



# CITY OF ALPHARETTA

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## ALCOHOL BEVERAGE LICENSE APPLICATION AND INFORMATION PACKET

*Updated 02/14/2022*

DEPARTMENT OF COMMUNITY DEVELOPMENT

2 PARK PLAZA

ALPHARETTA, GA 30009

[WWW.ALPHARETTA.GA.US](http://WWW.ALPHARETTA.GA.US)

678-297-6070

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# BASIC INSTRUCTIONS FOR COMPLETING THIS APPLICATION

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- The application must be completed in its entirety. **Incomplete applications will not be reviewed, and we cannot complete any portion of this application for you.** If the space provided is not sufficient to fully and correctly answer a question, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached.
- A \$400 application / investigation / advertising fee must accompany your application at the time of submission. Money orders, cashier's checks, or certified checks made payable to the City of Alpharetta are acceptable forms of payment. American Express, Mastercard, and Visa are also accepted.
- At the time of submission the completed application must be dated, signed and verified, under oath, by the applicant.
- Completed applications and application fee must be delivered to the Department of Community Development, located on the ground floor of City Hall at 2 Park Plaza, Alpharetta, GA 30009.

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## A WORD ON LICENSE FEES

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- Licenses granted prior to July 1st shall pay the license fee for the entire year.
- Licenses granted after July 1st are issued for only the number of months remaining in the year. The license fee will be pro rated accordingly, and the license will be due for renewal at the end of the year at the regular rate.
- Any partial months will be counted as a full month.
- License fees are non-refundable.

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## KEY CONTACTS

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- **LICENSE AND PERMIT ENFORCEMENT**

Please direct all questions regarding Alcohol Licensing or License Enforcement to [AlcoholLicense@alpharetta.ga.us](mailto:AlcoholLicense@alpharetta.ga.us).

- **Alcohol LICENSE**

Tel: 678-297-6086

EMAIL: [AlcoholLicense@alpharetta.ga.us](mailto:AlcoholLicense@alpharetta.ga.us)

- **APPLICATION HEARINGS**

City Clerk's Office  
Kiersten VanHorn  
Assistant City Clerk  
[kvanhorn@alpharetta.ga.us](mailto:kvanhorn@alpharetta.ga.us)  
Tel: 678-297-6000

- **MAILING ADDRESS**

Department Of Community Development  
Attn: Alcohol Licenses  
2 Park Plaza  
Alpharetta, GA 30009

# CHECK LIST FOR COMPLETING APPLICATION PACKET

*This checklist is provided for your information and convenience. We recommend that, once you have completed your application packet, you review your answers and materials; comparing that information with the checklist below. Only when you are able to checkoff every item in the list below will your application packet be complete and ready to be submitted.*

- Application: All forms must be completed, signed, and notarized.
- Entity Documents: Articles of Incorporation and/or Organization detailing the company organizational structure, Fulton County dba filing (if applicable, and company organization chart.
- Personal Statement: Required for sole proprietor, all partners, all corporate officers and/or members, all corporate shareholders with 10% or more ownership, all managers, and the registered agent. **NOTE: An original photograph of the individual is required to accompany each form.**
- Copy Of Drivers License: Required for all persons completing a Personal Statement.
- Fingerprinting: All applicants and Registered Agents are to be fingerprinted by Georgia Application Processing Services (GAPS). You will be provided instructions for fingerprinting upon acceptance of a completed application and application fee.
- Affidavit Of Immigration Status: Required for all persons completing a Personal Statement.
- Registered Agent Form: Registered agent must reside within Fulton County, Georgia.
- Copy Of Property Lease
- Legal Survey: Scale drawing showing the business location. **Must have been completed within last 48 months.**
- Surveyors Certificate: Completion of form included with the packet.
- Floor Plan Drawing: Establishments applying for a consumption on premises license must show kitchen and customer area. Growlers, convenience stores, grocery stores, gas, drug, or dry goods stores all must show 80% floor space and storage area devoted to the retail sale of products other than alcohol beverages.
- Copy Of Menu: Required for consumption on premises license applicants only.
- Performance Bond: Required for wholesale license applicants only.
- Application Fee: By credit card or by check (money orders, cashier's checks, or certified checks; no personal or business checks) made payable to the City of Alpharetta are acceptable forms of payment.

