



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

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. Other
- SUNDAY SALES**

GROWLERS: (Craft Draft Beers Only)

- a. Restaurant
- b. Wine Specialty Shop

For Office Use Only:

License No. _____

Date Received: _____



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1. Full Name of Business _____
 Under what name is the Business to be operated _____
 Business Address _____
 Business Phone _____ Alternate Number for Business _____
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 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: _____



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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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15. 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: _____

16. 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: _____

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

18. Do you have any questions or comments regarding the alcohol ordinances, laws, regulations or this application? Yes No
If yes, provide details: _____

City Clerk response: _____



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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 _____



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-White
- 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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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"/> Employee Benefits (Retirement, Health, Disability) | <input type="checkbox"/> Billiard Rooms Operations |
| <input type="checkbox"/> Contracts (Please specify type) _____ | <input type="checkbox"/> Precious Metals and Gems Dealers |
| <input type="checkbox"/> Other public benefit (indicate, if not listed above) _____ | <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

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

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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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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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 _____