



**CITY OF ACWORTH**  
**4415 Senator Russell Avenue**  
**Acworth, GA 30101**  
**770-974-3112**  
**770-917-0590 (Fax)**

For Office Use Only:  
 License No. \_\_\_\_\_  
 Date Received \_\_\_\_\_

**Alcoholic Beverage License Renewal Application**

**INSTRUCTIONS: PLEASE PRINT OR TYPE**

Type of License: (Check all that apply)

**LIQUOR:**

- NEW
- RENEWAL
- TRANSFER
- NAME CHANGE
- MANUFACTURER
- WHOLESALER
- RETAIL PACKAGE
- CONSUMPTION ON THE PREMISES
  - a. Restaurant
  - b. Bar or Lounge
  - c. Bottle Shop
  - d. Dancing/Live Entertainment
  - e. Adult Entertainment
  - f. Private
  - g. Other
- SUNDAY SALES

**BEER:**

- NEW
- RENEWAL
- TRANSFER
- NAME CHANGE
- MANUFACTURER
- WHOLESALER
- RETAIL PACKAGE
- CONSUMPTION ON THE PREMISES
  - a. Restaurant
  - b. Bar or Lounge
  - c. Bottle Shop
  - d. Dancing/Live Entertainment
  - e. Adult Entertainment
  - f. Private
  - g. Food Store
  - h. Service Station
  - i. Wine Specialty Shop
  - J. Other
- SUNDAY SALES

**WINE:**

- NEW
- RENEWAL
- TRANSFER
- NAME CHANGE
- MANUFACTURER
- WHOLESALER
- RETAIL PACKAGE
- CONSUMPTION ON THE PREMISES
  - a. Restaurant
  - b. Bar or Lounge
  - c. Bottle Shop
  - d. Dancing/Live Entertainment
  - e. Adult Entertainment
  - f. Private
  - g. Food Store
  - h. Service Station
  - i. Wine Specialty Shop
  - j. Ohter
- SUNDAY SALES

**GROWLERS: (Craft Draft Beers Only)**

- a. Restaurant
- b. Wine Specialty Shop



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**1. Full Name of Business** \_\_\_\_\_  
**Under what name is the Business to be operated** \_\_\_\_\_

**2. Business Address** \_\_\_\_\_

**3. Business Phone** \_\_\_\_\_ **Alternate Number for Business** \_\_\_\_\_

**4. Federal Tax ID Number** \_\_\_\_\_ **State License Number** \_\_\_\_\_

**5. Full Name of Applicant** \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Full Name of Spouse (if married)** \_\_\_\_\_  
**Spouse's Social Security Number (if joint owner/partner in business)** \_\_\_\_\_  
**Are you a Citizen of the United States** \_\_\_ Yes \_\_\_ No **Place of Birth** \_\_\_\_\_

*\*Please complete attached SAVE Affidavit for citizenship status.*

**Current Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_ **Zip Code** \_\_\_\_\_  
**Home Telephone** \_\_\_\_\_ **Cell Number** \_\_\_\_\_  
**Number of years at current address** \_\_\_\_\_  
**Do you reside in Cobb County** \_\_\_ Yes \_\_\_ No **If yes, how long** \_\_\_\_\_  
**Previous Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_ **Zip Code** \_\_\_\_\_  
**State and Driver's License Number** \_\_\_\_\_

**5a. What has been the applicant's occupation for the past five (5) years? (List Details)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Applicant's Date of Employment with current business** \_\_\_\_\_  
**Previous Applicant** \_\_\_\_\_

**7. For consumption on premise, list the name of the active Manager(s) at the place of business and date their Manager Permit expires?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**8. Has the applicant, spouse, or any individual having an interest either as owner, partner, or stockholder, been arrested, convicted or entered a pleas of nolo contendere within five (5) years immediately prior to the filing of this application for any felony or misdemeanor of any state of the United States, or any municipal ordinance except traffic violations? \_\_\_ Yes \_\_\_ No**

**If yes, describe in detail and provide dates: \_\_\_\_\_**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. Property Owner or Property Management Company for business location:**

**Address \_\_\_\_\_**

**Phone Number \_\_\_\_\_**

**10. Type of Ownership: \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation**

**a. If operating as a partnership, list partners complete address, area code and phone numbers (residential and business) and the amount of interest or percent of ownership for each.**

**b. If operating as a corporation, list stockholders with 20% or more ownership. Including, complete address, area code and phone numbers (residential and business)\_\_\_\_\_**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. If this is an application for a retail license:**

**a. Has the applicant or spouse received financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? \_\_\_ Yes \_\_\_ No**

