Johns Creek
www.johnscreekga.gov
678-512-3242 ~ (fax) 678-512-3245
11360 Lakefield Drive, Johns Creek, GA 30097

Staff Use Only

ABL-_____

ALCOHOLIC BEVERAGE LICENSE APPLICATION

INSTRUCTIONS: PLEASE PRINT OR TYPE APPLICATION AND ANSWER ALL QUESTIONS.

Please fill out entire application leaving no sections blank; please mark sections that do not apply N/A.

Proof of submission of State of Georgia license application MUST be submitted with the City's application

TYPE OF LICENSE: (Check appropriate spaces)

NEW
CHANGE OF OWNERSHIP ☐

☐ **RETAIL/PACKAGE**
☐ **CONSUMPTION ON THE PREMISES**
☐ **WHOLESALER**

☐ **Malt Beverage**
☐ **Wine**
☐ **Distilled Spirits**
☐ **Brew Pub/Brewery (on premise)**
(must submit wholesale excise)

1. Full Name of Business_____

   Under what name is the Business to be operated?_____

   Is the business a proprietorship, partnership or corporation? Domestic or foreign? _____

   _____

2. Address: a) Physical: _____

   b) Mailing: _____

3. Phone _____ Beginning Date of Business in City of Johns Creek _____

4. ☐ New business_____ ☐ Existing business purchase

   If change of ownership, effective date of this change _____

   If change of ownership, enclose a copy of the sales contract and closing statement.

5. Federal Tax ID Number _____Georgia Sales Tax Number_____

6. Is business within the designated distance of any of the following:

Alcohol Awareness Training Program Requirement

Proof of completion of an approved alcohol awareness training program must be attached to application. Please refer to the page (10) of the application for examples of training and instructions.

STAFF USE ONLY

Submitted To State_____ **Amount Paid: $**_____ **Receipt #:** _____

Fingerprinting Form Sent _____ **Appt. Approved** _____ **Results Received:** _____

7. Full name of Applicant_____

Social Security Number_____ Date of Birth_____

Full name of Spouse, if Married_____

Are you a Citizen of the United States or Alien Lawfully Admitted for Permanent Resident? _____

Birthplace_____

Current Address_____ City_____ St_____ Zip_____

Home Telephone_____

Number of years at present address_____

Do you reside in Fulton County?_____ If yes, how long?_____

Previous address_____

Number of years at previous address_____

Driver's License Number & State _____

What has been your occupation for the past five (5) years? Give detailed list (use additional page if necessary):

_____

_____

_____

8. Applicant's employment date with present business_____

If new business, date business will begin in Johns Creek _____

If transfer or change of ownership, effective date of this change_____

If transfer or change of ownership, enclose a copy of the sales contract, closing statement, and check here._____

Previous Applicant_____

D/B/A_____

Any holder of any license under this chapter who shall for a period of three consecutive months after the license has been issued cease to operate the business and sale of the product or products authorized shall, after the three-month period, automatically forfeit the license without the necessity of any further action. Initial here_____.

9. What is the name of the person who, if the license is granted, will be the active manager of the business and on the job at the business? List address, occupation, phone number, and employer.

_____

_____

_____

10. Has the applicant, spouse, or any individual having an interest either as owner, partner, or stockholder, been arrested, convicted or entered a plea of nolo contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States, or any municipal ordinance except traffic violations? If yes, describe in detail and give dates._____

11. Do you own the land and building on which this business is to be operated? _____
Date purchased _____Amount_____
If not, give amount paid for such land and building, the manner in which the rent is determined, to whom and at what intervals it is paid. Give the name of the owner and agent, if any.

Attach a copy of the lease and any other pertinent documents.

12. How is the proposed location zoned?_____

13. Does this establishment have a patio/open area intended to be used for consumption of alcoholic beverages? *(check one)* **[ ] Yes or [ ] No**
If yes, provide a site plan indicating the location of the patio in relation to the building, the height of the fence and any entrances or exits. Reviewed by Zoning Administrator_____

14. If operating as a corporation, state name and address of corporation, when and where incorporated, and the names and addresses of the officers and directors, social security numbers and the office held by each.

15. If operating as a corporation, list the stockholders (20% or more) complete addresses, area code and telephone numbers, residential and business, and the amount of interest of each stockholder in the corporation.

16. If operating as a partnership, list the partners with complete addresses, area code and telephone numbers, residential and business, and the amount of interest or percent of ownership of each partner.

