



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

Alcoholic Beverage License Application

**Note: ALL LICENSES REQUIRE AN ANNUAL RENEWAL.
 FAILURE TO RENEW MAY RESULT IN FINES, SUSPENSION OR LOST OF LICENSE.**

LEGAL BUSINESS NAME: _____

Name of Business Establishment: _____

ADDRESS: _____ **ZIP** _____

Type of Business (check all that apply)		
Restaurant <input type="checkbox"/>	Supermarket <input type="checkbox"/>	Hotel <input type="checkbox"/>
Private Club <input type="checkbox"/>	Convenience Store <input type="checkbox"/>	Other (Explain):
Wholesale <input type="checkbox"/>	Package Store <input type="checkbox"/>	
Gross Square Footage of Tenant Space		

FOR OFFICE USE ONLY

Tax Parcel ID Number: _____ - _____ - _____ - _____	Zoning District: _____	Multi-use Zone: yes no
	Are Distance Requirements Applicable: yes no	
	If yes, are they being met: yes no	

Amount Paid \$ _____ Date: _____ Cash Cashier's Check Money Order

FINAL

TEMPORARY LICENSE SIGNATURES

DEPUTY CLERK _____ Date: _____	DEPUTY CLERK _____ Date: _____
FINANCE DEPT. _____ Date: _____	FINANCE DEPT. _____ Date: _____
CITY CLERK _____ Date: _____ CITY	CITY CLERK _____ Date: _____
PLANNER _____ Date: _____	CITY PLANNER _____ Date: _____
CHIEF OF POLICE _____ Date: _____	CHIEF OF POLICE _____ Date: _____

Alcoholic Beverage License Number: _____

Occupational Tax Number: _____

(GA) Alcoholic Beverage License Number: _____

Alcohol Beverage Package or Consumption License Checklist:

Required Documents *INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

- Current Occupational Tax Certificate
- Applicant Information (Complete Application Form)
- Alcohol Excise Tax Acknowledgement (if applicable)
- Personnel Statements*
 - Signed & Notarized Affidavit for Applicant
 - 2 Passport photos for all Personnel Agents
 - Background Check Consent Form for Licensee
- Registered Agent (if applicable)
 - Signed & Notarized Affidavit for Applicant
 - 2 Passport photos for of the Registered Agents
- Background Check Consent Form for any and all owners or partners*
- Package Store – or Convenience Stores, require copy of the Agriculture Certificate.
- Lease Affidavit, or proof of ownership of premises
- Legal Land Survey
- Floor Plan Drawing *(Must show inside layout of the store, including entrance(s) and exit(s). Restaurants must show kitchen, bathrooms, dining areas, and any offices. Gross Square footage should also be indicated.)*
- Site Plan Drawing or Aerial photograph of the property that clearly shows building footprint and parking lot layout. The location of the business on the property should be identified.*
- Copy of Menu
- Health Department Approval (if applicable)
- SAVE Affidavit Form (non-citizens)

- 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***



LICENSEE FEES PAID

Each licensee/permittee shall pay an annual license fee in an amount determined by the City Council and listed in the schedule of fees and charges. Check all that apply within a category:

	<u>FEES</u>	<u>License Fee Due</u>
<u>REQUIRED FEES</u>		
<input type="checkbox"/> Administration Fee NEW or Renewal	\$100.00	_____
<input type="checkbox"/> Background Check Fee for License	\$100.00	_____
<input type="checkbox"/> Background Check Fee for Employee Permit	\$50.00	_____
<input type="checkbox"/> Employee Permit Fee	\$50.00	_____
<u>PERMIT FEES</u>		
<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"/> Beer, Wine & Distilled Spirits	\$4,000.00	_____
<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 Required Fees:		_____



A. INSTRUCTIONS: This application must be typed or printed legibly and executed under oath. Each question must be answered completely. (If the space provided is not sufficient answer on a separate sheet and indicate in the space provided that a separate sheet is attached.) Use “N/A” (not applicable) if an item is not relevant. Incomplete applications will not be processed. Refer to Code of Ordinances, City of Doraville Georgia Sec. 3-6 for more information if needed. Definitions of terms are found in Sec. 3-1 if needed.

