
ALCOHOLIC BEVERAGE LICENSE INFORMATION & CHECK LIST

- A state license must be obtained before any alcoholic beverages can be served or sold in the City of Clarkston. Contact the Georgia Department of Revenue at (404) 417-4902.
- Read and understand the City's Alcohol Beverage Ordinance, Chapter 3 of the Code of Ordinances.
- If applicant is a new establishment you must also obtain an Occupational Tax Permit, please contact City Hall at (404) 296-6489.
- The following information will be required at the time of submittal of the application:
 - Completed Application Form (signed and notarized);
 - Must obtain or have an Occupational Tax Certificate;
 - Personnel Statements from owner, partners, officers, directors, and major stockholders of private corporations, and general manager with two current passport photographs;
 - All individuals required to complete personnel statements must contact the Police Department at (404) 296-6489 for fingerprinting/background check.
 - Cash or check for the license fee plus the administrative fee;
 - Evidence of Ownership of the building or copy of the lease, if applicant is leasing the building;
 - A survey showing the distance to the nearest school, church, alcohol treatment facility;
 - If applicant represents a franchise, copy of the franchise agreement;
 - If applicant represents an eating establishment, submit a copy of the menu;
 - If applicant represents a partnership, submit copy of the partnership agreement;
 - If applicant represents a corporation, submit articles of incorporation and certificate of incorporation;
 - Project purchases/projected gross sales (if applying for distilled spirits consumption);
- Establishments holding an Alcohol Beverage License from the City of Clarkston must submit the following reports:

On-Premise Consumption

- Excise tax-reporting for Liquor Sales (to be submitted monthly). Due the 20th of each month;
- Quarterly Reporting of food/alcohol sales; due the last day of the month after each calendar quarter.

Alcohol Beverage License Application

Instructions: This application must be typed or printed legibly and executed under oath. Each question must be fully answered. If space provided is not sufficient to answer the question please use a separate sheet of paper. Holding an alcohol beverage license with the City of Clarkston is a privilege.

New Amendment

Date: _____

Contact Name: _____ Phone: _____

Business/Trade Name: _____

D/B/A: _____

Business Address: _____

Emergency Contact Name: _____ Phone: _____

TYPE OF BUSINESS

- Convenience Store
- Grocery Store
- Package Store
- Manufacturer
- Specialty Beverage Store
- Restaurant
- Wholesale
- Other: _____

TYPE OF LICENSE AND FEES

Retail Dealers On-Premise Consumption/Retail Dealers Package

- Beer/Malt Beverages \$750
- Wine \$750
- Beer/Wine/Malt Beverages \$1,000
- Distilled Spirits \$2,500
- Administrative (Investigative Application) Fee (applicable to all Licenses) \$200.00
- Employee Work Permit Initial/Renewal \$50.00 (per employee)

FOR OFFICE USE ONLY

| Department | Date | Approve/Deny | Comments |
|--------------------------|------|--------------|----------|
| City Clerk | | | |
| Planning & Development | | | |
| Police Department | | | |
| Quality of Life Officer | | | |
| Alcohol Review Committee | | | |

APPLICANT INFORMATION

Please submit a passport photograph of owner(s) with completed application.

Full Name: _____ Date of Birth: _____
 Current Address: _____

Name of Agent or Representative (if different from Applicant): _____
 Phone: _____
 Address: _____

Address of Applicant (if different for the past 5 years):

Have you ever been arrested? Yes No (If yes, explain) _____

BUSINESS INFORMATION

Type of business entity: Sole Proprietorship Partnership Corporation Other

Has an Occupational Tax Certificate been obtained and paid for at said business? Yes No (If not issued by the City of Clarkston please include a copy with application.)

Federal Tax ID Number: _____ State Tax ID Number: _____

Do you own the property? Yes No (If no, please provide name, address, and contact number for the landlord. A copy of the Lease must be attached to this application.) _____

Name each person(s) having a financial interest in the Establishment.

| Full Name | Position | Social Security Number | Address | % of Interest |
|-----------|----------|------------------------|---------|---------------|
| | | | | |
| | | | | |
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| | | | | |

Have you or anyone with interest in the establishment ever or do you currently hold an alcohol beverage license with any other municipality, county, or state? Yes No

If so, have you or anyone holding interest in the establishment ever been placed on probation or had your

license revoked? Yes No (If yes, please explain on separate sheet of paper and attach hereto.)

