



3725 Park Avenue ♦ Doraville, Georgia 30340 ♦
770.451.8745 ♦ Fax 770.936.3862 ♦
www.doravillega.us



20 _____

RENEWAL Application for ALCOHOL BEVERAGE PACKAGE OR CONSUMPTION LICENSE APPLICATION

The City of Doraville has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Doraville’s Alcohol Beverages, Chapter 3 as it pertains to Alcohol Beverage Privilege License.

An Alcohol Beverage Privilege License is required for any establishment selling Alcoholic Beverages for consumption on or off premises within the city limits of Doraville.

In order to sell, offer for sale, or otherwise dispense any alcoholic beverages within the City, the establishment must first obtain a license from the City of Doraville.

Alcohol Beverage Privilege Licenses are issued to individual establishments at the specific address. The License is not transferable to a new owner or new address. The Alcohol Beverage Privilege License will expire each year on December 31st. It is the establishment’s responsibility to renew the license each following year.

The City Clerk reserves the right to revoke any license that is not in compliance with the law at any time without refund. Should he/she choose to do so there will be written notification sent to the licensee.

Please submit the following Alcohol Beverage Privilege License Application and required supplemental materials (detailed in the following checklist) to the City Clerk located at 3725 Park Avenue, Doraville, GA 30340. If you have any questions, please contact us at 770.451.8745

PLEASE TYPE OR PRINT CLEARLY – INCOMPLETE APPLCATIONS WILL NOT BE PROCESSED

Note: ALL LICENSES REQUIRE AN ANNUAL RENEWAL.

FAILURE TO RENEW MAY RESULT IN FINES, SUSPENSION OR LOST OF LICENSE.

LEGAL BUSINESS NAME: _____

ADDRESS: _____ ZIP _____

STAFF USE ONLY		
Received by:	Amt. Rec.'d:	Date:
<input type="radio"/> Approved <input type="radio"/> Denied By:		Date:
Police Department Approval:		Date:

Alcohol Beverage Package or Consumption License Checklist:

Required Documents

- Copy of Current Occupational Tax Certificate
- Copy of Current Alcohol License
- Applicant Information (Complete Application Form)
- Alcohol Excise Tax Acknowledgement (if applicable)
- Registered Agent (if applicable)
 - Signed & Notarized Affidavit for Applicant
 - 2 Passport photos for of the Registered Agents
- Personnel Statements*
 - Signed & Notarized Affidavit for Applicant
 - 2 Passport photos for all Personnel Agents
 - Background Check Consent Form for Licensee
- SAVE Affidavit Form (non-citizens)
- Background Check Consent Form for any and all owners or partners*
- Lease Affidavit, or proof of ownership of premises
- Changes to Floor Plan Drawing *(Must show inside layout of the store, including entrance(s) and exit(s). Restaurants need to show kitchen, bathrooms, dining areas, and any offices.*
- Copy of Menu
- Health Department Approval (if applicable)

- Payment in full** (Cash in person, Cashier's Check or Money Order ONLY)

**for any and all owners or partners with 20% or more ownership (if applicable)*

****Please note: any application that does not submit all of the above requirements will be denied***

BUSINESS INFORMATION

LEGAL BUSINESS NAME: _____

Trade Name (DBA): _____

BUSINESS LOCATION: _____
STREET ADDRESS SUITE/UNIT ZIP

BUSINESS PHONE: _____ Website: _____

Check One: New Location New License New Ownership Other: _____

TYPE OF BUSINESS (check one)

- Convenience/Grocery
- Grocery with Gas
- Super Market
- Restaurant
- Package/Liquor Store
- Other, please explain _____

TYPE OF LICENSE (check one)

- Consumption on Premise
- Retail/Package
- Wholesale

LICENSE INFORMATION

	FEES	License Fee Due
REQUIRED FEES – per owner/agent		
<input checked="" type="checkbox"/> Administration Fee (Annual)	\$100.00	_____
<input checked="" type="checkbox"/> Background Check Fee (Annual)	\$100.00	_____
<input type="checkbox"/> Employee Permit Fee (Annual)	\$50.00	_____
PERMIT FEES		
<input type="checkbox"/> Beer Only	\$1,000.00	_____
<input type="checkbox"/> Wine Only	\$1,000.00	_____
<input type="checkbox"/> Beer & Wine	\$2,000.00	_____
<input type="checkbox"/> Liquor-Retail or COP	\$3,000.00	_____
<input type="checkbox"/> Sunday Sales	\$1,000.00	_____
<input type="checkbox"/> Additional Bar	\$750.00	_____
<input type="checkbox"/> Tasting Permit	_____	_____

Beer - \$300 Wine - \$300

Beer & Wine - \$600 Beer & Distilled Spirits - \$600

Wine & Distilled Spirits - \$600 Wine, Beer & Distilled Spirits - \$900

Total Fee Due with Administrative Fee: _____

FOOD SALES MUST BE AT LEAST 60% OF TOTAL ANNUAL FOOD AND ALCOHOL SALES



APPLICANT/OWNERSHIP INFORMATION

Year Business First Operated in Doraville _____ Business Phone: _____

All correspondence from the City of Doraville will be sent to the Mailing Address below.