B. REQUIREMENTS FOR AND USE OF LICENSE:

1. All fees must be paid.
2. No license for the sale of alcoholic beverages shall be issued to any person or establishment until such person or establishment has made application to the City Clerk or their designee on a form prescribed by the Clerk. The applicant must designate a citizen of the United States who has been a citizen for a period of three (3) continuous years prior to the date of application or who has had the status of a resident alien for a minimum of three (3) years prior to the date of the application who shall be responsible for the license. The applicant can designate themselves if qualified as a designee. Each applicant’s designee must have resided continuously for a period of one (1) year in the state of Georgia prior to making application for such license. Where the applicant is a corporation or partnership, the license shall be issued in the name of the corporation, its majority shareholder and a resident agent, or in the name of the partnership, each of its partners and a resident agent. A designee may also serve as resident agent and/or applicant if so qualified. In all instances, all establishments licensed hereunder must have and continuously maintain in Dekalb County and the City of Doraville a resident agent who can be the license holder’s designee, 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 and/or the City of Doraville. The licensee shall file the name of such agent, along with a written consent of such agent, with the City in such form as the City prescribes.
3. Each applicant for a license shall fully complete an application under oath or affirmation.
4. Each applicant for an employee permit shall fully complete an application under oath or affirmation.
5. No application shall be deemed complete until the City Clerk or their designee has determined that all required information has been submitted, including any background check. No time frame set out in this application shall begin to run until the application is deemed complete by the City Clerk or their designee. Applicants may appeal the Clerk’s decision of completeness pursuant to Sec. 3-19. A survey detailing all required distances is required.
6. Renewals may use the form included herein or another form as provided by the City Clerk. New surveys will not be required; however, a letter from a registered surveyor noting that no substantial change in condition triggering any distance prohibition in Sec. 3-20 has occurred shall be required.
7. Upon receipt by the City Clerk or their designee of any application for an alcoholic beverage license or employee permit, he shall forward the same to the Chief of Police for investigation who, following such investigation, shall attach thereto the entire police record of every person named in the application. The City Clerk or designee shall then submit a complete application with such report to the City Council. If the City Clerk or their designee determines an application is not complete, the City Clerk shall notify the applicant in writing of any deficiencies within ten (10) business days. Appeals from a decision of incompleteness may be appealed as set out in Sec. 3-19.
8. It shall be unlawful for any person to hold an alcoholic beverage license (package or consumption) who also has any direct financial interest in any wholesale alcoholic beverage business. It shall be unlawful for the holder of any alcoholic beverage license (package or consumption) to accept or receive financial aid or assistance from the holder of any alcoholic beverage manufacturer’s or wholesale dealer’s license.
9. A license will entitle the licensee to sell alcoholic beverages at one location only, and only in the original and unopened manufacturer’s container, and shall not permit the opening of containers in the package store where sold.
10. A consumption-on-the-premises license will entitle the licensee to sell wine, malt beverages or distilled spirits only and only poured or served from the manufacturer’s original container.
11. A wholesaler’s or manufacturer’s license will entitle the licensee to sell alcoholic beverages at one location only, and only in the original and unopened container.
12. An oath or affirmation must be signed to certify all applicable parts of the application.
13. Any change in relationship herein declared must be filed when made with the City Clerk or their designee and failure to do so within a period of thirty (30) days after such change is made, shall be grounds for the City Clerk to recommend cancellation of the license by the City Council.



APPLICATION TYPE: (check one) New License New Ownership Renewal

TYPE OF BUSINESS: (check all that apply)

- Restaurant
- Convenience Store
- Hotel
- Private Club
- Wholesale
- Package Store
- Supermarket
- Other: (Explain) _____

Will your establishment provide "live entertainment?" Yes No

If yes, explain: _____

Is business within 100 yards of a church or school entrance? Yes No

Is business within 1500 yards of a residential district? Yes No

Is the proposed location in a shopping center? Yes No

If yes, list the name of the shopping center _____

Total number of seating as set by Fire Marshal _____

BUSINESS INFORMATION:

Business Name (Trade Name if different from business applying for license):

Legal Name of business applying for the license: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail Address: _____

Mailing Address: (if different)

City: _____ State: _____ Zip: _____

Phone: _____



TYPE OF OWNERSHIP:

- Sole Owner
- Partnership
- Publicly Held Corporation (subject to S.E.C Regulations)
- Other – (please explain)
- Privately Held Corporation
- Public Held Corporation

*Subject a copy of lease if the property is rented.
 **Submit 2 passport size photos and sets of fingerprint cards.
 ***If you are a private club, you must submit: (1) salaries and other benefits received by each officer, trustee and employee; (2) attach membership application.

OWNER INFORMATION:

Owner Name: _____

Social Security Number or Alien Registration Number: _____

Residence Street Address: _____

City: _____ State: _____ Zip: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

OWNER #2 INFORMATION:

Owner Name: _____

Social Security Number or Alien Registration Number: _____

Residence Street Address: _____

City: _____ State: _____ Zip: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

IF BUSINESS HAS MORE THAN TWO OWNERS, PLEASE ATTACH ADDITIONAL SHEETS

PLEASE COMPLETE FOR EACH MANAGER FOR YOU BUSINESS

MANAGER #1 INFORMATION

Manager Name: _____

Social Security Number or Alien Registration Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____



MANAGER #2 INFORMATION

Manager Name: _____

Social Security Number or Alien Registration Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

IF BUSINESS HAS MORE THAN TWO MANAGERS, PLEASE ATTACH ADDITIONAL SHEETS

RESIDENT AGENT (MUST BE A RESIDENT OF DEKALB COUNTY):