17. If partnership or individual, state names of any other persons or firms owning any interest or receiving any funds from the corporation.

18. Does applicant or spouse received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? If yes, please explain.

19. Does applicant or spouse any financial interest in any manufacturer or wholesaler of alcoholic beverages? If yes, please explain.

20. List any and all persons, corporations, partnerships, or associations who have received or will receive, as a result of your operations 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 that any corporation is listed as receiving and interest or income from this operation, show the names of the officers and director of said corporation together with the names of the principal stockholders.

21. State whether or not applicant, partner, corporation officer, or stockholder holds any alcoholic beverage license in other jurisdiction or has ever applied for a license and been denied. (Submit full details)

22. Do you or your spouse or any of the other owners, partners, or stockholders have an interest in other liquor stores? If so, state in how many stores each is interested and where stores are located. Explain fully. Attach a list of all your brothers, sisters, children, grandchildren, father-in-law, mother-in-law, etc.

23. Are you or any member of your family the owner, lessor and/or sublessor of any real estate which is occupied by a retail liquor store? If so, give the location information as to any lease or agreement, amounts of rents, received to whom and whether rented or leased.

24. Are you or any member of your family the executor or administrator or beneficiary or heir of any estate having any interest in a retail liquor store? If so, give the location, amount of interest, and your capacity with the estate.

25. Are you or any member of your family the beneficiary or trustee of any trust fund having any interest in a retail liquor store? If so, give your position, the name of the trust and the amount of income you receive.

26. Do you, your spouse, any partner or any stockholder have any financial interest in any wholesale liquor business? If so give details.

_____

_____

27. Give the amount of gross sales of each of the retail liquor, beer, and wine stores at the above location for the previous twelve (12) months and state the dates used in computing the gross sales. Indicate gross sales for beer, wine and liquor separately._____

_____

Projected Annual Sales: Food_____Beer_____Wine_____Liquor_____
Total Sales_____

28. All beer, wine and liquor retailers shall only purchase alcoholic beverages from a State of Georgia Licensed Wholesaler as per Georgia Alcoholic Beverage Laws and Regulations, 1996 Edition, as now or hereafter amended, Chapter 560-2-2.04. Initial_____

29. Property Owner for Proposed Business Location_____

Address_____

City, State and Zip_____Telephone (___)_____

Name of Agent or Person Responsible_____

Address and Telephone_____

30. Real Estate Firm for Proposed Business Location_____

Address and Telephone_____

_____

31. Property Management Company for Proposed Business Location_____

Address and Telephone_____

32. Do you have any questions or comments regarding the ordinances, laws, regulations or application?

☐ Yes ☐ No

33. Are you familiar with the City of Johns Creek ordinances, state laws and, regulations, federal laws and regulations governing the operation of this type of business? ☐ Yes ☐ No

34. Have you made application for a State license? ☐ Yes ☐ No

35. Have you completed an approved alcohol awareness training program and submitted it with this alcohol beverage license application as required by Chapter 6, Section 6-21(a) of the City Ordinance?

☐ Yes ☐ No

36. Have you answered all questions? ☐ Yes ☐ No

City of Johns Creek, Georgia,

By my signature below and being duly sworn to law, I hereby swear that the statements made by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such statements were made in order to procure the granting of such a license. I hereby authorize the City of Johns Creek or its designated agent to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the City of Johns Creek's investigation. I further certify that I will notify the City of Johns Creek Office of any changes affecting my status and/or position with this company.

_____

Print Name of Applicant

_____

Signature of Applicant

Phone Number

_____Work

_____Home

Subscribed and sworn to before me

This _____ day of _____, 20_____.

_____

(Clerk/Notary Public Signature)

My commission expires: _____

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11360 Lakefield Drive, Johns Creek, GA 30097

REGISTERED AGENT INFORMATION FORM

BY MY SIGNATURE BELOW, I HEREBY CONSENT TO SERVE AS THE REGISTERED AGENT FOR THE LICENSEE, OWNERS, OFFICERS, AND/OR DIRECTORS OF AND TO PERFORM ALL OBLIGATIONS OF SUCH AGENCY UNDER THE ALCOHOLIC BEVERAGE ORDINANCE OF THE CITY OF JOHNS CREEK, 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 UPON THE LICENSEE OR OWNER MAY BE SERVED. I UNDERSTAND THAT THE REGISTERED AGENT MUST BE A CITIZEN OF THE UNITED STATES OF AT LEAST 21 YEARS OF AGE AND A **RESIDENT OF FULTON COUNTY OR ANY COUNTY THAT BORDERS FULTON COUNTY**. I FURTHER CERTIFY THAT I WILL NOTIFY THE CITY OF JOHNS CREEK OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

