



CHECK-OFF LIST FOR ALCOHOLIC BEVERAGE LICENSE

ALL APPLICANTS:

- APPLICATION – All blanks must be completed, signed, and notarized.
- PERSONNEL STATEMENTS – Required on sole proprietor, all partners, all stockholders with more than 10% ownership, all corporate officers and all managers. Original pictures are required on each form. Make additional copies of form as needed for additional owners.
- S.A.V.E. AFFIDAVIT – Must be notarized and a copy (front and back) of approved document attached.
- PRIVATE EMPLOYER AFFIDAVIT – Must be notarized – please make sure you complete the section applicable to your business – 10 or fewer employees OR 11 or more employees.
- REGISTERED AGENT FORM – Registered agent must reside in DeKalb County.
- AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF REGISTERED AGENT RESIDENCE – Must be notarized.
- LEGAL SURVEY – Scale drawing showing business location and completion of enclosed SURVEYOR'S CERTIFICATE.
- FLOOR PLAN DRAWING – Businesses to be licensed for consumption on premises must show kitchen and customer area; convenience stores, grocery stores, gas, drug or dry goods must show 80% floor space and storage area devoted to the retail sale of other products.
- PAYMENT – Prorated on number of remaining months in calendar year; any portion of a month is counted as a full month.
- OCCUPATIONAL TAX CERTIFICATE APPLICATION – Submitted to the City Clerk's Office with required documents.
- REVIEW OF ALCOHOL ORDINANCE and the following notes:
 1. It is advisable that applicants of any business, liquor, beer and/or wine licenses make no expenditures, sign no contracts nor obligate themselves in any manner without first making themselves aware of all requirements for State and City Code compliance.
 2. Handling permits required.
 3. Chamblee Code Section 6-46(d) states "For the purpose of this section, distance shall be measured by the most direct route of travel on the ground. Every license application shall include a scale drawing of the location of the proposed premises showing the distance of the uses described in this section, and a certificate of a registered land surveyor or professional engineer stating that the location complied with the distance requirements of this section. "

CONSUMPTION ONLY:

- COPY OF MENU
- LIST OF EMPLOYEES
- LIST OF WHOLESALE DISTRIBUTORS – Cannot purchase and re-sell alcohol from retail establishment (i.e. Sam's, Costco, B.J.'s etc.).

WHOLESALE ONLY:

- PERFORMANCE BOND
- LIST OF EMPLOYEES

AFTER INITIAL SUBMISSION:

- STATEMENTS OF CLEARANCES – Released to the City Clerk from CHIEF OF POLICE after an onsite and background check. (Background checks required on applicants, licensees, managers applicant/licensee will be a sole proprietor, major partner or majority stockholder, if an individual, otherwise the corporation's registered agent).
- STATE ALCOHOL LICENSE – Returned by applicant once received from the state.



PRIVILEGE LICENSE APPLICATION

INSTRUCTIONS: Every section must be fully and correctly answered. If space provided is not sufficient, provide the information on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed, it must be dated, signed, and verified, under oath by the licensee and filed with the City Clerk, 5468 Peachtree Road, Chamblee, GA 30341, together with all supporting papers and Cash, Credit Card, Money Order, Cashiers or Certified Check for the exact fees. The license for which this application is given will be issued jointly to the Licensee and Owner (if corporation in the name of the corporation, if partnership in the name of all partners and if single proprietor in the name of the proprietor).

Check one: New Location New Licensee New Ownership Other Changes (Specify) _____

TYPE OF BUSINESS Check one:

Package Store Grocery Store Restaurant Convenience Store Country Club
 Art Shop Performing Arts Facility Manufacturer Other (specify): _____

TYPE OF LICENSE: Retail/Package Wholesaler Consumption on premises Manufacturer

	Annual Fee	Monthly Fee		*Months	=	Fee Due
(1) Liquor/Beer/Wine	\$5,000	\$416.67	x	_____	=	\$ _____
(2) Beer/Wine	\$2,500	\$208.34	x	_____	=	\$ _____
(3) Beer Only	\$1,250	\$104.17	x	_____	=	\$ _____
(4) ** Sunday Sales	\$1,700	\$141.67	x	_____	=	\$ _____
(5) Art Shop	\$ 500	\$ 41.67	x	_____	=	\$ _____
(6) Performing Arts Facility	\$1,000	\$ 83.33	x	_____	=	\$ _____
(7) Manufacturer	\$ 500	\$ 41.67	x	_____	=	\$ _____