Full Name: _____

Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

No license for the sale of malt beverages, wine or distilled spirits shall be granted to any applicant who has not designated a citizen of the United States who has resided continuously in the City for the three-year period next proceeding the year for which application is made, to be responsible for any matter relating to the license. The applicant shall designate someone who has been a resident of the state of Georgia for one (1) year prior to the year for which the application is made. The applicant can designate themselves as designee if so qualified. Where the applicant is a corporation or partnership whose primary business is the operation of a liquor store, the corporation must designate someone who meets such requirements and the license shall be issued jointly to the corporation and the resident agent. A designate can serve as resident agent and/or applicant if so qualified. Where the applicant is a corporation whose primary business is other than the operation corporation who meet the residency requirements. IF the applicant is a partnership, the same requirements pertaining to corporations shall apply. In all instances, all establishments licensed hereunder must have and continuously maintain in Dekalb County and in the City of Doraville a resident agent who can be the residence license holder designee upon whom any process notice or demand required or permitted by law or under the chapter to be served upon the licensee or owner may be served. This person must be a resident of Dekalb County and/or the City of Doraville. The license shall file the name of such agent, along with a written consent of such agent, with the City in such form as the City prescribes.

FOR PARTNERSHIP ONLY: (IF APPLICABLE)

Date partnership formed: _____ (*Attach Partnership Agreement to the Application)

Location where partnership formed: _____

Principal place of business of partnership: _____

Principal types of business activity conducted by the business: _____

FOR CORPORATION ONLY: (IF APPLICABLE)

Corporation Name: _____ FIN: _____

Street Address: _____

City: _____ State: _____ Zip: _____



Phone: _____ Fax: _____ Email: _____

Mailing Address: (If different)

City: _____ State: _____ Zip: _____

Phone: _____

Principal place of business of corporation: _____

Principal type of business activity conducted by corporation: _____

a. Is the corporation owned by a parent corporation or held by a holding company?

Yes No

b. If yes, explain: _____

Financing:

a. Total amount of funds invested by the owner: _____

b. Total amount of funds invested by parties other than the owner: _____

c. Total amount of capital that is or will be invested in the business by any party or parties:

If any capital is borrowed:

NAME OF LENDER	DATE	AMOUNT	INTEREST RATE

The names of all parent, affiliates or subsidiary corporations, if any, and if so, all information listed on page 12 of this application, for each such parent, affiliate or Subsidiary Corporation shall be furnished.

GENERAL INFORMATION

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

Yes (*explain below*) No

b. Does owner and/or individual partner, shareholder, director or officer have any financial aid or assistance from any manufacturer of alcoholic beverages?

Yes (*explain below*) No

c. If you answered "Yes" to either of the above, please explain: _____

d. Show hereunder any and all persons, corporations, partnerships, or associations (other than persons stated herein as owners, directors or officers), their addresses, primary contact, telephone numbers and Social Security and/or alien registration numbers, who have received or will receive, as a result of your operation under the requested license, any financial gain, loss or payment derived from any interest or income from the operation.



Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under the license. In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders of 20% or more of the stock:

- e. The name, address, business and primary contact telephone numbers, Social Security number, alien registration number, date of birth, place of employment and occupation of each person who has any ownership interest of 20% or more in the establishment for which the application is being made, or the owner of the establishment:

- f. The names, address, Social Security numbers, alien registration numbers, dates of birth and places of employment of each current officer and director of the corporation or partnership and their business and residence telephone numbers (use the personal history section): _____

- g. The names, residence and business addresses and telephone numbers, dates of birth, Social Security numbers or alien registration numbers, of each person which has made any loan, either in property or cash, to the establishment or to the owner thereof for the operation of the establishment: _____

BUSINESS PREMISES AND STRUCTURE

1. Is this location within a commercial zoning district? Yes No

(Circle the corresponding zoning district of the property):

C-1 C-2 T-4 T-5 T-6 O-I O-W M-1 M-2

2. Lighting: Does the building in which business is to be located contain sufficient lighting so that the building itself and the premises on all sides of the building area readily visible at all times from the front of the street on which the building is located as to reveal all of the outside premises of such building?

Yes No

Is the building illuminated so that all hallways, passageways and open areas may be clearly seen by the customer therein?

Yes No

If you answered "No" to either, please explain proposed methods to rectify the insufficient lighting: _____



3. Attach copies of the following information as it applies to this application:
 - a. A certificate by a registered land surveyor or professional engineer showing that the location complies with the distance requirements set out in the ordinance.
 - b. Evidence of ownership of the building or proposed building or a copy of the lease, if applicable.
 - c. A copy of the franchise agreement or contract, if applicable.
 - d. A copy of the menu(s) if applicant is a "bona fide" eating establishment.
 - e. Plans:
 - i. If Building is complete, copies of detailed plans of said building and outside premises as well as a copy of the floor plan.
 - ii. If Building is proposed, copies of proposed plans and specifications as well as the building permit application.
4. (For Restaurants Only): Do you have patio sales? Yes No
5. List types and locations of security cameras. _____

6. The name, address and work and home telephone numbers of the owner of the land and the building where the business is to be operated: _____

7. Property Management Company for proposed business location _____
 Address and Telephone: _____

8. The amount of rental paid (if used) for the land and building and the manner in which the rent is determined and to whom and in what manner and intervals it is paid: _____

9. A site plan of the facility showing area of ingress/egress for traffic and pedestrian entry into the facility, all parking, the interior divisions, any seating (if applicable) the location of restrooms, the location of cashier's cage or other cashier's area. Attach site plan of the facility here.