**b. Does applicant or spouse have financial interest in any manufacturer or wholesaler of alcoholic beverages? \_\_\_ Yes \_\_\_ No**

**If you answered yes to either question, provide details:**

\_\_\_\_\_  
 \_\_\_\_\_



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12. Do you, your spouse or any other owner, partner, or stockholder have an interest in other liquor stores?  Yes  No If yes, explain in detail the number of stores and locations for each interest. Attach a list for all brothers, sisters, children, grandchildren, father-in-law and mother-in-law, etc. \_\_\_\_\_

13. Are you or any member of your family:
- a. The owner, lessor, sub-lessor of any real estate that is occupied by a retail liquor store?  
 Yes  No
  - b. The executor or beneficiary of any estate having interest in a retail liquor store?  
 Yes  No
  - c. The beneficiary or trustee of any trust fund having any interest in a retail liquor store?  
 Yes  No

If yes, provide details \_\_\_\_\_

14. Do you, your spouse, any partner or stockholder have any financial interest in any wholesale liquor business?  Yes  No If yes, provide details. \_\_\_\_\_

15. State the amount of gross sales of food, liquor, beer, and wine for the previous twelve (12) months and provide dates for computing. Indicate sales for beer, wine and liquor separately.  
 Annual Sales: Food \$ \_\_\_\_\_ Beer \$ \_\_\_\_\_ Wine \$ \_\_\_\_\_  
 Liquor \$ \_\_\_\_\_ Total Sales \$ \_\_\_\_\_ Dates \_\_\_\_\_

16. All beer, wine, and liquor retailers shall only purchase alcoholic beverages from a State of Georgia Licensed Wholesaler as per current Georgia Alcoholic Beverage Laws and Regulations. Initial here \_\_\_\_\_

17. Are you familiar with the City of Acworth ordinances, state laws and regulations, and federal laws and regulations governing the operation of your type of business?  Yes  No

18. Did you receive a copy of the City of Acworth's Alcoholic Beverages Ordinance and any applicable amendments?  Yes  No



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**19. Does the alcohol license establishment have training requirements for employees that serve alcohol to ensure no sales of alcoholic beverages to underage patrons?  Yes  No**

**If yes, provide details and attach a copy of the policy and procedures. \_\_\_\_\_**

\_\_\_\_\_

**20. Does the alcohol license establishment have procedures or equipment in place to ensure no sales of alcoholic beverages to underage patrons?  Yes  No**

**If yes, provide details \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**21. Have you answered all questions for this renewal application?  Yes  No**

**22. Do you have any questions or comments regarding the alcohol ordinances, laws, regulations or this application?  Yes  No If yes, provide details \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**City Clerk answer \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_



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**Georgia, Cobb County**

I, \_\_\_\_\_, being duly sworn to law, do 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 Acworth Police Department 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 Acworth Police Department's investigation. I further certify that I will notify the city of Acworth Office of the city Clerk of any changes effecting my status and/or position with is company.

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Print Name and Title of Person preparing this application, if other than applicant.**

\_\_\_\_\_  
**Signature of Preparer**

**Phone Number(s) of Applicant**  
**Work:** \_\_\_\_\_  
**Home:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_

Sworn to and subscribed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

**FOR OFFICE USE ONLY**

**Application received in the Office of the City Clerk at: Time \_\_\_\_\_ By: \_\_\_\_\_**  
**Approved by City Clerk: \_\_\_ Yes \_\_\_ No Date \_\_\_\_\_**



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**ACWORTH POLICE DEPARTMENT**  
**Consent Form for GCIC Records Check**

I, \_\_\_\_\_, hereby authorize any representative of the Acworth Police Department bearing this release to obtain any criminal history record information, whether actual or electronic, as it pertains to my application(s) for an Alcohol Manager's Permit, Alcohol Beverage License, or Alcohol Beverage License renewal. I understand that the Consent Form for a GCIC records check and criminal history record may include files of any federal, state, and/or local criminal justice agency of Georgia. I hereby direct the Acworth Police Department to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Acworth, whether said records are of public and private, electronic, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the Acworth Police Department to make a complete and exhaustive search relative to any police record of my fingerprints and photograph for the consideration of said applications and/or permits. I further understand that such records shall be placed on file in the City Clerk's Office.

DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

PRINT FULL NAME \_\_\_\_\_

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_

HOME STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

\*\*\*\*\*

COMMUNICATIONS OFFICER \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

RECORD ATTACHED \_\_\_\_\_ NO RECORD \_\_\_\_\_



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**Affidavit Verifying Status for City Public Benefit Application**

By executing this affidavit under oath, as an applicant for a City of Acworth, 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 a City of Acworth, **(check one of the following)**:

- |  |   |
|--|---|
| <input type="checkbox"/> Business License or Georgia Occupational Tax Certificate            | <b>Miscellaneous Licenses (check one below):</b>          |
| <input type="checkbox"/> Alcohol Beverage License  | <input type="checkbox"/> Auctioneers                      |
| <input type="checkbox"/> Taxicab License   | <input type="checkbox"/> Pawn Brokers                     |
| <input type="checkbox"/> Insurance Company License   | <input type="checkbox"/> Massage Therapists               |
| <input type="checkbox"/> Employee Benefits (Retirement, Health, Disability)                  | <input type="checkbox"/> Billiard Rooms Operations        |
| <input type="checkbox"/> Contracts <b>(Please specify type)</b> _____                        | <input type="checkbox"/> Precious Metals and Gems Dealers |
| <input type="checkbox"/> Other public benefit ( <i>indicate, if not listed above</i> ) _____ | <input type="checkbox"/> Flea Markets                     |

Name of Business \_\_\_\_\_

**Check only one:**

- 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: \_\_\_\_\_.

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 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

**SUBSCRIBED AND SWORN**  
**BEFORE ME ON THIS THE**  
 \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
**Signature of Applicant**

**Notary Public** \_\_\_\_\_  
**My Commission Expires:** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Applicant**

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below: \_\_\_\_\_





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**REGISTERED AGENT CONSENT AND INFORMATION FORM**

**CITY OF ACWORTH OFFICE OF THE CITY CLERK**

I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors thereof and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the city of Acworth, 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 citizen of the United States and a resident of Georgia. I hereby authorize the Acworth Police Department 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 Acworth Police Department's investigation. I further certify that I will notify the City of Acworth Office of the City Clerk of any changes effecting my status and/or position with this company.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Signature of Agent**

\_\_\_\_\_  
**Type or Print Name of Agent**

\_\_\_\_\_  
**Type or Print Agent's Home Address**

\_\_\_\_\_  
**Type or Print City, State and Zip Code**

\_\_\_\_\_  
**Type or Print Date Moved into the Above Address**

\_\_\_\_\_  
**Type or Print Social Security Number**

\_\_\_\_\_  
**Type or Print Driver's License Number**

\_\_\_\_\_  
**Type or Print Date of Birth**

\_\_\_\_\_  
**Type or Print Area Code and Phone Number**



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**Alcoholic Beverage License Renewal Application**

**SUNDAY SALES ALCOHOLIC BEVERAGE LICENSE APPLICATION FOR CONSUMPTION ON THE PREMISES**

Name of Business \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Name of Agent \_\_\_\_\_

Name of Alcohol Manager \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Day Time Phone \_\_\_\_\_

Effective date for this request \_\_\_\_\_

Annual Gross Sales: Food \_\_\_\_\_ Motel Lodging \_\_\_\_\_

Annual Gross Sales for Alcoholic Beverage Sales:

Beer \_\_\_\_\_ Wine \_\_\_\_\_ Liquor \_\_\_\_\_

**This application shall include the annual Sunday Sales license fee of \$650.00. Initial here \_\_\_\_\_**

Georgia, Cobb County

I, \_\_\_\_\_, being duly sworn according to law, do swear that the facts stated by me in the above mentioned are true. I further attest that I have received and reviewed a copy of the City of Acworth, Code of Ordinances, Chapter 6 and Section 6-20, "Hours and days for sale and purchase" regarding consumption on the premises.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_  
 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
 Commission Expires \_\_\_\_\_



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**Alcoholic Beverage License Renewal Application**

**SUNDAY SALES ALCOHOLIC BEVERAGE LICENSE APPLICATION FOR RETAIL PACKAGE**

Name of Business \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Name of Agent \_\_\_\_\_

Name of Alcohol Manager \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Day Time Phone \_\_\_\_\_

Effective date for this request \_\_\_\_\_

**This application shall include the annual Sunday Sales - package license fee of \$270.00.**

**Please initial \_\_\_\_\_**

Georgia, Cobb County

I, \_\_\_\_\_, being duly sworn according to law, do swear that the facts stated by me in the above mentioned are true. I further attest that I have received and reviewed a copy of the City of Acworth, Code of Ordinances, Section 6-20 (hours and days for sale and purchase) for Package Sales.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant's Signature

Sworn to and subscribed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_  
 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 Commission Expires \_\_\_\_\_