSON OTHER THAN APPLICANT
FILLING OUT THIS APPLICATION

TELEPHONE NUMBER

ALL QUESTIONS MUST BE ANSWERED

RECEIVED IN COBB LICENSE DEPARTMENT

ON _____ AT _____

BY _____
BUSINESS LICENSE CLERK

DATE

Owner/ Licensee Personal Statement
(A photo of applicant must be attached)

1. Full name of owner/licensee (Do Not Use Initials) _____
Include maiden name(s), alias(s), etc.
2. Social Security No. _____ Business Phone _____ Cell Phone _____
3. Home Address: _____ Home Phone _____
(include city, state and zip)
4. Business Address: _____
(include city, state and zip)
5. Race: _____ Sex: _____ Height: _____ Weight: _____
Age: _____ Color of Hair: _____ Color of Eyes: _____
6. Place of Birth: _____ Date of Birth: _____
U.S. Citizen by (please check one): Birth _____ Naturalization _____ Not a Citizen _____
If naturalized: Certificate # _____
Date, Place, and Court: _____ Certificate # _____
If not a citizen, please complete the following:
Alien Registration #: _____ Native Country: _____
Date and port of entry: _____
7. What is your position title with the business submitting this license application?

8. Have you ever been:

A. **Arrested** Yes () No () B. **Convicted** Yes () No ()
C. **Detained** Yes () No () D. **Indicted** Yes () No ()
E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendre** Yes () No ()
G. **On Probation** Yes () No () H. **Any Pending Charges** Yes () No ()

I. If you answered “**YES**” to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

I, _____, DO SOLEMNLY SWEAR, THAT THE FOREGOING STATEMENTS ARE TRUE. I UNDERSTAND THAT ANY FALSEHOODS ARE GROUNDS FOR AUTOMATIC DISMISSAL OF THIS APPLICATION.

I FURTHER CERTIFY THAT I WILL NOTIFY THE COBB COUNTY BUSINESS LICENSE DIVISION OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE, FULL NAME IN INK

Date

NOTARY PUBLIC

DATE

TO BE COMPLETED BY THE LICENSEE

CONSENT FORM

I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. BY SIGNING THIS FORM, YOU ARE AGREEING TO ALLOW THE COBB COUNTY POLICE DEPARTMENT TO PERFORM A CRIMINAL HISTORY RECORDS CHECK UNDER GCIC PURPOSE CODE E (EMPLOYMENT BACKGROUND CHECK).

FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ALIEN NUMBER (IF NOT A USCITIZEN)

SIGNATURE

NOTARY PUBLIC

DATE

THIS AFFIDAVIT MUST BE COMPLETED

Private Employer Affidavit

Business Name: _____ **Occupation Tax #:** _____

NUMBER OF EMPLOYEES (COMPANY-WIDE): (Required)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute

below. Section 2.

The employer has registered with and utilizes the federal work authorization program in undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20__ in _____ (city)
_____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or
Agent SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My Commission Expires: _____

Business Name

Business License #/Occupation Tax #

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Business License / Occupational Tax Certificate as referenced in O.C.G.A. § 50-36-1, from Cobb County the undersigned applicant verifies one of the following with respect to my application for public benefit:

Do not check more than one option.

- _____ 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.

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. The secure and verifiable document provided with this affidavit can best be classified as: (i.e. driver's license, I-551, I-766, Passport, etc.)

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

Printed Name of Applicant

Applicant Phone Number

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

NOTARY PUBLIC

My Commission Expires: _____