FOR ALL ESTABLISHMENTS APPLYING FOR ON-PREMISES CONSUMPTION:

1. Number of square feet of total gross floor area: _____
2. Number of square feet devoted to dining area: _____
3. Total seating capacity (excluding lounge/bar area): _____
4. Number of parking spaces: _____
5. Number of parking spaces devoted to handicapped persons: _____
6. Days/hours that prepared meals or foods are served: _____
7. Does the facility have a full service kitchen? Yes No
 - a. Does the kitchen have a three compartment sink? Yes No
 - b. Is the refrigerator approved by both the Health and Fire Departments? Yes No
 - c. Are the stove and/or grill permanently installed and approved by Health and Fire? Yes No
8. If your business is a restaurant, will 60% of sales be food? Yes No
 If you answered no to any of the above questions, please explain: _____

9. The establishment must comply with the advertising prohibition as outlined in Section 3-30 of the Alcoholic Beverage Ordinance. _____ (initials)
10. If you are a private club, you must submit salaries and other benefits received by each officer, trustee and employee.



Your relationship with the business:

- Sole Owner Partner: [General Limited Silent]
 Principal Stockholder Director
 Registered Agent Officer: _____
 Manager Employee: _____

Percentage of ownership or interest, if any: _____

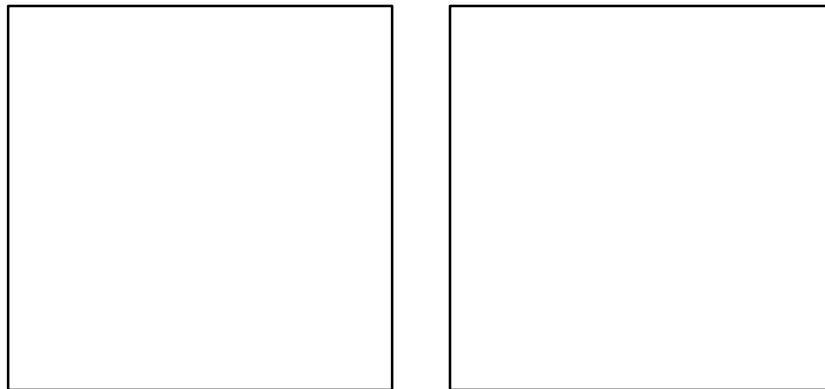
Method and amount of compensation, if any (directly or indirectly): _____

Check one: Single Married Widowed Divorced

Two (2) photographs of the applicant or, if a partnership, a photograph of all partners or, if a corporation, two (2) photographs of anyone owning 20% of more shares of the corporation, must be attached.

A set of fingerprints of all persons with any interest in the ownership of the business of twenty percent (20%) or more. These fingerprints must be processed through and found negative by the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC), and must be attached.

Attach photographs (front view) taken within the past year. Date of picture: _



If married or separated, complete the following:

Full name of spouse: _____ SSN: _____

Maiden Name: _____ Date of Birth: _____

Alien Registration No. _____

Other names used by applicant: maiden name, names of former marriages, former name changed legally or otherwise, aliases, nicknames, etc. Specify which, show dates used:

Employment record for the past four (4) years. (List the most recent experience first):

From: To: Employer: Title: Salary: Reason for leaving:



List all places of residence for the past four (4) years. (List the most recent first).

From: To: Address City/State/Zip

Have you ever had a financial interest in an alcoholic beverage business that was denied a license?

Yes No (If yes, describe below)

Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages?

Yes No (If yes, describe below)

Has a commercial security company ever denied you bond? Yes No

(If yes, please explain.) _____

Have you ever been arrested, held by federal, state or other law enforcement authorities for violation of any federal law, state law, county or municipal law, regulations or ordinances? (Do not include traffic violations.) All other chargers must be included even if they were dismissed. Yes No

If yes, give reason charged or held, date, place where charged and disposition. (If no arrest, please write "no arrest." After last arrest is listed, please write "no other arrest.")

Whether the applicant or any person with an interest in the application has made application at any previous time for any alcoholic beverage license and the disposition of such application: Yes No

If yes, please describe in detail: _____

Whether a previous license issued to the applicant or any person with interest in the application has been revoked by any state or subdivision thereof, city or by the federal government and the reason therefore: _____

Have you had any license under the regulatory powers of the City of Doraville and/or DeKalb County denied, suspended or revoked within two (2) years prior to the filing of this application?