_____
SIGNATURE OF AGENT

_____
PRINT NAME OF AGENT

_____
AGENT'S HOME ADDRESS

_____
CITY, STATE, AND ZIP CODE

_____
AREA CODE AND TELEPHONE NUMBER

_____
DATE MOVED INTO THE ABOVE ADDRESS

_____
DRIVER'S LICENSE NUMBER & STATE ISSUED

_____
DATE OF BIRTH

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS THE _____ DAY OF _____, 20_____

_____
CLERK/NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:

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LAND SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

*****PACKAGE SALES ONLY*****

For the purpose of the Alcoholic Beverage Ordinance, distance means the measurement in yards, from the front entrance of the proposed location, to the main entrance of the church building or to the nearest portion of the school grounds, along the nearest practical street route, measured as described in Article IV, Section 6 of the Alcoholic Beverage Ordinance.

Per Article IV, Sec 6(e), unless otherwise provided by law, all measurements to determine the distances referred to in this section shall be measured by the most direct route of travel on the ground and shall be measured in the following manner:

1) In a straight line from the front door of the structure from which beverage alcohol is sold or offered for sale;
2) To the front door of the building of a church, government-owned treatment center or retail package store; or
3) To the nearest property line of the real property being used for school or educational purposes.

A scaled drawing of the location of the proposed premises, showing the distances described below, shall be prepared by a Georgia Registered Land Surveyor. The following information shall be required on the survey:

1. Building location, shown in relation to the nearest road and nearest intersecting road(s).
2. Indicate location of main/front entrance of building used to determine appropriate distance requirements.
3. Name, address, telephone number of applicant.
4. Date of survey, graphic scale and north arrow.
5. Location of tract (land district and land lot).
6. Signature and certification statement(s) as listed below, on survey for related alcoholic beverage use.
7. Include one or both of the certification statements as listed below, on survey for related alcoholic beverage use:

☐ **Sales of DISTILLED SPIRITS is not located within 100 yards of a church building or within 200 yards of any school building, school grounds, educational building, or college campus, or within 100 yards of any alcoholic treatment center owned and operated by the State of Georgia or any county or municipal government therein.**

☐ **Sales of BEER and WINE is not located within 100 yards of any school building, school grounds, or college campus, or within 100 yards of any alcoholic treatment center owned and operated by the State of Georgia or any county or municipal government therein.**

In my opinion, the premises meets the distance requirements listed above:

Surveyor Signature **Registration Number** **Date**

(6/10/2022)

CITY OF JOHNS CREEK
CRIMINAL HISTORY RECORD CHECK CONSENT FORM

Instructions: Make additional copies of this form as needed; print legibly and answer all questions fully. If the space provided is not sufficient, answer on a separate sheet of paper and note accordingly. Include copies of verifiable identification with photo, such as driver's license or state photo ID. This application is to be executed under oath and is subject to the penalties of false swearing. An electronic version of this authorization shall be as valid as the original.

Name of Business Establishment: _____ Job Title: _____

Business Address: _____

Reason for check: Employment with or Ownership of Regulated business: PURPOSE CODE "E"

By my signature below, I hereby authorize the City of Johns Creek to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or local criminal justice agency in Georgia. I hereby specifically release the City of Johns Creek from any liability which may be incurred as a result of furnishing such information for the purpose of assessing my eligibility. Furthermore, I authorize the City of Johns Creek to conduct future background checks to determine my continued eligibility for holding this license or permit and any future renewals as applicable.

Name of Applicant: _____
(First) (Middle) (Last)

Aliases/Prior Names (or N/A): _____ Social Security _____

Home Address: _____ Cell phone # _____

Email address: _____ Height: _____ Weight: _____ lbs.

Eye Color: _____ Hair Color: _____ Sex: _____ Race: _____

ID Type: _____ ID Number: _____ ID Exp: _____

DOB: _____ City, State, and County of Birth: _____

Have you ever been arrested or held by federal, state, or other law enforcement authorities for violation of any federal, state, county or municipal law regulations or ordinances? (Do not include traffic violations; all other charges must be included even if they were dismissed.) If YES, list dates, locations, charges, and dispositions of **any and all** citations and arrests. If you have no charges, citations, or arrests – write "None."

