

## 2026 ALCOHOLIC BEVERAGE LICENSE RENEWAL: INFORMATION & CHECKLIST

Review the City's Alcoholic Beverage Ordinance, which is located in Chapter 3 of the Code of Ordinances. Click [here](#) to download and access the full ordinance, a copy is also included at the end of this packet. Please note: *On November 7, 2024, the City increased the Alcoholic Beverage Fees, which are not yet reflected in Chapter 3 of the Code of Ordinances related to Alcoholic Beverages. To view the City of Clarkston Fee Schedule, please visit <https://www.clarkstonga.gov/finance/budgets>.*

City staff will review and process all renewal applications for the 2026 Alcoholic Beverage License. There are two submission options available:

1. **By Mail:** Submit your alcohol renewal application to City of Clarkston, ATTN: ALCOHOLIC BEVERAGE LICENSE RENEWAL, 736 Park North Blvd., Ste. 120, Clarkston, GA 30021.

Your application must include a certified check or money order for the required fees, as well as a separate check or cash for the non-refundable Administrative Fee. Please also provide a legible email address to receive updates on the status of your application. For any questions, contact the City Clerk's Office at (404) 296-6489.

2. **In Person:** You may submit your renewal application in-person or by mail at the Clarkston City Hall, Monday through Friday, from 9:00 a.m. to 3:00 p.m.

Enclosed, you will find your renewal application along with the necessary documentation required to renew your annual alcohol license. Before submitting your application, ensure that all forms are fully completed and that all required documents are included. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

The following information must be provided when submitting your application:

- ☐ **Completed Renewal Form** (signed and notarized): Must be submitted before December 31. Incomplete applications will delay the renewal process. Failure to provide complete information within 30 days of a request will result in automatic denial of the renewal.
- ☐ **2026 State-Issued Alcohol License:** A copy of the state license must be submitted before any alcoholic beverages can be served or sold in the City of Clarkston.
- ☐ **Personnel Statement:** One (1) Personnel Statement is required for each Owner, Partner, Manager, and Assistant Manager.
- ☐ **Proof of U.S. Residency:** Submit proof of bona fide U.S. residency (e.g., a Driver's License).
- ☐ **2026 Occupational Tax Certificate:** Proof that you have applied for your 2026 Occupational Tax Certificate.
- ☐ **Payment:** Include separate checks or money orders for the License Fee and the Administrative Fee.
- ☐ **Menu (if applicable):** If the applicant represents an eating establishment, submit a photocopy of the menu.

All alcohol servers required to complete a background check must contact the Police Department at (404) 296-6489 to request a background check and apply for a Server Card.

**All required alcohol reporting and taxes must be up to date in order for the renewal to be processed.**

Establishments holding an Alcoholic Beverage License with the City of Clarkston must submit the following reports and remain current on these requirements:

### On-Premise Consumption

- ☐ **Excise Tax Reporting for Liquor Sales** (3% Distilled Spirits): Must be submitted monthly, due by the 20th of the following month.
- ☐ **Quarterly Reporting of Food and Alcohol Sales:** Due by the last day of the month following each calendar quarter.

## ALCOHOLIC BEVERAGE LICENSE RENEWAL APPLICATION

This application must be typed or printed legibly and signed under oath. All questions must be fully answered. If additional space is needed, please use a separate sheet of paper. Please note, holding an alcoholic beverage license with the City of Clarkston is a privilege.

☐ Renewal 20\_\_\_\_\_ (Year)

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Trade Name: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email 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: \$862
- ☐ Wine: \$862
- ☐ Beer/Wine/Malt Beverages: \$1,150
- ☐ Distilled Spirits: \$2,875
- ☐ Retail Dealer - Wholesale Wine/Beer/Malt Beverages: \$405
- ☐ Retail Dealer - Wholesale Wine/Beer/Malt Beverages/ Distilled Spirits: \$3,278
- ☐ Wholesale Beer/Wine/Malt Beverages \$520
- ☐ Wholesale Distilled Spirits (City) \$5,750, No location in City \$450
- ☒ Administrative Application Fee (applicable to all Licenses) \$260.00

Employee Work Permit Initial/Renewal \$50.00 (per employee). Complete application & background check at the Clarkston Police Department located at 736 Park North Blvd. Ste. 120, Clarkston, GA 30021.

### FOR OFFICE USE ONLY

Department	Date	Approve/Deny	Comments
City Clerk			
Planning & Economic Development			
Police Department			
Quality of Life Officer			
City Manager			

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name of Agent or Representative (if different from applicant): \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Have you ever been arrested? ☐ Yes ☐ No (If yes, explain) \_\_\_\_\_  
\_\_\_\_\_

## BUSINESS INFORMATION

Type of business entity: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other

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 and a copy of current lease.) \_\_\_\_\_  
\_\_\_\_\_

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

Full Name	Position	Social Security Number	Address	% of Interest

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 an interest in the establishment ever been placed on probation or had your license revoked? ☐ Yes ☐ No (If yes, please explain on separate sheets of paper and attach hereto.)

Provide name, address, Social Security Number, and phone number for each Manager if different from owner.