Yes No (If yes, describe below)



City of Doraville
3725 Park Avenue
Doraville, Georgia 30340-1111

Authorization for Release of
Personal Information and
Criminal History Record Information

I, _____ do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Doraville, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records for commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; and the records, recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information deemed pertinent for the purposes of assessing my suitability for a City of Doraville license, permit or appointment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part upon this release authorization, will be considered in assessing my suitability for a City of Doraville license, permit or appointments. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the Doraville Police Department to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

Applicant's Signature: _____

Race: _____ Sex: _____ Date of Birth: _____ SSN: _____

Driver's License Number: _____ State: _____

Address: _____
City State Zip

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20 _____

NOTARY PUBLIC

My commission expires: _____/_____/_____



PERSONAL FINANCIAL STATEMENT

Statement Date: _____

Name: _____

Date of Birth: _____

Address: _____
City State Zip

Business or Occupation: _____

Business Phone: _____ Home Phone: _____

Assets	In Even Dollars	Liabilities and Net Worth	In Even Dollars
Cash on hand and in Banks -see Schedule A	\$	Notes Payable: This Bank -see Schedule A	\$
U.S. Government Securities -see Schedule B		Notes Payable: Other institutions -see Schedule A	
Listed Securities -see Schedule B		Notes Payable: Other institutions -see Schedule A	
Unlisted Securities -see Schedule B		Notes Payable – Relatives	
Other Equity Interests -see Schedule B		Notes Payable – Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned -see Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable		Real Estate Mortgages Payable -see Schedule	
See Schedule D		C&D	
Cash Value Life Insurance -see Schedule E		Land Contracts Payable -see Schedule C&D	
Other Assets: Itemize		Life Insurance Loans -see Schedule E	
		Other Liabilities: Itemize	
		TOTA LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS		TOTAL LIABILITIES AND NEW WORTH	\$

Source of Income	In Even Dollars	General Information
Salary	\$	Employer
Bonus and Commissions		Position or Profession & No. Years
Dividends		Employer's Address
Real Estate Income		Phone No.
*Other Income: Itemize		Partner, officer or owner in any other venture? <input type="checkbox"/> YES <input type="checkbox"/> No
TOTAL		If yes, explain:
		Are any assets pledged? <input type="checkbox"/> YES <input type="checkbox"/> No
		Detail in Schedule A
		Income taxes settled through (date)



Contingent Liabilities	In Even Dollars	General Information (cont'd)
As endorse, co-maker or guarantor	\$	Are you a defendant in any suits or legal action?
On leases		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Legal claims		
Provision for federal income taxes		Have you ever taken bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Other special debt, e.g., recourse, repurchase liability		
TOTAL		

Please continue
to next page



SCHEDULE A: Banks, Brokers, Savings & Loan Associations, Finance Companies or Credit Unions. List the names of all the institutions with which you maintain a deposit account and/or where you have obtained loans:

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets?
TOTAL			TOTAL			

SCHEDULE B: U.S. Governments, Stocks (listed and unlisted), Bonds (Gov't. and Comm.) and Partnership Interests (General & Ltd.)

Number of:	Indicate:			Pledged	
Shares, Face Value (Bonds) or % of Ownership	1. Agency or name of company issuing security or name of partnership. 2. Type of investment or equity classification. 3. Number of shares, bonds or % of ownership held. 4. Basis of Valuation*	In Name of	*Market Value	Yes	No

SCHEDULE C: Real Estate Owned (and related debt, if applicable).

Mortgage or Land Contract Payable

Description of Property Address	Title in Name of	Date Acquired	Balance Receivable	Monthly Payment	Balance Owing	Holder
		TOTAL				

SCHEDULE D: Mortgages & Land Contracts Receivable (and related debt, if possible)

Mortgage or Land Contract

Description of Property of address	Title in Name of	Date Acquired	Balance Receivable	Monthly Payment	Balance Owing	Holder
		TOTAL				



DORAVILLE POLICE DEPARTMENT

BACKGROUND INVESTIGATION WORKSHEET

For all applicants: Date: _____

Company Name: _____

Company Address: _____

Company Contact Person: _____ Company Phone: _____

Applicant's Name: _____ Home Phone: _____
Last Name, First Name, Middle Name

Home Address: _____
Street City/State Zip

Date of Birth: _____ Place of Birth: _____
month/day/year (If not US born, provide proof of work eligibility)

List any other name(s) you have ever used: _____

Driver's License #: _____ State: _____ Height: _____ Weight: _____

Social Security #: _____ Race: _____ Sex: _____

(Need for GCIC criminal history check)

State Issued I.D. # _____ Tax I.D.# _____

If applying for an employee permit, fill out the following:

Place of Employment (where permit will be used): _____

Owner's Name: _____

Employment Address: _____

Position Held: _____ Employer Telephone # _____

For all applicants:

Education: Grammar School _____
Location/City and State Dates Attended

High School: _____

College/Trade School: _____

Beginning with the most current, list all addresses where you have resided in the last 10 years:

Street Address	City and State	Zip	Dates

List all states you have ever resided in: _____



If you have been convicted of any crime in the last ten years, list the information below:

Date	Offense	County and State

Beginning with your current employer, list all place of employment in the last ten years:

*All requested information must be completed.

*If not enough space, write additional information on a sheet of paper and attach it to this form.

Business Name	Address	Phone No.	Dates of Employment

Do you have now or have ever had another name or alias or "street" name? Yes No

If yes, please explain: _____

I hereby swear or affirm that I have answered all questions truthfully and to the best of my knowledge.