LICENSEE NAME: _____
FIRST MI LAST SOCIAL SECURITY NUMBER

Home Address: _____
ADDRESS SUITE/UNIT
CITY STATE ZIP COUNTY

Email: _____ Phone: _____

Type of Ownership: Sole Proprietor Partnership Association Non-Profit Corporation or LLC

Corporate Name: _____
DATE OF INCORP./STATE OF INC.

Address: _____
ADDRESS SUITE/UNIT CITY STATE ZIP

Email: _____ Phone: _____

Corporate Officers or Partners:

NAME	ADDRESS	CITY/ST/ZIP	%OF INTEREST	SSN#
NAME	ADDRESS	CITY/ST/ZIP	%OF INTEREST	SSN#
NAME	ADDRESS	CITY/ST/ZIP	%OF INTEREST	SSN#

AFFIDAVIT

This application must be executed under oath and the applicant is subject to criminal penalties for false swearing. The application includes all attachments and forms that are required for processing of this application. I, _____ the Licensee, do solemnly swear that the answers and statement on this application are true and correct and that no false or fraudulent statements are made herein to obtain an alcoholic beverage license.

Applicant Signature: _____ Date: ____ / ____ / ____

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____ / ____ / ____



ADDITIONAL INFORMATION

Will you have entertainment? If yes, Describe in detail _____

Does the Licensee, Partner, Corporation or owner have any ownership interest in any other licensed alcoholic beverage business in the state of Georgia? If yes, give the name of that person, name of business, and complete address:

List the full name, address and other pertinent information for each person having any ownership interest in this business:

NAME	ADDRESS	CITY/ST/ZIP	SOCIAL SECURITY#	DATE OF BIRTH	%INTEREST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List the name and address of owners of the building and land and the name and address of the lessor or sub lessor:

Owner Building: _____

Owner Land: _____

Lessor: _____

Sub-Lessor: _____

How much money is being invested in the business and by whom?

Total amount of money paid \$ _____

NAME OF PERSON	HOME ADDRESS	CITY/ST/ZIP	AMOUNT OF MONEY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alcohol Excise Tax Acknowledgement

Pursuant to the Chapter 3 Alcoholic Beverage Ordinance, all licensed businesses in the City of Doraville that hold a valid City of Doraville Alcoholic Privilege License to **serve liquor for consumption on premises** must be responsible for submitting their monthly Alcohol Excise Tax returns. Below is an excerpt of Excise Tax from the Chapter 3 Alcohol Beverage Ordinance.

Tax Imposed on Sale of Drinks Containing Distilled Spirits

This is imposed upon the retail sale of drinks containing distilled spirits in the City a tax in the amount of three per cent (3%) of the purchase price of the drink to the consumer. A record of each sale shall be made in writing and maintained for inspection by any authorized agent of the City.

Licensee to Collect and Remit

Every consumption on the premises licensee shall collect the tax imposed by the article from purchasers of drinks containing distilled spirits. The licensee shall furnish such information as may be required by the City of Doraville to facilitate the collection of the tax.

Payment and Returns by Licensee

- a. Each licensee shall pay over the amount of taxes collected and coming due under this Article in any calendar month to the City not later than **the twentieth day of the following calendar month.**

- b. On or before the twentieth day of each month, a return for the preceding month shall be filed with the City of Doraville by each licensee liable for the payment of tax under this article. Returns shall be in such form as the City may specify and shall show the licensee's gross receipts from the sale of drinks containing distilled spirits and the amount of taxes collected or coming due thereon.

Any amounts collected in excess of three per cent (3%) of the taxable sales shall be reported and paid to the City.

- c. Licensees shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting, and paying the amount due, if said amount is not delinquent at the time of payment. The rate of deduction shall be the same rate authorized for deductions from State sales and use tax under O.C.G.A. § 48-8-50.

Alcohol Excise forms can be found on our website at www.doravillega.us. Please sign and date below acknowledging that you understand your responsibility to report your monthly Alcohol Excise Tax to the City of Doraville.

Contact for Excise Taxes _____

Signature: _____

Date: _____

Business Name: _____

Phone: _____





Registered Agent Form

City of Doraville Code Chapter 3, Section 3-1 requires every business applying for or holding an alcoholic beverage license to have and continuously maintain a registered agent for service of process of any notice permitted by law under the alcohol beverage ordinance. **The registered agent must live in DeKalb County.** The owner can be their own registered agent if they live in DeKalb County.

