



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.

For retail consumption on premise and retail package sales, local and state alcohol licensure MUST be applied for online at [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. For county alcohol licensing questions, contact the 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 has been 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 a 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 the License and Revenue staff upon issuance on the alcohol license.****

GWINNETT COUNTY LICENSING AND REVENUE SUPPLEMENTAL ALCOHOL INFORMATION

Instructions: This statement must be completed and executed (notarized) under oath. If the space provided is not sufficient, please 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 there be live entertainment? YES NO

If yes, Explain: _____

3. **PRIMARY APPLICANT**

Full Name: _____ Birth Date: _____

Home Address: _____

Email: _____ Phone: _____

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 Ownership Partnership Limited Liability Company

Privately Held Corporation Publicly Held Corporation Publicly Held Corporation Subject to S.E.C. Regulations

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

List officers, directors, principal shareholders, members, or other entities with 20% or more ownership and/or stock

Name	Birth Date	Position	Interest %
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. GENERAL INFORMATION:

Does the owner and/or individual partner, shareholder, director, or officer have any financial interest in any manufacturer or wholesaler of alcoholic beverages?

YES NO

Has the owner and/or individual partner, shareholder, director, or officer received any financial aid or assistance from any manufacturer of alcoholic beverages?

YES NO

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

Show hereunder **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.

Name	Name of Business
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_____	_____
_____	_____
_____	_____

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 form, or have been interested in, employed by, or associated with in the past.

Name	Name of Business	Interest%
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_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTARY SHEET

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.

Applicant Signature _____ Date Signed _____

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 _____

FOR NOTARY USE ONLY

Subscribed and sworn before me on

The _____ day of _____, 20____

Notary Public

Date My Commission Expires

SEAL

**LICENSING AND REVENUE SECTION ALCOHOL BEVERAGE UNIT
STATEMENT OF PERSONAL HISTORY**

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

1. TYPE OF OWNER: Sole Owner/Proprietor Partner (choose one): General Limited Silent

Principal Stockholder (20% or more) Manager

2. BUSINESS NAME (DBA): _____

BUSINESS ADDRESS: _____

3. APPLICANT NAME: _____

APPLICANT 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 for charge or hold, date, location, and disposition. **If there was no arrest, write "NO ARREST"**. After the 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, PROVIDE 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 responses 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 includes all attachments submitted herewith.

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant and forgoing personal statement are true and correct. Furthermore, 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: _____

FOR NOTARY USE ONLY

SEAL

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20____.

NOTARY PUBLIC

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

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.

Applicant Name (LLC / Corporation Name)

Business Name (Trade Name / DBA)

Location Street Address

Location City, State & Zip Code

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

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, educational grounds or college campus shall apply only to state, county, city, or church school grounds and to such other school grounds teaching 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, 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 entrances, 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.