I hereby authorize the city of Doraville to investigate and confirm any financial or other information provided for in this application.

I hereby authorize the City of Doraville Police Department to receive any criminal history record information pertaining to me, which may be in the files of any local, state or federal law enforcement agencies. I also waive use of any and all information they may discover. I also release the City of Doraville Police Department, or any of their authorized agents, from any liability connected to the release of any criminal history or prior employment information. These releases are in exchange for the consideration of this application.

I hereby swear or affirm 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 an action taken on this application. I understand that the City of Doraville reserves the right to enforce any and all ordinances regardless of payment of any fee and further that it is my responsibility to conform to said ordinances in full. I hereby acknowledge that all requirements shall be adhered to.



I can read the English language or I have had someone who can read the English language to read this document to me and I freely and voluntarily have completed the application. I understand that it is a felony to make false statements or writings to the City of Doraville pursuant to O.C.G.A §16-10-20.

PLEASE VERIFY THAT ALL SECTIONS ARE COMPLETE – ANY MISSING INFORMATION WILL CONSTITUTE AN INCOMPLETE APPLICATION.

Signature of Applicant

Print Name

Date

Notary Public
My Commission Expires:

Date

ISSURANCE OF A PERMIT IS NOT TO BE CONSIDERED AN APPROVAL OF ANY OTHER ACTION AND IN NO WAY CONFIRMS THAT THE PERMITTEE MEETS OTHER REQUIREMENTS OF THE CITY OF DORAVILLE. FURTHER, ISSUANCE OF A PERMIT NEITHER WAIVES MOR PREVENTS THE APPLICABILITY OF ANY LAW OR ORDINANCE, NOR WILL SUCH ISSUANCE PREVENT THE ENFORCEMENT OF ANY LAW OR ORDINANCE.

List facilities to be accessed in space provided below:

*******PLEASE READ*******
\$100 FEE FOR LICENSEE’S BACKGROUND CHECK,
FINGERPRINGS AND I.D. CARD PER APPLICANT

\$150 FEE FOR EMPLOYEE’S BACKGROUND CHECK,
FINGERPRINTS AND I.D. CARD



Resident Agent Information

ALCOHOLIC BEVERAGE CERTIFICATE

If you live in Doraville, you may list yourself and your information. If you do not live in Doraville, you must list a resident of Dekalb County who will act as your Resident Agent. If your Resident Agent information has changed since last year, a new form must be completed and returned with this application.

I _____, do hereby consent to serve as the Resident Agent for the licensee, owners, officers and/or directors of and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Doraville, Georgia. I understand the basic purpose is to have and continuously maintain a Resident 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 upon the licensee or owner, and may be served upon the licensee or owner. I understand that the Resident Agent must be a resident of Dekalb County. I hereby authorize the Doraville Police Department to obtain and review copies of any criminal and/or driver's histories and financial records 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 Doraville Police Department's investigation. I further certify that I will notify the City of Doraville's City Clerk or their designee of any changes effecting my status and/or position with this company.

Business Name

Signature of Agent

Type of Print Name of Agent

Type of Print Agent's Home Address

Type of Print City, State and Zip Code

Type or Print Area Code and Telephone Number

Type or Print Date Moved into the Above Address

Type or Print Driver's License Number

Type or Print Date of Birth

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: _____/_____/_____

FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

****DOES NOT APPLY TO RETAIL PACKAGE****

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

LICENSEE'S NAME: _____

LICENSE #: _____

OCCUPATION TAX PLACARD# _____

- I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES, Final reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals. This information must be provided from financial records of the above-establishment on a calendar-year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED: _____
(If existing business, must be 12-month period. If new business, must be 12-month estimate)

Gross Receipts from Food Sales this period: _____

Gross Receipts from Alcoholic Beverage Sales this period: _____

Total Food Sales and Alcoholic Beverage Sales this period: _____

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge, the figures presented above represent accurate sales totals for the period specified.

CPA Name (Printed)

Name of CPA Firm

CPA Signature

Business Address

City St Zip

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20 _____

NOTARY PUBLIC
My commission expires: _____/_____/_____

- II. I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 2:00 a.m. Monday requires a valid alcoholic beverage pouring license, valid Sunday Sales pouring license, and that at least 60% of the licensed establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food. I hereby affirm that I understand that records of food sales and alcohol beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the City Clerk of the City of Doraville may audit our records to verify the same at its discretion.

Signature of Applicant

Print Name

Date

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20 _____

NOTARY PUBLIC
My commission expires: _____/_____/_____



REPORT FOR LAND SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

For the purpose of the Alcoholic Beverage Ordinance, distance means the measurement in lineal feet from the front entrance of the proposed location to the nearest property line of the private residence, church, school ground or college campus along the most direct route of travel on the ground.

- 1) In a straight line from the front door to the structure from which alcoholic beverages are sold or offered for sale.
- 2) To the front door of the building of a church, government-owned treatment center or retail package store;
- 3) To the nearest property line of the real property being used for school or educational purposes; or
- 4) All renewal applications shall use the measurements required in the initial application and license.