Provide name, address, Social Security Number, and phone number for each Manager if different from owner. A passport photograph, Personnel Statement, and Background Check must be submitted for each manager.

| Full Name | Position | Social Security Number | Address | % of Interest |
|-----------|----------|------------------------|---------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If new application for Retail Sale, attach a surveyor's plat and state the straight line distance from property line of school, church, library, or public recreation area to the wall of the building where alcohol beverages are sold.

Church: _____ School: _____

Library: _____ Public Recreation: _____

VERIFICATION OF APPLICATION

I hereby make application for an Alcohol Beverage License for the City of Clarkston. I understand that holding this license is a privilege. I do hereby affirm and swear that the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I understand the City of Clarkston reserves the right to enforce any and all ordinances regardless of payment of license fee and further that it is my/our responsibility to conform with said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of Clarkston pursuant to O.C.G.A. §16-10-20.

Signature of Applicant or Agent

Print or Type Name

I certify that _____ (name of applicant) personally appeared before me, and that he signed his name to the foregoing statements and answers made therein, and under oath, has sworn that said statements and answers are true.

This ____ day of _____, 20__.

Notary Public

My commission expires on: _____

ALCOHOL SERVER/HANDLER PERMITS

An Alcohol Permit is required by all employees including the owner and manager of alcohol establishments in order to dispense, sell, serve, take orders, mix alcoholic beverages, or in any way handle alcoholic beverages in a licensed establishment. Anyone wishing to obtain Server/Handler Permit must make payment to City Hall prior to the issuance of a Permit by the Police Department.

Alcohol Server/Handler Permits can be obtained from: City of Clarkston Police Department at 3921 Church Street, Clarkston, GA 30021, (404) 296-6489

Hours: 9:00a.m. to 4:00p.m. Monday through Friday

Fees: Servers' Permits are \$50.00

Owner/Manger Permits are \$50.00 which includes processing of Criminal History record

Payment Forms: Cash or Credit Card

Server/Handler Name: _____ Date: _____

Employer: _____ Position: _____

Are you an Owner or Manager? No Manager Owner

If you are an Owner/ Manager have you obtained Personnel Statement from City Hall? Yes No

Do you consent to the Clarkston Police Department checking your criminal history? Yes No

In the past five (5) years have you been convicted of a crime? Yes, Please Explain No

Are you currently serving probation? Yes, Please Explain No

For Official Use Only

City Hall:

Authorized By: _____ Date: _____ ID Paid: Yes No

Police Department:

Criminal History Record Checked? Yes No

Server/Handler is able to obtain Permit? Yes No, If no, please state reason for denial.

Permit No. _____

Signed By: _____ Date: _____ Name: _____

Please Print Name

Georgia Bureau of Investigation
Georgia Crime Information Center
Consent Form

I hereby authorize **Clarkston Police Department** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Purpose Codes Used (check appropriate one)

Employment (Licensing, Public/private employment, Firefighter employment, Adoptions, Education employment, and Military Recruitment) (E)

Employment with mentally disabled (M)

Employment with elder care (N)

Employment with children (W)

Criminal Justice Employment (J)

Public Access (GA Felonies Only) (P)

Used by Law Enforcement Only (C) _____ Case Number

Pre-employment or Employment of Police Officers (Z)

Inquiry ran by: _____

If ran Purpose Code C Officers Signature _____

10. Education and training specific to restaurant/alcohol field. _____

11. Have you ever used or been known by any other name () yes () No

12. List maiden name, names by former marriages, former names changed legally or otherwise, aliases or nicknames. For each, list the period which you were known by this name. _____

13. Are you registered to vote in the state of Georgia () yes () No
County Registered _____ Number of years registered _____

