



LAWRENCEVILLE

GEORGIA

City of Lawrenceville

70 S. Clayton St.

Lawrenceville, GA 30046

Main Number: 678-407-6401

Alcohol.license@lawrencevillega.org

This application must be filed with the Georgia Department of Revenue.
Applications will not be accepted in the office.



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Process for obtaining a license:

1. Confirm with the City of Lawrenceville that the proposed business is located inside the limits of the City of Lawrenceville.
2. If this is a new business, apply for a City of Lawrenceville Occupation Tax Certificate/Business License. If this is an existing business and under new ownership, the Occupation Tax Certificate/ Business License must first be reissued in the new owner's name before an Alcohol application will be accepted.
3. Read the City Alcohol Beverage Ordinance. 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.
4. All applications, State and City, must be submitted to the Georgia Department of Revenue at www.gtc.dor.ga.gov. A State license must be obtained in addition to the City license before any alcoholic beverages can be served or sold in the City of Lawrenceville.
5. Bring the non-refundable administrative fee of \$300.00 to Finance at City Hall. The License fees are due at this time as well. The fees are made payable to the City of Lawrenceville and are accepted in the form of a Cashier's Check or Money Order. If the License is denied for any reason the License fee is refundable, the administrative fee is not.
6. All owners and managers are required to complete a personal history statement and must be fingerprinted. Fingerprints will be scheduled at City Hall. The Lawrenceville Police Department will perform background investigations on all applicants. All employees handling or serving alcohol will be required to obtain an alcohol handling permit from the Lawrenceville Police Department.
7. Any applicant who owes other fees or taxes to the City will be required to remit payment prior to issuance of an Alcohol License.

Lawrenceville Police Department
300 Jackson St.
Lawrenceville, GA 30046

Hours: Monday-Friday: 9:00 AM - 12:00 PM
1:00 PM - 4:00 PM

**City Hall has notaries available.



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ALCOHOL CHECKLIST- Please submit required documentation to the Department of Revenue at www.etax.dor.ga.gov

☐ NUMBER OF APPLICANTS/MANAGERS/OWNERS

☐ FINGERPRINTS

☐ BACKGROUND CHECK

☐ PERSONAL HISTORY

☐ ID

☐ BUSINESS LICENSE

☐ FIRE MARSHAL

☐ DEPT OF AGRICULTURE

☐ ENVIRONMENTAL HEALTH

☐ SAVE

☐ LEASE/DEED

☐ MENU (RESTAURANTS)

☐ PREMISES/STRUCTURE FORMS

☐ GA STATE ALCOHOL LICENSE

☐ EMAIL CITY CLERK AND PD FOR DISTILLED ONLY

NEW LOCATIONS ONLY

☐ SCALE DRAWING

☐ SURVEYOR REPORT

☐ TEAR SHEET FROM NEWSPAPER AND PUBLISHER AFFIDAVIT



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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 if a separate sheet is attached.)

Business Name: _____ **Db:** _____

TYPE OF LICENSE: (check one) ☐ **New License** ☐ **New Ownership**

ADMINISTRATIVE FEE: \$300 - All new applicants and renewals if the licensee has changed

TYPE OF BUSINESS (check all that apply)

- | | | |
|---|--|--|
| ☐ Restaurant | ☐ Convenience Store | ☐ Grocery Store |
| ☐ Patio Sales | ☐ Growler Store | ☐ Indoor Special Event Facility |
| ☐ Performing Arts Facility | | ☐ Wine Shop |
| ☐ Hotel/Motel | | ☐ Non Profit |
| ☐ Other _____ | | |

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 |

Other (Stand-alone licenses)

- | | |
|---|--------|
| ☐ Indoor Special Events Facility | \$2000 |
| ☐ Performing Arts Facility | \$1500 |
| ☐ Wine Shop | \$2500 |
| ☐ Catering | \$200 |
| ☐ Hotel/Motel | \$100 |
| ☐ Frozen Consumables | \$100 |
| ☐ Brewery | \$2500 |
| ☐ Distiller | \$2500 |

Non-Profit Private Club

- | | |
|--|--------|
| ☐ Beer & Wine | \$1000 |
| ☐ Beer | \$500 |
| ☐ Wine | \$500 |
| ☐ Distilled Spirits | \$2000 |

Retail Consumption on Premises

- | | |
|--|--------|
| ☐ Beer & Wine | \$2000 |
| ☐ Beer | \$1000 |
| ☐ Wine | \$1000 |
| ☐ Distilled Spirits | \$4000 |
| ☐ Brewpub | \$2500 |

Other (Supplemental licenses)*

- | | |
|---|-------|
| ☐ Patio Sales | \$200 |
| ☐ Additional Fixed Bar | \$600 |
| ☐ Movable Bar | \$200 |

*must have retail consumption on premises license in addition



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BUSINESS INFORMATION:

Business Name: _____ Db Name: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Business Phone: _____ Cell: _____ Fax number: _____
E-mail Address: _____
Mailing Address: (if different) _____
C/o: _____
Street Address: _____
City: _____ State: _____ Zip Code _____ Phone: _____

Business License Number: _____ Federal Identification Number: _____
E-Verify Number: _____

TYPE OF OWNERSHIP:

- | | |
|---|--|
| ☐ Sole Owner | ☐ Partnership |
| ☐ Privately Held Corporation | ☐ Public Held Corporation |
| ☐ Public Held Corporation <i>Subject to S.E.C. Regulations</i> | ☐ Other _____ |

REGISTERED AGENT: (MUST BE A RESIDENT OF GWINNETT COUNTY)

Full Name: _____ SSN #: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Business Phone: _____ Cell: _____ Fax number: _____
E-mail Address: _____

BUSINESS AND PERSONAL TAX ADVICE ACCOUNTING and FINANCIAL ADVISORY:

Business Name: _____ Db Name: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Business Phone: _____ Cell: _____ Fax number: _____
E-mail Address: _____
Mailing Address: (if different) _____
C/o: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

FOR PARTNERSHIP ONLY: (if applicable)

Date Partnership Formed: _____ (attach Partnership Agreement to this Application)

FOR CORPORATION ONLY: (if applicable)

Corporation Name: _____ Federal ID Number: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Business Phone: _____ CELL: _____ Fax: _____
number: _____ E-mail Address: _____
Mailing Address: (if different) _____
C/o: _____
Street Address: _____
City: _____ State: _____ Zip Code _____ Phone: _____
Date of Incorporation: _____ Place of Incorporation: _____



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- a. Number of shares of authorized stock: _____
- b. Number of shares of outstanding stock: _____
- c. Is the corporation owned by a parent corp. or held by a holding company? _____
- d. If yes, explain: _____

List officers, directors and/or principal shareholders with 10% or more of the stock

Name	Position	Interest %

Financing:

- a. Bank and branch location to be used by business: _____
- b. Total amount of funds invested by the owner: _____
- c. Total amount of funds invested by parties other than the owner: _____
- d. Total amount of capital that is or will be invested in the business by any party or parties: _____

If any capital is borrowed:

Name of Lender	Date	Amount	Interest Rate



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GENERAL INFORMATION:

- A. DOES THE OWNER AND/OR INDIVIDUAL PARTNER, SHAREHOLDER, DIRECTOR OR OFFICER HAVE ANY FINANCIAL INTEREST IN ANY MANUFACTURER OR WHOLESALER OF ALCOHOLIC BEVERAGES?

☐ YES (EXPLAIN BELOW) ☐ No

- B. DOES THE OWNER AND/OR INDIVIDUAL PARTNER, SHAREHOLDER, DIRECTOR OR OFFICER HAVE ANY FINANCIAL AID OR ASSISTANCE FROM ANY MANUFACTURER OF ALCOHOLIC BEVERAGES?