___ A boundary line survey.

___ A boundary line survey shall be prepared by a Georgia Registered Land Surveyor. The following information shall be required on the survey:

- a) Building location with boundaries of property.
- b) Indicate location of main/front entrance of building to determine appropriate distance requirements.
- c) Name, address, telephone number of applicant.
- d) Date of survey, graphic scale and north arrow.
- e) Location of tract (land district and land lot) and acreage.
- f) Signature and certification statements as listed below on survey for related alcoholic beverage use.
- g) Include one (1) of the certification statements as listed below on survey for related alcoholic beverage use:

___ Certified that RETAIL SALES (Distilled Spirits) is not located within 100 yards of a church building or within 200 yards of any school building, school grounds, or college campus, or in or within 100 yards of any alcohol treatment center owned or operated by the State of Georgia or any county or municipal government therein.

___ Certified that RETAIL SALES (Beer and Wine) is not located within 100 yards of a school building, school grounds, or college campus, or in or within 100 yards of any alcohol treatment center owned or operated by the State of Georgia or any county or municipal government therein.

___ Certified that ON-PREMISES CONSUMPTION is not allowed within 100 yards of the property line of a private residence on the same side of the street (applicable to both intersecting streets of a corner lot) as the proposed store, unless such residence is in a commercial district.

___ Certified that ON-PREMISES CONSUMPTION is not allowed within 100 yards of the property line of any public library or public park which is on the same side of the street as the proposed store.

___ Certified that ON-PREMISES CONSUMPTION is not allowed within 200 yards of the property line of a convict camp, penitentiary or other penal or corrective institution where prisoners are confined by the City, county or the state.

___ Certified that ON-PREMISES CONSUMPTION is not allowed within 1,500 feet of any zoned property and a night club.

Surveyor Signature

Date



COMPLETE THE FOLLOWING AFFIDAVIT ONLY IF YOU HAVE SUNDAY SALES

AFFIDAVIT FOR SUNDAY SALES

I _____ hereby affirm in consideration for the privilege of selling malt, wine or alcoholic beverage on Sundays from 12:30 p.m. until 2:00 a.m. The establishment in which the sales of spirituous liquor, beer, wine and alcoholic beverages are to be made is in full compliance with the ordinances of the City of Doraville regulating such sales, and all applicable state law. I further affirm that the City of Doraville may audit our records to verify same at its discretion.

Date

Signature
(Licensee as listed on current privilege license application)

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____/____/____



BEER WHOLESALE EXCISE TAX RETURN

License Number: _____ Month of: _____

Business Name: _____

Business Address: _____

Occupation Tax Placard Number: _____ Year: _____

Each wholesaler selling malt beverages to dealers selling malt beverages within the City of Doraville, must collect a specific tax in the amount of \$0.05 per 12 ounces, or proportionate part thereof, as a graduate said amount of tax on smaller containers, and an excise tax on draft beer of \$6.00 per container of not more than 15 ½ gallon size, or proportionate part thereof, with a bulk container commonly used for tap or draft beer sold by each wholesale dealer within the City. This tax is due and payable to the City monthly on or before the 15th day of the month following the month the tax was collected. Failure to pay by the due date will subject the licensee to the penalty and interest on the tax due. Remittance shall be accompanied by a statement under oath from a responsible person employed by the wholesaler showing the total sales of each type of malt beverages, by size and type of container, constituting a beginning and ending inventory for the month, sold to every person holding a retail license for the sale of malt beverages in the City of Doraville. Returns remitted by mail must be postmarked by the 15th of the month. For example, the tax collected for the month of January is due and payable on or before February 15th.

Size of Container	Beginning Inventory	Ending Inventory	Total Sold	Tax Per Container	Tax Due:
7oz.				\$0.0292	
8oz.				\$0.0333	
12oz.				\$0.0500	
14oz.				\$0.0583	
16oz.				\$0.0667	
32oz.				\$0.1333	
½ barrel (15 1/2 gallon)				\$6.00	
1 barrel (31 gal.)				\$12.00	

This return is subject to audit:

1. Multiply columns 4 and 5 to determine tax due amount payable (column 6) \$ _____
2. Penalty (add 15% of column 6 if submitted after the 15th of the month) \$ _____
3. Total Amount Due: \$ _____

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Print Name: _____

Date: _____

Signed: _____

Title: _____

Contact Phone: _____

Fax: _____

Please return this form with remittance to:

**City of Doraville – Attention: City Clerk
3725 Park Ave. Doraville, Georgia 30340**



RETAIL EXCISE TAX RETURN ON LIQUOR BY THE DRINK

License Number: _____ Month of: _____
 Business Name: _____
 Business Address: _____
 Occupation Tax Placard Number: _____ Year: _____

There is imposed and levied upon every sale of an alcoholic beverage containing distilled spirits purchased by the drink in the City of Doraville, a tax in the amount of three percent (3%) of the purchase price of said beverage. Every person and/or business licensed for on-premises consumption of distilled spirits in the City of Doraville shall collect and remit a tax of three percent (3%) of the purchase price of said beverages. This tax is due and payable to the City of Doraville monthly on or before the 20th day of the month following the month the tax was collected. When paid on or before the 20th of the month, the licensee may deduct and retain three percent (3%) of the first \$3,000 of tax and one-half percent (1/2 %) of the amount of tax in excess of \$3,000 as a vendor's credit. Failure to pay by the due date will result in the loss of the vendor's credit and will subject the licensee to the penalty and interest on the tax due. The penalty is fifteen percent (15%) of the amount due. The interest rate is 1% per month or fraction thereof on the delinquent tax.