14. For the last calendar year, did you file and pay any County property tax () yes () No

15. For the last calendar year, did you file and pay any City property tax () Yes () No
Name of City _____

16. Employment record for the past ten (10) years (Give most recent experience first, is self-employed give details)
From To Employer Occupational Duties Reason for Leaving

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

17. List, with your most recent place of residence first, all of your residences for the past ten (10) years
Date From/To Street City State

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

18. Military Service () Yes () No List Serial Number _____ Branch of Service _____
Period of Service _____ Date of Discharge _____ Type of Discharge _____

19. Have you ever been convicted of a felony relating to violence, illegal substances, gambling, theft or alcohol use, or of a crime opposed to decency and morality, or who has been convicted of a crime involving violation of the ordinances of the city or any other city or county relating to the use, sale, taxability, or possession of malt beverages, wine or liquor, or violations of the laws of the state and federal government pertaining to the manufacture, possession, transportation or sale of malt beverages, wine or intoxicating liquors, or the taxability thereof within five (5) years preceding this application? _____ Yes _____ No

20. Full name of dealer and trade name, if any, submitting application of which this personnel statement is a part.

21. Position of applicant in dealer's business. _____

22. Does applicant have any ownership/profit sharing interest in the business? () Yes () No

State annual salary of applicant or the estimated annual profit or compensation derived from this business.

23. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the business premises? () Yes () No if yes, explain

24. Do you have any financial or are you employed in any wholesale or retail liquor business other than the business submitting the license application of which this personnel statement is a part? () Yes () No if yes, give names and locations and amount of interest in each.

25. Do you have any financial interest or are you employed in any business engaged in distilling, bottling, rectifying or selling (wholesale, retail or manufacturing) alcoholic beverages in this state or outside this state which has not otherwise been disclosed in the statement. () Yes () No If yes, explain

26. Have you ever had any financial interest in an alcoholic beverage business which was denied a permit? () Yes () No if yes, explain _____

27. Has any alcoholic beverage business in which you hold or have held any financial interest or have been employed, ever been cited for any violation for the rules and regulations of the State Revenue Commission relating to the sale or distribution of distilled spirits? () Yes () No If yes, explain _____

28. Have you ever been denied a bond by a commercial surety company? () Yes () No if yes, explain

29. Are you related by blood, marriage or adoption to any persons engaged in any business handling alcoholic beverages, whiskeys or liquors in the State of Georgia. () Yes () No

30. Personal References. Give three (3) personal references, not relatives (i.e., former employees, fellow employees or school teachers who are responsible adults, business or professional men or women) who have known you well during the past five (5) years.

Name _____

Residence _____

Business Address _____

Telephone Number _____ Number of years known _____

Name _____

Residence _____

Business Address _____

Telephone Number _____ Number of years known _____

Name _____

Residence _____

Business Address _____

Telephone Number _____

Number of years known _____

31. Attach two (2) passport-size photographs (front view). Write name on back of photographs and also the name of dealer submitting a license application. Initial here if such photographs are attached. _____

32. There must be submitted with this personal statement the fingerprints of applicant on two (2) fingerprint cards, which will be furnished to the City of Clarkston. Initial here that such fingerprint cards are attached. _____

Verification

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City of Clarkston license as a dealer in alcoholic beverage and distilled spirits are true, and no false or fraudulent statements or answer is made therein to procure the granting of such license. I hereby submit for an Alcoholic Beverage Privilege License Personnel Statement for the City of Clarkston. I do hereby swear or affirm that the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just case for invalidation of this statement and any related application. I understand the City of Clarkston reserves the right to enforce any and all ordinances regardless of payment of license fees and further that it is my/our responsibility to conform to said ordinance in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of Clarkston pursuant to O.C.G.A. §16-10-20.

Applicant's Signature (full name in ink)

Applicant's Name (Print or Type)

I certify that _____ (name of applicant) personally appeared before me, and that he signed his name to the foregoing statements and answers made therein, and under oath, has sworn that said statements and answers are true.

This _____ day of _____, 20____.

Notary Public

Seal: