



# ALCOHOLIC BEVERAGE LICENSE APPLICATION

## GWINNETT COUNTY LICENSING AND REVENUE ALCOHOLIC BEVERAGE LICENSE

O.C.G.A §3-2-7.1 Requires the Department of Revenue to develop and implement a state-wide centralized application process for retail package, consumption on premise and special events alcohol licensing.

Local and state alcohol licensure, for retail consumption on premise and retail package sales, MUST be applied for online at Georgia Tax Center (GTC) [Georgia Tax Center \(ga.gov\)](http://Georgia Tax Center (ga.gov)). For more information on the state license process, please contact the Georgia Department of Revenue at 877.423.6711 or [ATDIV@DOR.GA.GOV](mailto:ATDIV@DOR.GA.GOV). For county alcohol licensing questions contact License & Revenue office at 678.377-4100.

**\*\*Wholesalers, manufacturers, breweries, and distilleries will be required to submit additional information\*\*.**  
Please contact License & Revenue 678.377.4100.

All documents are **required** to submit your application. First time users will not be able to “SAVE and CONTINUE” once the application process has begun. You will be required to upload the following forms before submitting the application for review. Please allow us three working business days after submitting your application to review. Once your application is reviewed, you will receive an email with further instructions.

### REQUIRED

- Active Occupational Tax Certificate / Business Certificate **Sec.6-6(c)**
- Supplemental Alcohol Information Form
- Statement of Personal History Form **Sec.6-6(b)** for each Owner, Partner, Member, Officer, Director, Majority Stockholder (Private Corporations), and General Manager with of 20% or more ownership. Required for criminal history verification. You will be advised by License & Revenue when and where to obtain fingerprinting, once the application has been reviewed
- Citizenship SAVE Affidavit **O.C.G.A. § 50-36-1(e)(2)** – Attach Secure and verifiable document (ex. Driver’s License, front and back side Legal Resident Card, Employment Authorization Card)
- Registered Agent Consent Form **Sec.6.8(h)** – Must be a **Gwinnett Resident**
- Acknowledgement of Transferability Form
- Detailed floor plan

### Eating establishment

- Copy of menu

### Location not previously licensed for alcohol sales Sec.6-9

- Certified report of survey from Registered Land Surveyor – or – Professional Engineer
- Certified scale drawing showing location and distance to closest school grounds and/or any church buildings

### Bona fide private club:

- Minutes of annual meeting setting salaries for members, officers, agents, or employees

**\*\*Business owners offering consumption on premise are required to meet with License and Revenue staff upon issuance on the alcohol license\*\***

**GWINNETT COUNTY LICENSING AND REVENUE SUPPLEMENTAL ALCOHOL INFORMATION**

**Instructions:** This statement must be complete and executed (notarized) under oath. If space provided is not sufficient, answer on a separate sheet and indicate the question that is being answered.

1. **TYPE OF LICENSE (CHECK ONE):**  **NEW**  **AMENDMENT**

2. **TYPE OF BUSINESS**  Bona Fide Eating Establishment  Convenience Store  
 Hotel/Motel  Super Market  Other: \_\_\_\_\_

Will Live Entertainment Be Offered?  YES  NO

If yes, Explain: \_\_\_\_\_

3. **PRIMARY APPLICANT**

- Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. **BUSINESS**

- Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Business Name (DBA): \_\_\_\_\_
- Location: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_

5. **Day(s) & Time(s) of Operations:**

- Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_
- Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_
- Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_
- Sunday: \_\_\_\_\_

6. **REGISTERED AGENT: (MUST BE A RESIDENT OF GWINNETT COUNTY)**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

7. **TYPE OF OWNERSHIP:**  Sole Owner  Partnership  Limited Liability Company  
 Private Held Corporation  Public Held Corporation  Public Held Corporation Subject to S.E.C. Regulations

8. **FOR PARTNERSHIP, CORPORATION, LLC, & PRIVATE CLUBS:**

- List officers, director, principal shareholders, members, or other entity with 20% or more ownership and/or stock