Administrative and Investigation Fee: \$200.00
 Fingerprinting Fee: \$50 x _____ = \$ _____
 Total Due: \$ _____

*LICENSES ARE ISSUED ONLY FOR NUMBER OF MONTHS REMAINING IN CALENDAR YEAR. ANY PARTIAL MONTHS SHALL BE COUNTED AS A FULL MONTH. LICENSE FEES ARE NOT REFUNDABLE.
 **SUNDAY SALES PERMITS ARE ISSUED ONLY TO CONSUMPTION ON PREMISES ESTABLISHMENTS. NEW ESTABLISHMENTS ARE GIVEN 6 MONTHS TO COMPLY WITH THE 50% FOOD SALES OF TOTAL GROSS FOOD AND BEVERAGE SALES; INITIALLY NO AFFIDAVIT IS REQUIRED.

Owner/Licensee's full name (Last, First, Middle Initial)	Owner/Licensee Social Security Number	Owner/Licensee Date of Birth
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Owner/Licensee's home address (Street, City, State, Zip Code) _____

Owner/Licensee's phone number	Owner/Licensee email address
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Business Name _____

Doing Business As (If applicable – This is the name that will appear on the license)	Business Phone
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Business Location (Street, City, State, Zip Code) _____

Business Mailing Address (Street, City, State, Zip Code) _____

Federal Employer Identification Number	Georgia Sales Tax Number	State Withholding Number
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Type of Ownership: Sole Proprietor Partnership or Association Corporation Type of Corporation Place of Incorporation

Partner(s)/Corporate Officers (Names & Residence Addresses)	% Interest	Social Security Number

For Office Use Only:

\$ _____ Fingerprinting Fee \$ _____ Investigation Fee \$ _____ License Fee \$ _____ Total Paid _____ Check Number _____ Date Sent to PD



PRIVILEGE LICENSE APPLICATION (Continued)

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Licensee understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

State of Georgia, _____ County

I, _____, Licensee, 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 City License, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicant's Signature

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

This _____ day of _____ 20____

Notary Public

(Seal)

My Commission Expires



PERSONNEL STATEMENT

Instructions: This personnel statement must be executed under oath, by the licensee, all owners, managers, and officers and/or directors of the corporation of any place of business applying for an alcoholic beverage license. Each question must be fully answered. If space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. A personnel statement for all the above persons must be submitted with each license application.

1. Full Name _____

2. Full name and address of business of which this personnel statement is a part:

3. Position of applicant in business: _____
State ownership or interest if any in this business: _____
Salary or annual compensation: _____

4. 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?: _____
If yes, give names and locations and amount of interest in each: _____

5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? _____
If so, give details: _____

6. Has any alcoholic beverage business in which you hold, or have held, any 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 relating to the sale and distribution of alcoholic beverages? _____ If so, give details: _____

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

8. Have you ever been denied bond by a commercial security company? _____ If so, give details: _____

9. Are you a registered voter? _____ In what State? _____ In what County? _____

10. Other names used by applicant: Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used: _____

11. Home address _____ Home Phone _____ - _____ - _____
Business address _____ Business Phone _____ - _____ - _____

12. Social Security Number _____ - _____ - _____

13. Place of Birth _____ Date of Birth ____/____/____ U.S. Citizen _____ By Birth _____
Naturalized _____ Date, Place and Court _____ Certificate No. _____
Petition No. _____ Derived Parents Certificate No. _____ Alien Register No. _____
Native Country _____ Date and Port of Entry ____ - ____ - ____ / _____

14. Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

15. If married or separated, complete the below requested information on spouse/partner:
Full name of spouse: _____ Social Security No. _____ - _____ - _____
Birth Name: _____ Date of Birth: _____ - _____ - _____



PERSONNEL STATEMENT (Continued)

16. Employment Record for the past ten years (Give most recent experience first):

Dates Employed (from/to)				Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
Month	Year	Month	Year				

17. List in reverse chronological order, all of your residences for the past ten years:

Dates		Street	City	State
From	To			

18. Have you ever been arrested, or held by Federal, State or other law-enforcement authorities, for any violation of federal law, state law, county or municipal law, regulation or ordinances? (Do not include traffic violations. All of the charges must be included, even if they were dismissed. Give reason charged or held, date, place where charged, disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest).

