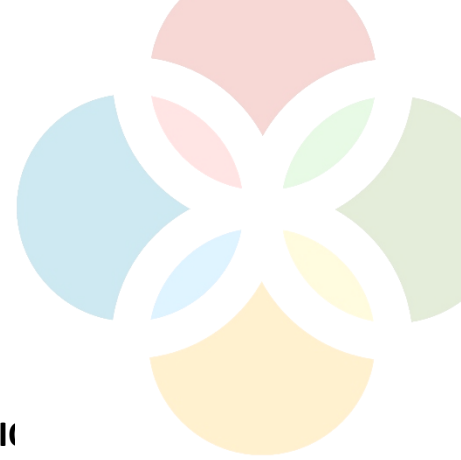




3725 Park Avenue ♦ Doraville, Georgia 30340 ♦
 770.451.8745 ♦ Fax 770.936.3862 ♦
www.doravillega.us



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 APPLICATIONS 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** _____

| Type of Business | | |
|---------------------------------------|--|--------------------------------|
| 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"/> | |

| STAFF USE ONLY | | |
|------------------------------|-------------------------------|-----------------------------|
| Tax Parcel ID Number: | _____ - _____ - _____ - _____ | Zoning District: |
| Received by: | Amt. Rec.'d: | Date: |
| Police Department Approval: | | Date: |
| Alc Lic. Number: | OTC Lic. Number: | (GA) Alco Bev. Lic. Number: |

Alcohol Beverage Package or Consumption License Checklist:

Required Documents

- Applicant Information (Complete Application Form)
- If license required by State of Georgia, copy of **Individual or Business State License**
- Copy of applicant's **State–or Federally-Issued Photo ID**
- SAVE Affidavit Form (non-citizens)
- Background Check Consent Form for any and all owners or partners*
- Background Check Consent Form for Registered Agent**
 - Signed & Notarized Affidavit for Applicant
 - 2 Passport photos for of the Registered Agents
 - State or Federally Issued Photo ID
- Lease Affidavit, or proof of ownership of premises
- 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/partner/agent

#of owners/partners/agent ()

| | | |
|---|--|-------|
| <input checked="" type="checkbox"/> Administration Fee (Annual) | _____ \$100.00 _____ | _____ |
| <input checked="" type="checkbox"/> Background Check Fee (Annual) | _____ \$100.00 per owner/partner/agent _____ | _____ |
| <input checked="" type="checkbox"/> Registered Agent BG (Annual) | _____ \$100.00 _____ | _____ |
| <input checked="" type="checkbox"/> Employee Permit Fee (Annual) | _____ \$50.00 _____ | _____ |
| <input type="checkbox"/> Employee Pouring 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"/> Distilled Spirits | _____ \$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 Administration 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

Mailing 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# |

ADDITIONAL INFORMATION

Have you ever been arrested or held by Federal, State, or other Law-Enforcement Authorities, for any violation (except traffic violations) of any federal law, state law, county or municipal law, regulation, or ordinances? A criminal background investigation will be conducted to verify this information. No Yes

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:

Has the ownership or any interest in the business changed within the last year? No Yes **If yes, please complete a new Alcoholic Beverage License Application*

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 |
|----------------|--------------|-------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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: ____ / ____ / ____

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____ / ____ / ____



Registered Agent Form



AGENT INFORMATION

NAME: _____
FIRST MI LAST

DRIVERS LICENSE NUMBER (ATTACH COPY) _____

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

BUSINESS NAME: _____

ADDRESS

CITY/ST/ZIP

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.

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.** Please attach a cashier's check or money order for \$100.00 payable to City of Doraville to cover the background investigation. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license.

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. **I also consent to the required criminal background investigation in order to serve as a registered agent.**

Signature of Agent: _____ Date: _____

Signature of Owner/Officer: _____ Date: _____

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____

NOTARY PUBLIC

My commission expires: _____

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***).

AFFIDAVIT CERTIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this Affidavit under oath, as an applicant for an Occupational Tax Certificate or other public benefit from the City of Doraville, Georgia, as referenced in O.C.G.A. Section 50-36-1, I state that that I, _____ [name of natural person applying on behalf of individual, business, corporation, partnership or other private entity],

Are you a U.S. Citizen? Yes No If no, you will need to have your Green Card available.

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

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: _____/_____/_____

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: _____

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: _____

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

Street Address: _____

City: _____ State: _____ Zip: _____

Business Name: _____

Business Address: _____

Signature of Applicant: _____ Date: _____

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____

NOTARY PUBLIC
My commission expires: _____