

Tommy Allegood, Mayor
 Board of Aldermen:
 Albert L. Price
 Gene Pugliese

Tim Houston
 Tim Richardson
 Brett North



Brian M. Bulthuis, City Manager
 Douglas R. Haynie, City Attorney
 Regina R. Russell, City Clerk

4415 Senator Russell Avenue
 Acworth, Georgia 30101
 (770) 974-3112
 Fax (770) 917-0590
www.acworth.org

Alcoholic Beverage License Renewal Application

Check all that apply:

LIQUOR:	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	TRANSFER
<input type="checkbox"/>	NAME CHANGE
<input type="checkbox"/>	MANUFACTURER
<input type="checkbox"/>	WHOLESALER
<input type="checkbox"/>	RETAIL PACKAGE
<input type="checkbox"/>	CONSUMPTION ON PREMISES
<input type="checkbox"/>	a. Restaurant
<input type="checkbox"/>	b. Bar or Lounge
<input type="checkbox"/>	c. Bottle Shop
<input type="checkbox"/>	d. Dancing/Live Entertainment
<input type="checkbox"/>	e. Adult Entertainment
<input type="checkbox"/>	f. Private
<input type="checkbox"/>	g. Other
<input type="checkbox"/>	SUNDAY SALES
<input type="checkbox"/>	GROWLERS:
<input type="checkbox"/>	a. Restaurant
<input type="checkbox"/>	b. Wine Specialty Shop

BEER:	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	TRANSFER
<input type="checkbox"/>	NAME CHANGE
<input type="checkbox"/>	MANUFACTURER
<input type="checkbox"/>	WHOLESALER
<input type="checkbox"/>	RETAIL PACKAGE
<input type="checkbox"/>	CONSUMPTION ON PREMISES
<input type="checkbox"/>	a. Restaurant
<input type="checkbox"/>	b. Bar or Lounge
<input type="checkbox"/>	c. Bottle Shop
<input type="checkbox"/>	d. Dancing/Live Entertainment
<input type="checkbox"/>	e. Adult Entertainment
<input type="checkbox"/>	f. Private
<input type="checkbox"/>	g. Food Store
<input type="checkbox"/>	h. Service Station
<input type="checkbox"/>	i. Wine Specialty Shop
<input type="checkbox"/>	j. Other
<input type="checkbox"/>	SUNDAY SALES

WINE:	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	TRANSFER
<input type="checkbox"/>	NAME CHANGE
<input type="checkbox"/>	MANUFACTURER
<input type="checkbox"/>	WHOLESALER
<input type="checkbox"/>	RETAIL PACKAGE
<input type="checkbox"/>	CONSUMPTION ON PREMISES
<input type="checkbox"/>	a. Restaurant
<input type="checkbox"/>	b. Bar or Lounge
<input type="checkbox"/>	c. Bottle Shop
<input type="checkbox"/>	d. Dancing/Live Entertainment
<input type="checkbox"/>	e. Adult Entertainment
<input type="checkbox"/>	f. Private
<input type="checkbox"/>	g. Food Store
<input type="checkbox"/>	h. Service Station
<input type="checkbox"/>	i. Wine Specialty Shop
<input type="checkbox"/>	j. Other
<input type="checkbox"/>	SUNDAY SALES

For Office Use Only:
 Received by: _____
 Date received: _____



CITY OF ACWORTH
 4415 Senator Russell Avenue
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Alcoholic Beverage License Renewal Application

1. Full Name of Business _____
 Under what name is the Business to be operated _____
 Business Address _____
 Business Phone _____ Email Address _____
2. Federal Tax ID Number _____ State License Number _____
3. Full Name of Applicant _____
 Home Telephone _____ Cell Number _____
 Social Security Number _____ Date of Birth _____
 Current Home Address _____
 City _____ State _____ Zip Code _____
 Number of years at current address _____ County of Home Address _____
 Previous Address _____ City _____ State _____ Zip _____
 State and Driver's License Number _____
 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
4. Property Owner or Property Management Company for business location:

 Address _____
 Phone Number _____
5. 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)

6. 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 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: _____



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Alcoholic Beverage License Renewal Application

7. Are you, your spouse, or any member of your family (including parents, siblings, children, grandchildren, father-in-law, mother-in-law, etc):
- 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: _____

8. Do you, your spouse, any member of your family, any other owner, partner, or stockholder:
- a. Have an interest in any retail liquor stores? ___ Yes ___ No
 - b. Have any financial interest in any wholesale liquor business? ___ Yes ___ No

If yes, explain in detail the number of stores and locations for each interest. _____

9. 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 yes, provide details: _____

10. 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: Total Sales \$ _____ Dates for Total _____
 Beer \$ _____ Wine \$ _____ Liquor \$ _____ Food \$ _____

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

12. 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 _____

13. 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

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



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Alcoholic Beverage License Renewal 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.

 Print 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
 Commission Expires _____

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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Alcoholic Beverage License Renewal Application



**Acworth Police Department
 Consent Form**

I hereby authorize the Acworth Police Department to receive any criminal history record information pertaining to me, which may be in the files of any national state or local criminal justice agency. I hereby authorize the Acworth Police Department to release all criminal history record information received to:

_____ care of _____.

 Full Name (print)

 Maiden Name / Previous Name / Alias

 Street Address

 City

 State

 Zip Code

 Date of Birth

 Social Security Number

- Race:
- A – Asian, Asian Indians, & Other Non-
 - I – American Indian or Alaskan Native
 - B – Black
 - W – White (Includes Mexicans & Latins)
 - U – Unknown / Other

- Sex:
- Male
 - Female

 Signature

 Date

Signed and sealed on the ____ day of _____, _____

 Notary

Seal

----- Official Use Only

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code ‘M’)
- Employment with elder care (Purpose code ‘N’)
- Employment with children (Purpose code ‘W’)

 GCIC Operator Signature

 Date

- Record Attached
- FBI Number Checked
 - State ID Number Checked

 No Record



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Alcoholic Beverage License Renewal Application

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 (check one below): |
| <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"/> Billiard Rooms Operations |

- | | |
|---|---|
| <input type="checkbox"/> Employee Benefits (Retirement, Health, Disability) | <input type="checkbox"/> Precious Metals and Gems Dealers |
| <input type="checkbox"/> Contracts (Please specify type) _____ | <input type="checkbox"/> Flea Markets |

Other public benefit (indicate, if not listed above) _____

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

Printed Name of Applicant

Notary Public _____
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:



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REGISTERED AGENT CONSENT AND INFORMATION FORM

The registered agent is a **representative of the applicant** authorized to receive all communications, notices, services or other papers or documents on behalf of the applicant.

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

Full Name of Agent _____

Home Telephone _____ Cell Number _____

Social Security Number _____ Date of Birth _____

Current Home Address _____

City _____ State _____ Zip Code _____

Number of years at current address _____ County of Home Address _____

State and Driver's License 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 _____