

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

**ALCOHOLIC BEVERAGE LICENSE INSTRUCTIONS**

- \_\_\_\_\_ 1. Applicant shall complete application by answering all questions.
  - \_\_\_\_\_ 2. Applicant or Agent shall define his duties and responsibilities and enclose with the application. Registered Agent must be a bona fide resident of the United States and a resident of the State of Georgia.
  - \_\_\_\_\_ 3. Applicant shall obtain a surveyor's plat for the affected location.
    - Distances and method of measurement are stated in the Alcoholic Beverages Ordinance.
  - \_\_\_\_\_ 4. Applicant shall provide a plat of the inside of the building showing the dimensions and total square footage specifically affected by this application.
  - \_\_\_\_\_ 5. **Enclose photo of Applicant, and Affected Location.**
  - \_\_\_\_\_ 6. Applicant shall attach an executed copy of the lease or provide proof of real estate ownership of said proposed business location and attach an executed copy of the bill of sale.
  - \_\_\_\_\_ 7. Applicant shall provide a **Letter of Clearance from the Clerk of Federal Court in Atlanta, 2211 Richard B. Russell Building, 75 Spring Street, (404) 215-1635.**
  - \_\_\_\_\_ 8. Applicant shall attach a copy of Charter, if a private club.
  - \_\_\_\_\_ 9. Applicant shall enclose partnership agreement or a copy of the articles of incorporation.
  - \_\_\_\_\_ 10. Applicant shall submit verification of investment monies for corporation or business.
  - \_\_\_\_\_ 11. Applicant shall submit a financial statement for corporation or business.
  - \_\_\_\_\_ 12. Applicant shall attach a check to the application upon completion of these instructions made payable to the "City of Acworth" for the processing fee.
  - \_\_\_\_\_ 13. Visit the **State of Georgia Department of Revenue** at [www.dor.georgia.gov](http://www.dor.georgia.gov) to submit an application for **Alcohol & Tobacco licensing**. Please attach proof of application remittance.
  - \_\_\_\_\_ 14. Contact the **Acworth Police Department to schedule fingerprinting at (770) 974-1232.**
  - \_\_\_\_\_ 15. Upon approval, all license fees must be in order to receive license.
  - \_\_\_\_\_ 16. Supply proof of bona fide residency of the United States (driver's license)
  - \_\_\_\_\_ 17. SAVE Affidavit (for every public benefit the City of Acworth issues to any person or entity, we must receive a signed and sworn affidavit verifying the person's lawful presence in the United States.)
  - \_\_\_\_\_ 18. Private Employer Affidavit Pursuant to O.C.G.A. 36-60-6(d) (employer must attest whether employed more than ten (10) employees – registration with E-Verify and Federal Work authorization Identification Number required or less than ten (10) employers – registration with E-Verify not required.)
  - \_\_\_\_\_ 19. Applicant has received copies of Alcoholic Beverages Ordinance and any applicable amendments.
  - \_\_\_\_\_ 20. Proof of R.A.S.S. Training Certificate from Applicant.
-



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 License No. \_\_\_\_\_  
 Date Received \_\_\_\_\_

**Alcoholic Beverage License 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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**Alcoholic Beverage License Application**

1. Full Name of Business \_\_\_\_\_  
 Under what name is the Business to be operated \_\_\_\_\_  
 Is the business a proprietorship, partnership, corporation, domestic or foreign \_\_\_\_\_

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

3. Phone \_\_\_\_\_ Beginning Date for Business in City of Acworth \_\_\_\_\_

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:

<b>CHURCH, SCHOOL GROUNDS, COLLEGE CAMPUS</b>		<b>YES</b>	<b>NO</b>
Beer and Wine	<b>200 Feet</b>	( )	( )
Liquor	<b>300 Feet</b>	( )	( )
<b>FOR BUSINESSES LOCATED WITHIN CENTRAL BUSINESS DISTRICT</b>			
<b>(Food sales must be 75% of gross sales for the calendar year)</b>			
Beer and Wine	<b>150 Feet</b>	( )	( )

**SINGLE, FAMILY RESIDENCES**

Beer, Wine, or Liquor Consumption on Premises Only	<b>50 Feet</b>	( )	( )
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7. 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 the 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 \_\_\_\_\_  
 What has been your occupation for the past five (5) years? (List Details)  
 \_\_\_\_\_



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

- 8. Applicant's Date of Employment with current business** \_\_\_\_\_  
**If new business, date business will begin in Acworth** \_\_\_\_\_  
**If transfer or change of ownership, effective date of this change** \_\_\_\_\_  
**If transfer or change of ownership, enclose a copy of sales contract, closing statement and check here** \_\_\_\_\_  
**Previous Applicant** \_\_\_\_\_  
**D/B/A** \_\_\_\_\_

**Time limits on opening:** All licenses issued under this chapter must open within 90 days. Any applicant unable to comply may make a written request to the administrator for an extension of time not to exceed 90 days. Any license issued under this chapter shall be null and void when the licensed business has not operated or been open to the public for six (6) consecutive months. (Chapter 6, Article I, Section 3-3) Initial here \_\_\_\_\_

- 9. What is the name of the person who, if the license is granted, will be the active manager and/or on duty at the place of business? List address, occupation, phone number and current employer.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 10. 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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11. Do you own the land and building on which this business is to operate?** \_\_\_ Yes \_\_\_ No  
**Date purchased** \_\_\_\_\_ **Amount \$** \_\_\_\_\_  
**If no, 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.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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Name of owner and/or agent, if any \_\_\_\_\_  
Attach copy of lease and/or any other pertinent documents.

12. How is the proposed location zoned? \_\_\_\_\_

13. If this is an application for an original license, attach hereto proof of adequate parking facilities as per the City of Acworth zoning requirements.  
Date approved by Zoning Administrator \_\_\_\_\_

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

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

15. If operating as a corporation, list stockholders complete address, area code and phone numbers (residential and business) and the amount of interest for each stockholder of the corporation.

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

16. 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.

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

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

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



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**18. If this is an application for any retail license hereunder, has the applicant or spouse received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages?**

\_\_\_ Yes \_\_\_ No If yes, provide details \_\_\_\_\_  
 \_\_\_\_\_

**19. If this is an application for any retail license hereunder, has applicant or spouse any financial interest in any manufacturer or wholesaler of alcoholic beverages? \_\_\_ Yes \_\_\_ No**

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

**20. Show hereunder 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 nay 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 other owners, partners, or stockholders have an interest in other liquor stores? \_\_\_ Yes \_\_\_ No If yes, explain in detail the number of stores and locations that each has interest. Attach a list of all brothers, sisters, children, grandchildren, father-in-law and mother-in-law, etc.** \_\_\_\_\_

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

**23. Are you or any member of your family the owner, lessor, sub-lessor of any real estate which is occupied by a retail liquor store? \_\_\_ Yes \_\_\_ No If yes, provide location information for any lease and/or agreement, amount receive for rent, and name of renter or lessee.**



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

**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? \_\_\_ Yes \_\_\_ No If yes, 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? \_\_\_ Yes \_\_\_ No If yes, give your position, the name of the trust and the amount of income you receive.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**27. State 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 provide 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 here** \_\_\_\_\_

**29. Property Owner for proposed business location** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Name of agent or person responsible** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_



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**30. Real Estate Firm for proposed business location \_\_\_\_\_**  
**Address \_\_\_\_\_**  
**Phone Number \_\_\_\_\_**

**31. Property management company for proposed business location \_\_\_\_\_**  
**Address \_\_\_\_\_**  
**Phone Number \_\_\_\_\_**

**32. Are you familiar with the City of Acworth ordinances, state laws and regulations, federal laws and regulations governing the operation of this type of business? \_\_\_ Yes \_\_\_ No**

**33. Did you receive a copy of the City of Acworth’s Alcoholic Beverages Ordinances and any applicable amendments? \_\_\_ Yes \_\_\_ No**

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

**35. Does the applicant have previous experience or training for alcohol sales? \_\_\_ Yes \_\_\_ No If yes, number of years \_\_\_\_\_ and provide details \_\_\_\_\_**  
 \_\_\_\_\_  
 \_\_\_\_\_

**36. Does/will the proposed 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 \_\_\_\_\_**  
 \_\_\_\_\_

**37. Has the alcohol business applicant/licensee attended a Responsible Alcohol Sales and Service (R.A.S.S.) workshop? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide a copy of the R.A.S.S. certificate. If no, effective January 1, 2015 new alcohol business applicants/licensees will be required to attend a R.A.S.S. workshop their expense. Please see attached for details. Also, effective November 1, 2015 existing alcohol business applicants/licensee, seeking to renew their alcohol privilege license, will be required to attend a R.A.S.S. workshop. A copy of the R.A.S.S. certificate shall be required by the City Clerk’s Office prior to renewing an alcohol privilege license. Note: Alcohol Privilege Licenses expire December 31 of each year.**





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**38. Does the proposed 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** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**39. Have you answered all questions within this application? \_\_\_\_ Yes \_\_\_\_ No**



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**Alcoholic Beverage License Application**

**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**

\_\_\_\_\_  
**Signature and Title of Person completing this application, if other than applicant.**

\_\_\_\_\_  
**Print Name**

**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: \_\_\_\_\_**

**Fingerprinted at the Acworth Police Department by: \_\_\_\_\_ Date \_\_\_\_\_**

**Zoning approved by Community Development Director: \_\_\_ Yes \_\_\_ No Date \_\_\_\_\_**

**Approved by Mayor and Board of Aldermen: \_\_\_ Yes \_\_\_ No Date \_\_\_\_\_**



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

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

My Commission Expires: \_\_\_\_\_

\*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:



City of Acworth  
 Office of the City Clerk  
 4415 Senator Russell Avenue  
 Acworth, GA 30101  
 Phone: 770-974-3112 Fax: 770-917-0590

**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 \_\_\_\_\_



City of Acworth  
Office of the City Clerk  
4415 Senator Russell Avenue  
Acworth, GA 30101  
Phone: 770-974-3112 Fax: 770-917-0590

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 \$200.00.  
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 \_\_\_\_\_