<i>Name</i>	<i>Birth Date</i>	<i>Position</i>	<i>Interest %</i>

9. **GENERAL INFORMATION:**

- Has owner and/or individual partner, shareholder, director, or officer any financial interest in any manufacturer or wholesale of alcoholic beverage?  
 YES  NO
- Has owner and/or individual partner, shareholder, director, or officer received any financial aid or assistance from any manufacturer of alcoholic beverages?  
 YES  NO

If answer is "Yes" to either of immediate foregoing, explain:

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- Show hereunder any and **all** persons, corporations, partnerships, or associations (**other than persons stated herein as owner(s), directors, or officers**) who have received or will receive, as a result of your operation under the requested license, **any** financial gain or payment derived from any interest or income from the operation.

<i>Name</i>	<i>Name of Business</i>

- List **all** other businesses engaged in the sale of alcoholic beverages that you the owner, or any individual, partner, shareholder, officer, or director is interested in, employed by, or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past.

<i>Name</i>	<i>Name of Business</i>	<i>Interest%</i>

I, \_\_\_\_\_, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING ALCOHOLIC BEVERAGE LICENSE APPLICATION ARE TRUE AND CORRECT.

<b>Applicant Signature</b>	<b>Date Signed</b>
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**ALCOHOLIC  
BEVERAGE  
LICENSE  
DECLARATION**

State of Georgia

County of \_\_\_\_\_

Personally, appeared before me \_\_\_\_\_ (applicant)

on \_\_\_\_\_ (Date) who proved to me on the basis of satisfactory evidence to be:

\_\_\_\_ Personally Known

Or

\_\_\_\_ Produced Identification

Type of ID \_\_\_\_\_

SEAL

**For notary use only**

Subscribed and sworn before me on

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_\_\_  
*Date my commission expires*

**GWINNETT COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT**  
**LICENSING AND REVENUE SECTION ALCOHOL BEVERAGE UNIT**  
**STATEMENT OF PERSONAL HISTORY**

**Instructions:** Complete and notarize, each question must be fully answered. If space provided is not sufficient, answer on a separate sheet and indicate the question that is being answered.

1. CHECK:  Sole Owner/Proprietor       Partner:  General     Limited     Silent  
 Principal Stockholder (20% or more)     Manager
  
2. BUSINESS NAME (DBA): \_\_\_\_\_  
  
LOCATION: \_\_\_\_\_
  
3. NAME: \_\_\_\_\_  
  
ADDRESS: \_\_\_\_\_  
  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_
  
4. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
SSN: \_\_\_\_\_ SEX:  MALE     FEMALE    RACE: \_\_\_\_\_  
COLOR OF HAIR: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_
  
5.  U.S. CITIZEN     PERMANENT RESIDENT – LIST ALIEN NUMBER: \_\_\_\_\_
  
6. STATE ANY OTHER NAMES WHICH YOU HAVE USED (MAIDEN NAME, NAMES BY FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, NICKNAMES, ETC):  
  
\_\_\_\_\_
  
7. HAVE YOU EVER BEEN ARRESTED, OR HELD BY FEDERAL, STATE OR OTHER LAW-ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCES? (Do not include traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, location, and disposition. **If no arrest, write "NO ARREST"**. After last arrest is listed, please write "NO OTHER ARRESTS"):  
  
1. \_\_\_\_\_  
  
2. \_\_\_\_\_  
  
3. \_\_\_\_\_

8. HAVE YOU HAD ANY LICENSE UNDER THE REGULATORY POWERS OF GWINNETT COUNTY DENIED, SUSPENDED OR REVOKED WITHIN TWO (2) YEARS PRIOR TO THE FILING OF THIS APPLICATION?

YES  NO

IF YES, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

9. ATTACH PASSPORT STYLE (FRONT VIEW) PHOTO TAKEN WITHIN THE PAST YEAR:



### STATEMENT OF PERSONAL HISTORY DECLARATION

**NOTE:** Before signing this statement, check all answer and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it included all attachments submitted herewith.