19. Race _____ Sex _____ Height _____ Weight _____ Age _____ Hair Color _____ Eye Color _____

20. Attach photograph (front view) taken within the past year.

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's Signature

I hereby certify that _____ signed his/her name to the foregoing application stating to me that he/she knew and 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.

This _____ day of _____, 20_____.

Notary Public

My Commission Expires

(Seal)



S.A.V.E AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act O.C.G.A. § 50-36-1(e)(2)

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

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following:

- I am a United States citizen, or
(Must include a copy of either current State Driver's License, Passport, Military ID, or other approved document*.)
- I am a legal permanent resident of the United States**, or
(Must include a copy of your Permanent Resident Card or other approved document*.)
- 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 your Employment Authorization Card or other approved document*.)

**My alien number 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.

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.

Executed in _____ (City), _____ (State).

Signature of Applicant

Date

Printed Name of Applicant

SCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20__.

NOTARY PUBLIC

(Seal)

My Commission Expires

*A complete list of verifiable documents can be found on the City of Chamblee website under Occupational Tax Certificates or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).



Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, as an applicant for an ALCOHOL LICENSE as referenced in O.C.G.A. §36-30-6(d), from the City of Chamblee, the undersigned applicant representing the private employer known as _____ (Name of Business) verifies one of the following with respect to my application for the above mentioned document:

Section 1:

Choose ONE of the following:

- a. _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. Complete Section 2 and 3 below.
- b. _____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees. Complete Section 3 below.

Section 2:

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number
(This number is between 4-6 digits and does not include letters)

Date of Authorization

Section 3:

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 violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 20__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20__

(Seal)

NOTARY PUBLIC
My Commission Expires:_____



REGISTERED AGENT FORM

BUSINESS NAME

BUSINESS LOCATION

CITY/STATE/ZIP

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of Chapter 6 of the City of Chamblee Code. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of DeKalb County).

This _____ day of _____, 20____

REGISTERED AGENT INFORMATION:

Signature of Agent

_____-_____-_____
Agent Social Security Number

Type or print name of Agent

_____/_____/_____
Agent Birthdate

Agent's Home Address

Agent Sex

_____/_____
Race (Optional)

City, State, Zip Code

OWNER/LICENSEE:

Signature of Licensee

Owner

Officer or Director

(Title)

Officer or Director

(Title)



AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF REGISTERED AGENTS RESIDENCE

STATE OF GEORGIA, _____ COUNTY:

Personally appeared before the undersigned Notary Public one _____
(Name of person having knowledge)

who says, under oath, that he/she is personally acquainted with _____, and
(Name of Registered Agent)

that he/she knows of his/her own knowledge that said applicant has resided in the County of DeKalb, State of Georgia, since

20_____, and is now a resident of said State and County, and from one year prior to _____ day of _____, 20_____, has

resided at _____
(Address of registered agent for past year)

Affiant

Sworn to and subscribed before me,

this _____ day of _____, 20_____

Notary Public

(SEAL)



REPORT OF SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

DATE: _____

TO: CITY CLERK, CITY OF CHAMBLEE

APPLICANT: _____

TRADE NAME: _____

ADDRESS: _____

THE UNDERSIGNED HAS EXAMINED THE SUBJECT LOCATION AND HAS MADE MEASUREMENTS TO DETERMINE THE COMPLIANCE OR NON-COMPLIANCE WITH DISTANCE REQUIREMENTS AS FOLLOWS:

200 YARDS MINIMUM

1. _____ yards to the _____
(school building, school ground, and college campus, this includes kindergarten or churches which have schools or kindergartens) located at _____

100 YARDS MINIMUM

1. _____ yards to the _____
(church or other place used primarily for religious service) located at _____

2. _____ yards to the _____
(alcoholic treatment center) located at _____

3. _____ yards to the _____
(private residence) located at _____

4. _____ yards to the _____
(housing authority) located at _____

Chamblee Code Section 6-46(d) states "For the purpose of this section, distance shall be measured by the most direct route of travel on the ground. Every license application shall include a scale drawing of the location of the proposed premises showing the distance of the uses described in this section, and a certificate of a registered land surveyor or professional engineer stating that the location complied with the distance requirements of this section. "

IN MY OPINION, THE PREMISES INDICATED ABOVE MEET THE DISTANCE REQUIREMENTS FOR LICENSING.

NOTE:
SURVEY SHOWING DISTANCE TO THE
USE ABOVE MUST BE ATTACHED.