Full Name	Position	Social Security Number	Address	% of Interest

Annual Sales Beer/Wine \$ \_\_\_\_\_ Annual Gross Sales (Non-Alcohol/Food) \$ \_\_\_\_\_

Annual Sales from Distilled Spirits \$ \_\_\_\_\_ Annual Sales Other \$ \_\_\_\_\_

## VERIFICATION OF APPLICATION

I hereby make application for an Alcoholic 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: \_\_\_\_\_

**PERSONNEL STATEMENT - ALCOHOLIC BEVERAGE APPLICATION**  
**OWNERS/ MANAGERS/ ASSISTANT MANAGERS**

Instructions: This personnel statement must be executed under oath or affirmation by every person having any ownership, or profit-sharing interest in, or managing any place of business applying for license from the City of Clarkston, Georgia to sell or deal in alcoholic beverages or distilled spirits. Please type or print clearly in ink. If not legible, Statement will not be accepted. Each question must be fully answered. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. A copy of verifiable identification must be provided at the time of application.

1. \_\_\_\_\_  
Full Name of Applicant and Address

2. Social Security Number: \_\_\_\_\_

3. Driver's License Number: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. U.S. Citizen A copy of verifiable identification must be provided at the time of application. Copy of driver's license or State photo ID card.

a. ☐ by birth

b. ☐ Naturalized

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Court: \_\_\_\_\_

Petition Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Derived Parent Certificate Number(s) \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_

Native Country: \_\_\_\_\_ Date of Port Entry: \_\_\_\_\_

6. How long have you been a legal resident of Georgia? \_\_\_\_\_ Years \_\_\_\_\_ Months

7. Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

8. If married, give spouse's full name \_\_\_\_\_

9. Physical Description of Applicant \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Hair Color \_\_\_\_\_ Eyes \_\_\_\_\_

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

**PERSONNEL STATEMENT - ALCOHOLIC BEVERAGE APPLICATION Con't**

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

Name of City \_\_\_\_\_

16. 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 ten (10) years preceding this application?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_

18. Position of applicant in dealer's business. \_\_\_\_\_

19. 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.

\$ \_\_\_\_\_

20. 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: \_\_\_\_\_

\_\_\_\_\_

21. 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. 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: \_\_\_\_\_

\_\_\_\_\_

23. Have you ever had any financial interest in an alcoholic beverage business which was denied a permit?

( ) Yes ( ) No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

24. 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: \_\_\_\_\_

\_\_\_\_\_

25. Have you ever been denied a bond by a commercial surety company? ( ) Yes ( ) No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

26. 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

**PERSONNEL STATEMENT - ALCOHOLIC BEVERAGE APPLICATION con't**

**Verification of Personnel Statement**

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 authorize the City of Clarkston and/or its agents to obtain and receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency. 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 cause for invalidation of this statement and any related application. I certify that neither I, nor any of the other owners of the retail or wholesale establishment, nor the manager of such establishment has been convicted or has plead guilty or entered a plea of nolo contendere to any crime, misdemeanor, and/or felony involving moral turpitude, lottery, or illegal possession or sale of narcotics or liquors within a period of ten (10) years immediately prior to the filing of such 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)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

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

**REGISTERED AGENT CONSENT AND INFORMATION FORM  
CITY OF CLARKSTON OFFICE OF THE CITY CLERK**

Sec. 3-6(l) All licensed establishments must have and continuously maintain in DeKalb County a registered agent upon whom any process, notice or demand required or permitted by law or under this chapter to be served upon the licensee or owner may be served. This person must be a resident of DeKalb County. The licensee shall file the name of such agent, along with the written consent of such agent with the city.

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 Clarkston, 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 DeKalb County Georgia. I hereby authorize the Clarkston 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 Clarkston Police Department's investigation. I further certify that I will notify the City of Clarkston Office of the City Clerk of any changes effecting my status and/or position with this company.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Type or Print Name of Agent

\_\_\_\_\_  
Type or Print Agent's Home Address

\_\_\_\_\_  
Type or Print City, State and Zip Code

\_\_\_\_\_  
Type or Print Date Moved into the Above Address

\_\_\_\_\_  
Type or Print Social Security Number

\_\_\_\_\_  
Type or Print Driver's License Number

\_\_\_\_\_  
Type or Print Date of Birth

\_\_\_\_\_  
Type or Print Area Code and Phone Number



# AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for the City of Clarkston, Georgia Business or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Clarkston.

(Circle one) Occupational Tax Certificate, Alcohol License, Taxi Permit or Other Public Benefit.

I am stating the following for \_\_\_\_\_  
(THE NAME OF PERSON APPLYING ON BEHALF OF BUSINESS, CORPORATION, PARTNERSHIP OR OTHER PRIVATE ENTITY)

1. \_\_\_\_\_ I am a United States Citizen
2. \_\_\_\_\_ I am a legal permanent resident of the United States 18 years of age or older. **Please include your Alien Registration Number below your signature.\***
3. \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

\*OCGA § - 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:

\_\_\_\_\_  
Number and Document Source

In making the above statement 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 OCGA Section 16-10-20.

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

\_\_\_\_\_  
Date

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
\*Alien Registration Number for Non-citizens

\_\_\_\_\_  
**Notary Public**  
**My Commission Expires: \_\_\_\_\_**



## PRIVATE EMPLOYER E-VERIFY AFFIDAVIT REQUIRED

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Private Employer

**If your business employs less than ten (10) employees, please check ☐ this box and sign below.**

By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city) \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

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

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

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

**\*\*FORM REQUIRED\*\*** This form must be completed and returned with your Alcoholic Beverage Renewal Application and payment. Failure to return this completed Private Employer Affidavit with your renewal application and payment will delay the issuance of your occupational certificate.