☐ YES (EXPLAIN BELOW) ☐ No

- C. IF ANSWER IS "YES" TO EITHER OF THE ABOVE, PLEASE EXPLAIN: _____

- D. SHOW HEREUNDER ANY AND ALL PERSONS, CORPORATIONS, PARTNERSHIPS, OR ASSOCIATIONS (OTHER THAN PERSONS STATED HEREIN AS OWNERS, DIRECTORS, OR OFFICERS) WHO HAVE RECEIVED OR WILL RECEIVE, AS A RESULT OF YOUR OPERATION UNDER THE REQUESTED LICENSE, ANY FINANCIAL GAIN OR PAYMENT DERIVED FROM ANY INTEREST OR INCOME FROM THE OPERATION. FINANCIAL GAIN OR PAYMENT SHALL INCLUDE PAYMENT OR GAIN FROM ANY INTEREST IN THE LAND, FIXTURES, BUILDING, STOCK AND ANY OTHER ASSET OF THE PROPOSED OPERATION UNDER THE LICENSE. IN THE EVENT ANY CORPORATION IS LISTED AS RECEIVING AN INTEREST OR INCOME FROM THIS OPERATION, SHOW THE NAMES OF THE OFFICERS AND DIRECTORS OF SAID CORPORATION TOGETHER WITH NAMES OF THE PRINCIPAL STOCKHOLDERS:

- E. LIST ALL OTHER BUSINESSES ENGAGED IN THE SALE OF ALCOHOLIC BEVERAGES THAT THE OWNER, OR ANY INDIVIDUAL, PARTNER, SHAREHOLDER, OFFICER OR DIRECTOR IS INTERESTED IN, EMPLOYED BY OR ASSOCIATED WITH IN ANY WAY WHATSOEVER, OR HAVE BEEN INTERESTED IN, EMPLOYED BY, OR ASSOCIATED WITH IN THE PAST:

NAME

NAME OF BUSINESS

INTEREST%



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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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.

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 _____

Notary Public Signature

(Affix Seal Here)



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OWNER INFORMATION:

Owner Name _____ SSN #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ E-mail address: _____

***IF BUSINESS HAS MORE THAN ONE OWNER, PLEASE COMPLETE THE
FOLLOWING:***

MAKE ADDITIONAL COPIES IF NEEDED.

Owner (2) Information:

Owner Name: _____ SSN #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ E-mail address: _____

Owner(3) Information:

Owner Name: _____ SSN #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email address: _____



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PLEASE COMPLETE FOR EACH STORE MANAGER OF YOUR BUSINESS. MAKE COPIES IF NEEDED.

MANAGER (1) INFORMATION:

Manager Name: _____ SSN #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ E-mail address: _____

MANAGER (2) INFORMATION:

Manager Name: _____ SSN #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ E-mail address: _____

MANAGER (3) INFORMATION:

Manager Name: _____ SSN #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ E-mail address: _____



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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.

Applicant Information:

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



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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: _____

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

From: (mo/yr)	To: (mo/yr)	Employer: (Name)	Title: (Position)	Salary: (Received)	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)



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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)

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. _____



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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. _____

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)



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

(Attach Photo Here)



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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____

Notary Public Signature

Affix Seal Here



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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____

Notary Signature

LPD USE ONLY

_____ Approved

_____ Denied



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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).

Subscribed and sworn
Before me on this the
____ Day of _____, 20____

Signature

Printed Name



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E-Verify and Private Employers **Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate, alcohol license or other document required to operate a
business] as referenced in O.C.G.A. §36-60-6(d), from The City of Lawrenceville the undersigned
applicant representing the private employer know as

_____ [Printed name of private employer]
verifies one of the following with respect to my application for the above-mentioned document:

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. If the employer selected (a) please fill out
Section 2 below.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed
ten (10) or fewer employees.

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. § 36-30-6(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 ID Number

Date of Authorization

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 allowed by such statute.

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

Signature of Authorized Officer

Printed Name and Title

Subscribed and Sworn before me on this the
_____ Day of _____ of 20____.

Notary Public



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Registered Agent Information Form

I, _____, do hereby consent to serve as the Registered Agent for the license, owners, officers, and/or directors of and to perform all obligations of such agency under the Code of 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 local resident.

Business Name: _____

Business Address: _____

Name of Agent: _____

Home Address of Agent: _____

Agent Contact Number: _____

Agent Driver's License Number: _____

Owner Signature

Subscribed and sworn before me

This__ day of ____, 20__

Notary Public

Agent Signature

Subscribed and sworn before me

This __ day of ____, 20__

Notary Public



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BUSINESS PREMISES AND STRUCTURE

1. Is this location within a commercial zoning district? ☐ Yes ☐ No

What is the zoning of the property? _____

2. Lighting: Does the building in which business is to be located contain sufficient lighting so that the building itself and the premises on all sides of the building are readily visible at all times from the front of the street on which the building is located as to reveal all of the outside premises of such building?

☐ Yes ☐ No

Is the building illuminated so that all hallways, passageways and open areas may be clearly seen by the customer therein? ☐ Yes ☐ No

If the answer is "No" to either, please explain proposed methods to rectify the insufficient lighting:

3. *(For Restaurants Only)*: Do you have patio sales? ☐ Yes ☐ No

4. Attach copies of the following information as it applies to this application:

- a. A certificate by a registered land surveyor or professional engineer showing that the location complies with the distance requirement from churches and schools.
- b. Evidence of ownership of the building or proposed building or a copy of the lease if applicable.
- c. A copy of the franchise agreement or contract, if applicable.
- d. A copy of the menu(s) if the applicant is a "bona fide" eating establishment
- e. Plans:

If Building is COMPLETE, copies of detailed plans of said building and outside premises as well as a copy of the floor plan.

If Building is PROPOSED, copies of proposed plans and specifications, as well as the building, permit application.



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Instructions for the following four pages: Each page has questions regarding the type of business indicated on page 1, Section 1. Fill out the appropriate pages and mark N/A on the ones that do not pertain to your business.

FOR ALL ESTABLISHMENTS APPLYING FOR ON-PREMISES CONSUMPTION:

1. Number of square feet of total floor area: _____
2. Number of square feet devoted to dining area: _____
3. Total seating capacity (excluding bar area): _____
4. Number of parking spaces: _____
5. Number of parking spaces devoted to handicapped persons: _____
6. Days/Hours that prepared meals or foods are served: _____

7. Does the facility have a full service kitchen? ☐ Yes ☐ No
 - A. Does the kitchen have a three compartment sink? ☐ Yes ☐ No
 - B. Is the refrigerator approved by both Health and Fire Departments? ☐ Yes ☐ No
 - C. Is the stove and/or grill permanently installed and approved by both Health and Fire?
☐ Yes ☐ No
8. If your business is a restaurant, will 50% of sales be food? ☐ Yes ☐ No

If the answer to any of the above questions is no, please explain: _____

The establishment must comply with the advertising prohibition as outlined in Chapter 4 of the **City of Lawrenceville Alcohol Beverage Ordinance**. (Initials) _____



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PREMISES AND STRUCTURE FOR HOTEL/MOTEL ONLY

1. Number of rooms available for hire to the general public: _____
2. Total square feet devoted to restaurant: _____
3. Total square feet designated as dining area: _____
4. Seating capacity excluding the bar area: _____
5. Number of parking spaces: _____
6. Number of parking spaces devoted to handicapped person: _____
7. Hours that prepared meals or food are served: _____
8. Does the facility have a full service kitchen? ☐ Yes ☐ No
 - a. Does the kitchen have a three-compartment sink? ☐ Yes ☐ No
 - b. Is the refrigerator approved by both the Health and Fire Departments? ☐ Yes ☐ No
 - c. Is the stove and/or grill permanently installed and approved by the Health and Fire Departments? ☐ Yes ☐ No

If the answer to any of the above questions is no, please explain:

The establishment must comply with the advertising prohibition as outlined in Chapter 4 of the **City of Lawrenceville Alcohol Beverage Ordinance**. (initials) _____



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PREMISES AND STRUCTURE FOR SUPERMARKET (GROCERY) OR CONVENIENCE STORE ONLY

1. Total floor area in square feet: _____
2. Total square feet devoted to sale of groceries and food products: _____
3. Number of parking spaces: _____
4. Number of parking spaces devoted to handicapped persons: _____
5. Is the establishment devoted principally to the retail sale of groceries and food products?
☐ Yes ☐ No If no, please explain: _____

The establishment must comply with the advertising prohibition as outlined in Chapter 4 of the **City of Lawrenceville Alcohol Beverage Ordinance**, below

Chapter 4 Advertising; Location Requirements; Signs

As a condition of the privilege of having a license and permit pursuant to this chapter, the holder agrees not to use any outdoor advertising or signs to promote the sale of alcoholic beverages or the prices of such beverages. No advertising or signs shall be permitted to be physically attached to the windows of any such establishment. Any sign or advertising inside permitted location shall be of a size and type that is directed to customers inside the facility. Any advertising or signs that are visible for the outside of the permitted facility shall be removed if the City Clerk or his/her designee determines that the advertising or signage adversely intrudes on the esthetic character surrounding streets, sidewalks or properties.



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Surveyor's Affidavit

I, _____, a Georgia registered land surveyor, # _____

do hereby certify that I am familiar with the premises: _____

(Business Name and Location)

and that it is in compliance with the City of Lawrenceville Code Section set out below.

4-75 General Code of Ordinance

For the purposes of this section, **distance** shall be measured in a straight line from the main entrance of the school or church building in question to the main entrance of the establishment for the sale of alcoholic beverages in question.

Signature and Seal of Surveyor

Printed name of Surveyor

Date

Registration Number and Expiration

Sworn to and subscribed this _____ day of _____ 20 _____

Notary Public

Commission Expires

Affix seal here:



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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 _____



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Classified Ad Example:

Notice of Application for Alcohol License

AN APPLICATION HAS BEEN FILED ON (DATE) WITH THE CLERK OF THE CITY OF LAWRENCEVILLE FOR A LICENSE TO SELL _____ BY THE FOLLOWING APPLICANT AT THE FOLLOWING LOCATION, TO WIT: **APPLICANT/OWNER:** _____

REGISTERED AGENT: _____

BUSINESS NAME: _____

LOCATION: _____

A DECISION ON WHETHER OR NOT TO GRANT OR DENY SUCH A LICENSE WILL BE MADE BY THE CLERK OF THE CITY OF LAWRENCEVILLE NO LATER THAN THIRTY (30) DAYS FROM THE DATE THE FILED APPLICATION IS DETERMINED TO BE COMPLETE. MEMBERS OF THE PUBLIC ARE INVITED TO NOTE ANY OBJECTIONS, IN WRITING, THAT THEY MAY HAVE TO THE GRANTING OF SUCH LICENSE BY FILING SAID WRITTEN OBJECTIONS WITH THE CLERK OF THE CITY OF LAWRENCEVILLE.

This ad shall be published in the newspaper in which the legal advertisements of the City are published at least twice a week (Gwinnett Daily Post), for two (2) consecutive weeks. The ad should not be of type smaller than ten (10) point capital in lower case and shall be at least a two (2) inch one-column ad.

This same wording may also be used for the sign or signs at the location of the proposed business that are to be placed no later than ten (10) days following submission of the application.

A sign that is 3'X3' must be posted in the right of way on any roads the business may front. In the case of a shopping center, the sign may be placed in the front window. The sign must be posted for 30 days. The wording on the sign must read the same as the advertisement in the newspaper.

*See Chapter 4 Article II Section 103 for complete details.