GEORGIA REGISTERED LAND SURVEYOR

SURVEYOR NO.

(SEAL)



REVIEW OF ALCOHOL ORDINANCE

I have received a copy and read the City of Chamblee Alcohol Ordinance and acknowledge the Handling Permit Requirement as noted in city code section 6-16 which states:

Sec. 6-16. - Handling permit required.

- (a) An employee handling permit shall be required for:
- (1) Any employee of a package licensee whose primary business is the sale of alcoholic beverages.
 - (2) Any employee of a package licensee who sells alcoholic beverages in a convenience store or service station.
 - (3) Any employee of a consumption on the premises licensee who serves or works in the serving area, including bar or lounge area of the licensed premises, and sells, serves, takes orders for, or handles alcoholic beverages.
- (b) No licensee shall employ any person required to have a handling permit until such person has been fingerprinted or cleared by the chief of police and a permit issued indicating that such person is eligible for this employment. An employee shall meet the same character requirements as set forth in this chapter for the licensee, except for the residency requirements.
- (c) No handling permit shall be issued until such time as a signed application has been filed with the police department and a search of the criminal record of the applicant completed. The application shall include but shall not be limited to the name, date of birth and prior arrest record of the applicant, though the fact of an arrest record shall be used for investigative purposes only and shall give rise to no presumption or inference of guilt. Due to the inclusion of arrest information, these applications shall be regarded as confidential and shall not be produced for public inspection without a court order.
- (d) The chief of police shall have a complete and exhaustive search made relative to any police record of the person fingerprinted or cleared. If there is no record of a violation of this article, the chief of police shall issue a handling permit to the employee, stating that the person is eligible for employment.
- (e) A new search may be conducted on any person issued an employee handling permit if the police department receives information which warrants such a new search. If the new search reveals evidence that warrants revocation of the permit, the permit may be revoked following notice and a hearing.
- (f) When any employee's handling permit is denied or revoked, the chief of police shall issue to the applicant or permit holder a letter stating that the person does not meet the requirements of this chapter and that upon request the chief of police will refer the matter and any evidence the person cares to submit in his behalf to the city manager for consideration.
- (g) All permits issued through administrative error or through an error in completion of a background investigation may be terminated by the chief of police. The chief of police may also revoke an employee's handling permit and demand its return where the employee violated the provisions of this chapter or becomes one who adversely affects the public health, safety, or welfare.
- (h) Only one handling permit per individual will be issued and said permit shall be valid for employment at any establishment within the city. The permit shall be valid for a period of two years and shall be renewed on or before its expiration. The fee for a handling permit shall be set by the city council.
- (i) Any conviction for a violation of the provisions of [section 6-10](#) of this ordinance shall result in the automatic suspension of the handling permit.
- (1) Upon the first offense, a server or handler providing alcoholic beverage to an individual under 21 years of age shall have such individual's handling permit suspended for six months.
 - (2) A second offense within two years shall result in a suspension of the handling permit for one year.
 - (3) A third offense within two years shall result in the forfeiture of the right to sell or serve alcoholic beverages in a licensed establishment in the city.
- (j) All permits issued under this section remain the property of the city, and shall be produced for inspection upon the demand of any officer of the police department. It shall be unlawful for an employee whose handling permit has been revoked and upon whom demand for return of the card has been made to refuse to return the card or to alter, conceal, deface, or destroy the card.

I understand the above requirement and will ensure that all employees meeting the standards shown above will obtain a Chamblee Handling Permit prior to employment.

Licensee's Signature: X _____ Date: _____

Licensee's Printed Name _____



List of Employees and Wholesale Distributors

List the name of your employees below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____

14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____

List the name of your distributors below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



BUSINESS EMERGENCY CONTACT FORM
THIS FORM MUST BE FILLED OUT COMPLETELY

Name of Business

Business Street Address Suite/Apt. # City State Zip Code

Name of Business Owner (Company and/or Individual – Please print)

Business Phone Emergency Phone Cell Phone E-mail

Type of Business (Explain) Size of Business in Square Feet **or** Dimensions

Alarm System: Yes No If yes, Alarm system must be registered with the Chamblee Police Department and a Permit is required.

Hazardous or flammable materials stored on site? Yes No If yes, please list:

IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT (List in the order to be called):

First Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Second Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Third Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Name of Building/Property Owner

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone E-mail