Inventory Reporting: Listing inventory purchases from licensed wholesalers for this period. You may use a separate sheet of paper and attach if necessary. (Records will be matched against wholesale delivery reports.)

Wholesaler name	Liters or Ounces	Pouring Information (liquor only)
Dixie Bottle	_____	_____
Empire Dist.	_____	_____
General Whls.	_____	_____
Georgia Crown	_____	_____
McKesson Liquors	_____	_____
National Dist.	_____	_____
United Dist.	_____	_____
State Whls.	_____	_____
Other	_____	_____
Total Purchased:	_____	_____

This return is subject to audit:

1. Gross Sales of liquor-by-the drink	\$ _____
2. Tax (3% of line 1)	\$ _____
3. Vendor's Credit (deduct 3% of first \$3,000 of amount on line 2, and 1/2 % of amount in excess of \$3,000 on line 2 (if paid on or before the 20 th))	\$ _____
4. Penalty (add 15% of line 2, if delinquent)	\$ _____
5. Interest (add 1% compounded for each month or fraction thereof of line 2 + line 4, delinquent)	\$ _____
TOTAL AMOUNT DUE:	\$ _____

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Print Name: _____ Date: _____
 Signed: _____ Title: _____
 Contact Phone: _____ Fax: _____

Please return this form with remittance to: **City of Doraville – Attention: City Clerk
 3725 Park Ave. Doraville, Georgia 30340**



ALCOHOLIC BEVERAGE WHOLESALE EXCISE TAX RETURN
(WINE AND/OR DISTILLED SPIRITS)

License Number: _____ Month of: _____

Business Name: _____

Business Address: _____

Occupation Tax Placard Number: _____ Year: _____

The excise taxes imposed by this division shall be collected by wholesalers selling alcoholic beverages to persons holding retail licenses for sale to the same, in the City of Doraville. Said excise taxes shall be collected by wholesalers at the time of the wholesale of such beverages. It shall be the duty of each wholesaler or remit the proceeds so collected, on or before the 15th of each month for the preceding calendar month. This remittance shall be accompanied by a statement under oath from a responsible person employed by the wholesaler showing the total sales of each type of wine and alcoholic beverage, by volume and price, disclosing for the preceding calendar month exact quantities of wine and alcoholic beverages, by size and type of container, constituting a beginning and ending inventory for the month, sold to every person holding a retail license for the sale of wine and alcoholic beverages in the City of Doraville, Failure to file such a statement or to remit the tax collected on or before the 15th day of each month, shall be grounds for suspension or revocation of the license provided by the chapter. Failure to pay by the due will subject the licensee to the penalty and interest on the tax due. The excise tax levied on the sale of distilled spirits by the package, at the wholesale level, is hereby set at the rate of \$0.00 per liter of distilled spirits, excluding fortified wines, and a proportionate tax at like rates on all fractional parts of a liter. The excise tax levied on the first sale or use of wine by the package is hereby set at \$0.22 per liter, and a proportionate tax at like rates on all fractional parts of a liter.

This return is subject to audit:

1. Liters sold of distilled spirits	_____	x	\$ _____
2. Liters sold of wine	_____	x	\$ _____
3. Penalty (add 15% of line 1 if submitted after the 15 th of the month)		+	\$ _____
TOTAL AMOUNT DUE:			\$ _____

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Print Name: _____

Date: _____

Signed: _____

Title: _____

Contact Phone: _____

Fax: _____

Please return this form with remittance to:

City of Doraville – Attention: City Clerk
3725 Park Ave. Doraville, Georgia 30340
(770) 451-8745



ALCOHOL BEVERAGE FINANCE REPORTING CERTIFICATION

Name of Establishment: _____

Address of Establishment: _____

Owner: _____

CERTIFICATION

The following information must be provided for prior calendar year, or such lesser period, during which the establishment has been opened in the City.

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge, the figures presented below represent the accurate figures for the period specified.

Date

Signature

Title of Preparer

Information is provided for the _____ year.

Gross receipts, not including alcohol sales: \$ _____

How are your receipts separated? In other words, how do you know how much you sell in alcohol and how much you sell in other products?



AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Doraville, Georgia Business License or Occupation 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 Doraville Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for:

[Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

- 1. I am a United States citizen

Or

- 2. I am a legal permanent resident 18 years of age or older or I am an otherwise 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.*

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 Code Section 16-10-20 of the Official Code of Georgia.

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

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: _____

O.C.G.A. § 50-36-1 (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 who do not have an alien registration number may supply another identifying number below.

Alien Registration Number for Non-Citizens: _____