BUSINESS NAME: _____

ADDRESS

CITY/ST/ZIP

AGENT INFORMATION

NAME: _____
FIRST MI LAST SOCIAL SECURITY NUMBER

Aliases/Stage Names: _____ Sex: Male Female

Home Address: _____
ADDRESS
CITY STATE ZIP COUNTY

Email: _____ Phone: _____

Are you a U.S. Citizen? Yes No Naturalized? No Yes, *Provide Certificate*

BIRTHPLACE

_____/_____/_____
DATE OF BIRTH BIRTHPLACE COURT

The owner(s) or an officer of the corporation must authorize the person shown above to be their agent. **It is the owner's responsibility to maintain a registered agent who lives in DeKalb County.** Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license.

LICENSEE NAME		Two pictures taken within the last year are required. Attach one picture of the agent here on each form.	Two pictures taken within the last year are required. Attach one picture of the agent here on each form.
LICENSEE'S SIGNATURE	DATE		
OWNER'S NAME			
OWNER'S SIGNATURE	DATE		
OFFICER'S NAME	TITLE		
OFFICER'S SIGNATURE	DATE		

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of City of Doraville Code Chapter 3, and Section 3-1.

Signature of Agent: _____

Date: _____

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Personnel Statement

APPLICANT INFORMATION

INSTRUCTIONS: **Please make additional copies of pgs. 9-14 for each owner/manager.**

NAME: _____
FIRST MI LAST SOCIAL SECURITY NUMBER

Aliases/Stage Names: _____ Sex: Male Female

Home Address: _____
ADDRESS
CITY STATE ZIP COUNTY

Email: _____ Phone: _____

Are you a U.S. Citizen? Yes No Naturalized? No Yes, *Provide Certificate*

BIRTHPLACE

DATE OF BIRTH BIRTHPLACE COURT

_____ PETITION NUMBER

_____ DERIVED PARENTS CERTIFICATE NO.

_____ ALIEN REGISTER NO.

Native Country: _____

Date of Entry: _____

Port of Entry: _____

*****Note a copy of Resident Alien Card and Driver's License must be provided at the time of application. The application will not be accepted without this documentation.**

SPOUSE INFORMATION

Marital Status: _____ Spouse Date of Birth: ____/____/____

SPOUSE NAME: _____
FIRST MI LAST SOCIAL SECURITY NUMBER

Employer: _____
EMPLOYER ADDRESS

BUSINESS INFORMATION

Business of Employment: _____

Job Title: _____ Supervisor: _____

Street Address: _____

Phone: _____ Length of Employment: _____

% Ownership if any: _____ Salary of Annual Compensation: _____

ADDITIONAL INFORMATION

Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages: Yes No If yes, give names and locations of interest in each.

- 1. _____
- 2. _____
- 3. _____

Have you ever had any financial interest in an alcoholic beverage business which was denied a license? Yes No If yes, please explain:

Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? Yes No If yes, give details:

If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved).

Have you ever been denied bond by a commercial security company? Yes No If yes, give details:

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? A criminal background investigation will be conducted to verify this information. Do not include traffic violations. All other charges must be included even if they were dismissed.

Reason Charged or Held	Date	Place of Charge
Reason Charged or Held	Date	Place of Charge

Please list any other names used by the applicant (maiden name, names by former marriages, former names, aliases, nicknames, etc.) Specify which and show dates used.

EMPLOYMENT RECORD/HISTORY FOR 5 YEARS

MOST RECENT FIRST

FROM		TO		Occupation and Description of Duties Performed	Salaries Received	Employer	Reason for Leaving
Month	Year	Month	Year				

RESIDENCES FOR THE PAST TEN YEARS

DATES		STREET	CITY	STATE
From	To			

NOTE: Before signing this statement, check all answers 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 includes all attached sheets submitted herewith.

State of Georgia, _____ County. 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 personnel statement are true and correct.

Applicant Signature: _____ Date: ____ / ____ / _____

I hereby certify that _____ signed his name to the foregoing application stating to me that he knew understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

Please attach **Original Photograph** (front view) taken within the past year (***copies are not acceptable***).

Please attach **Original Photograph** (front view) taken within the past year (***copies are not acceptable***).

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____ / ____ / _____

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O.C.G.A. § 50-36-1 (e)(2) Affidavit Verifying Status for City Public Benefit

****This form is required for ALL LICENSES/PERMITS by State Law****

By executing this affidavit under oath, as an applicant for an alcohol license, as referenced in O.C.G.A. § 50-36-1, from the City of Doraville, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen
(Must include copy of either current State Driver's License, Passport, or Military ID)

- I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

- 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.**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**My alien number is 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.

Applicant Signature: _____ **Date:** ____ / ____ / ____

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____ / ____ / ____



Background Check Consent Form

I authorize the **Doraville Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name: _____

Maiden Name/Previous Name/Alias Info: _____

Date: _____ Telephone Number: _____

Driver's License Number: _____ DL State: _____

Are you a U.S. Citizen? Yes No

If no, you will need to have your Green Card available. Country of Birth: _____

Date of Birth: _____ Race: _____ Sex: Male Female Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Name: _____

Business Address: _____

Signature of Applicant: _____