I, \_\_\_\_\_ do solemnly swear, subject to the penalties of false swearing, that the statement and answers made by me as the applicant and forgoing personal statement are true and correct. Further, as part of the process resulting from my application for background investigation, for an alcohol beverage license, I hereby authorize personal Gwinnett County Police Department to receive, verify, and disseminate any criminal history information which may be in the files in any local, state, federal criminal justice agency for investigative purposes, denial, or appeals. Additionally, authorization is given to Gwinnett County to verify, in any manner it deems appropriate, any and all items indicated on this statement.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEAL

**For notary use only**

Subscribed and sworn before me on

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_\_\_  
*Date my commission expires*

CITIZENSHIP AFFIDAVIT O.C.G.A. § 50-36-1(E)  
**THIS AFFIDAVIT MUST BE COMPLETED**

\_\_\_\_\_  
**Business Name**

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a **Business License / Occupational Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from **Gwinnett County** the undersigned applicant verifies one of the following with respect to my application for public benefit:

**Do not check more than one option.**

\_\_\_\_\_ 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: (i.e. driver's license, I-551, I-766, Passport, etc.)

\_\_\_\_\_  
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 in \_\_\_\_\_, \_\_\_\_\_. (city) (state)

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

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

\_\_\_\_\_  
Applicant Phone Number

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

\_\_\_\_\_  
NOTARY PUBLIC

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

**GWINNETT COUNTY REGISTERED AGENT CONSENT FORM  
FOR ALCOHOLIC BEVERAGE LICENSES**

\_\_\_\_\_  
**Applicant (Corporation or LLC Name)**

\_\_\_\_\_  
**Trade Name (DBA)**

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

I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of Gwinnett County. I understand the basic purpose is to have and continuously maintain in the County 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 to serve as the Registered Agent, I must be a Gwinnett County resident and attach a copy of my driver's license, reflecting my current home address.**

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**\*REQUIRED\***  
**ATTACH A CLEAR COPY OF AGENT  
DRIVER'S LICENSE OR STATE OF  
GEORGIA ISSUED PHOTO ID CARD HERE  
IDENTIFICATION DOCUMENT MUST  
REFLECT THE CURRENT HOME ADDRESS**  
**\*REQUIRED\***

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

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

\_\_\_\_\_  
Agent's Current Home Street Address

\_\_\_\_\_  
Agent's City, State & Zip Code

\_\_\_\_\_  
Agent's County of Residence

**APPROVED BY:**

\_\_\_\_\_  
Signature of Sole Owner/Partner/  
Member/Officer/Director

\_\_\_\_\_  
Printed Name of Sole Owner/Partner/  
Member/Officer/Director



**ACKNOWLEDGEMENT OF TRANSFERABILITY**  
**Gwinnett County Alcoholic Beverage License**

Pursuant to Section 6-13 of the Gwinnett County Alcoholic Beverage Ordinance, alcoholic beverage license is not transferable, and all alcoholic beverages sales must cease once ownership is transferred.

I understand that a violation of Section 6-13 will result in revocation of the license being used and a fine on the new ownership and the old ownership of not less than three hundred dollars (\$300.00) and/or thirty (30) days in jail. I further understand that a license will not be issued to the old or new owner in the county for one year from the date of violation.

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Applicant Name (LLC / Corporation Name)

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Business Name (Trade Name / DBA)

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Location Street Address

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Location City, State & Zip Code

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Printed Name of Sole Owner, Partner, Member, Officer, Director,  
Majority Stockholder (Private Corporations), or General Manager

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Signature of Sole Owner, Partner, Member, Officer, Director, Majority Stockholder (Private Corporations), or General Manager	Date
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**CERTIFIED REPORT OF SURVEY  
For Gwinnett County Alcoholic Beverage License**

Applicant Name (LLC / Corporation Name): \_\_\_\_\_

Business Name (Trade Name / DBA): \_\_\_\_\_

Complete Location Address: \_\_\_\_\_

The undersigned has examined the subject location and has made measurements to determine the compliance or non-compliance with distance requirement pursuant to the Alcoholic Beverage Ordinance of Gwinnett County. The undersigned understands and applied the following criteria in making said determinations:

- 1. Church**      Distance requirement applies to any church building. **(100 yards minimum)**
  
- 2. Schools**      Distance requirement applies to any school grounds, educational grounds, day care grounds (offering kindergarten instruction), or college campus. The school grounds or educational grounds or a college campus shall apply only to state, county, city, or church school grounds and to such grounds at such other schools in which are taught subjects commonly taught in the common schools and colleges of this State. Campus shall be defined as grounds used for educational purposes and the space adjoining such buildings necessary and convenient, and habitually used for educational purposes. **(200 yards minimum)**

Distance shall be measured by the most direct route of travel on the ground and shall be measured:

- from the main entrance of the establishment from which alcoholic beverages are sold or offered for sale
- in a straight line, regardless of obstructions, to the nearest public sidewalk, walkway, street, road, or highway
- along such public sidewalk, walkway, street road or highway by the nearest route
- to the main entrance of the church building, or to the nearest portion of the school grounds

**\*IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL COPIES OF THIS FORM\***

\_\_\_\_\_ yards to any church building. Give name and location.

Note: Attach a scale drawing if within 200 yards of the proposed alcohol establishment.

\_\_\_\_\_ yards to any school grounds. Give name and location.

Note: Attach a scale drawing if within 300 yards of the proposed alcohol establishment.

SEAL

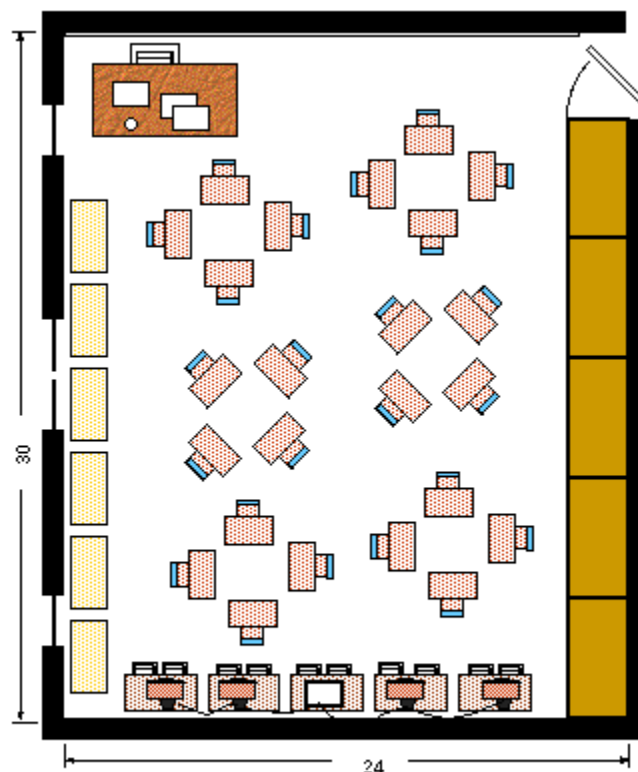
**In my opinion, the distances listed above are true and correct.**

\_\_\_\_\_  
Signature of Georgia Registered Land  
Surveyor/Engineer & Professional License Number

\_\_\_\_\_  
Date Surveyed

## Detailed Floor Plan:

- A floor plan is a drawing that shows a room as seen from above indicating entrance, exits, aisles, coolers, sitting areas, cashier, kitchen, bathrooms, shelving, storage areas, etc. Label the floor plan.
- The drawing should fit on one sheet of paper. A floor plan usually shows the actual measurements for lengths in real life. In the example below, the back wall is 24 feet long in real life and the side wall is 30 feet long. A common scale is  $\frac{1}{4}$  inch equals 1 foot. This means if something is drawn to  $\frac{1}{4}$  inch long on a piece of paper, it is 1 foot long in real life. In the example, the back wall is 6 inches long on paper, so it is 24 feet long in real life.
- For your convenience a graph sheet has been provided for your use.



**My Classroom**  
**Scale:  $\frac{1}{4}$  in. = 1 ft.**