_____

_____

Applicant's Affidavit: By my signature below, I hereby swear or affirm that the statements and answers given are true, factual and correct to the best of my knowledge and ability. I understand that it is a felony to knowingly and willfully make a false, fictitious or fraudulent statement or representation to a governmental agency in the application.

Signature of Applicant: _____ Date: _____

Subscribed and sworn before me on this the _____ day of _____, 20_____.

(Stamp/Seal)

Executed in _____ (City), _____ (State).

Notary Public Signature: _____

RESULTS

Requested by: City of Johns Creek, GA – Revenue Division

No criminal record on file _____ Criminal record on file (see attached) _____

Record Technician: _____ Badge Number: _____ Date: _____

APPROVED ALCOHOL AWARENESS TRAINING PROGRAMS

Rules and Regulations

Chapter 6, "**Sec. 6-21(c). – Alcohol awareness training certification.**

c. ***Every applicant to whom a pouring permit is issued and every employee who dispenses, sells, serves, takes orders or mixes beverages shall also complete an approved alcohol awareness training program within 30 days of being issued a pouring permit or being employed." Each establishment shall maintain an updated list of employees who have completed an approved alcohol awareness training program along with copies of each of the employee's completion certificate, and shall produce said list and/or certificates for inspection by the city upon request.***

- Training Institute for Responsible Vendors http://www.tirv.net/
- TIPS http://gettips.com/
- ServSafe http://www.servsafe.com/home
- Evindi – RAS http://evindi.com/
- Learn2Serve http://www.learn2serve.com/
- Communicata Language Services LLC
- Darden Restaurants Responsible Alcohol Service Training Online
- LiquorExam https://liquorexam.com/Georgia_Alcohol_Server_Seller_Training

CITY OF JOHNS CREEK
ALCOHOLIC BEVERAGE LICENSE FEES

✔ **APPLICATION FEE:**	$ 1130.00

✔ **TYPE OF LICENSE:**	**LICENSE FEE:**	
_____**CONSUMPTION ON THE PREMISES:**		
_____Wine	$ 650.00	
_____Malt Beverages	$ 650.00	
_____Distilled Spirit	$3200.00	
_____Additional Bar _____@	$1000.00 (Each)	
_____Sunday Sales	$250.00	
_____Brewpub	$500.00	
_____Farm Winery Tasting	$250.00	
_____Ancillary Beer/Wine Tasting	$250.00	
_____ **PACKAGE:**		
_____Wine	$ 400.00	
_____Malt Beverages	$ 400.00	
_____Distilled Spirits	$3000.00	
_____**WHOLESALE:**	**Outside CITY LIMITS**	**Within CITY LIMITS**
_____Wine	$ 100.00	$500.00
_____Malt Beverages	$ 100.00	$500.00
_____Distilled Spirits	$ 100.00	$3500.00

✔ **TEMPORARY LICENSE ONLY**	**LICENSE FEE:**
_____**CONSUMPTION ON THE PREMISES:**	
_____Wine and Malt Beverages	$ 250.00
_____Distilled Spirits	$ 500.00
_____**PACKAGE:**	
_____Wine and Malt Beverages	$ 200.00
_____Distilled Spirits	**No Temporary License Permitted**

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ALCOHOLIC BEVERAGES - HOURS SALES ARE ALLOWED

PACKAGE - BEER AND WINE

Monday through Saturday	8:00 a.m. - 11:45 p.m.
Sunday	12:30 p.m. - 11:30 p.m.

PACKAGE - LIQUOR

Monday through Saturday	8:00 a.m. - 11:45 p.m.
Sunday	12:30 p.m. - 11:30 p.m.

CONSUMPTION ON THE PREMISES – BEER, WINE AND LIQUOR

Eating Establishment ONLY – establishment which is licensed to sell alcoholic beverages and which derives at least 50 percent (50%) of its total annual gross food and beverage sales from the sale of prepared meals or food.

Monday	9:00 a.m. – 2:00 a.m.
Tuesday	9:00 a.m. – 2:00 a.m.
Wednesday	9:00 a.m. – 2:00 a.m.
Thursday	9:00 a.m. – 2:00 a.m.
Friday	9:00 a.m. – 2:00 a.m.
Saturday	9:00 a.m. – 2:00 a.m.
Sunday*	11:00 a.m. – 2:00 a.m.

* Sunday sales may ONLY be made after paying the Sunday sales fee and obtaining authorization from the City.