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# REVIEW OF CODE AND FOLLOWING NOTES

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- It is advisable that applicants for any business, liquor, beer, and/or wine license do not sign any contracts or make any expenditures and/or obligations in any other manner without first making themselves aware of all requirements for compliance with City of Alpharetta Ordinances and the Laws of the State of Georgia.
- All applicable distance requirements for liquor, beer and/or wine licenses are to be measured as follows:
  - For premises that are located or proposed to be located in the central business district (as defined in section 1.4.2 of the Unified Development Code), distance shall be measured from such residence, library, property line, park or school bus stop by the straight line distance to the nearest public sidewalk, street or highway, then along such sidewalk, street or highway by the nearest route to the front door of the premises from which alcoholic beverages are to be sold.
  - For premises that are located or proposed to be located in all other areas of the city, distance shall be measured from such residence, library, property line, park or school bus stop by the straight line distance to the point of the premises nearest to such residence, library, property line, park or school bus stop.
- Any police, zoning, health and fire clearances must be approved in writing by the appropriate departments and sent to the Department of Community Development - Business License Division before your application for a license can be processed.
- Any questions that you may have for your particular situation with regard to the interpretation of City of Alpharetta Ordinance or its application must be submitted in writing to the Department of Community Development. Your questions will be reviewed and answered in writing, as appropriate. You must not rely on verbal interpretations of City Codes or Ordinances or verbal opinion with regard to their application to your particular situation.
- In addition to the City of Alpharetta license, a State license is required. Please contact the [Georgia Department of Revenue](#) for assistance.
- Refer to Chapter 4 of the [Alpharetta Code of Ordinances](https://library.municode.com/ga/alpharetta/codes/code_of_ordinances) (https://library.municode.com/ga/alpharetta/codes/code\_of\_ordinances) for further information.

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## ALCOHOL PERMITS REQUIRED FOR SERVICE EMPLOYEES

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- All employees serving, pouring, taking orders for and/or delivering alcoholic beverages must obtain an Alcohol Permit from the Alpharetta Department of Public Safety by visiting 2565 Old Milton Parkway in person. A background check and fingerprinting is required.
- Fingerprinting By Appointment Only
  - Located at Alpharetta Department of Public Safety. Please visit their interactive website (<https://p2c.alpharetta.ga.us/p2c/>) and select "Schedule Your Appointment Here."
- Alcohol Beverage Server Fee
  - Permit Fee: \$50



# CITY OF ALPHARETTA

## ALCOHOL BEVERAGE LICENSE FEE SCHEDULE

### ADMINISTRATIVE / INVESTIGATIVE FEES

*NOTE: Applicable only to NEW licenses. Not applicable to license renewals. Must be paid at time of application.*

- 1. License: Application, Investigative and Advertising Fee \$ 400.00

Advertisements run in the Alpharetta Roswell Herald two (2) weeks prior to the scheduled Public Hearing date for all new applications.

### LICENSE FEES: CONSUMPTION ON PREMISES

- 1. Private Clubs (As defined in Alpharetta Code - Chapter 3, Section 1.031)
  - A. Beer and Wine \$ 750.00
  - B. Liquor \$ 750.00
  - C. Sunday Sales \$ 500.00
- 2. Restaurants
  - A. Beer, Wine and Liquor \*\*\* \$ 3,500.00  
*\*\*\* Plus 3% of liquor sales. Payment of the 3% must be made monthly.*
  - B. Beer Only \$ 750.00
  - C. Wine Only \$ 750.00
  - D. Sunday Sales \$ 500.00

### LICENSE FEES: PACKAGE SALES

- 1. Liquor \$ 2,000.00
- 2. Beer \$ 1,000.00
- 3. Wine \$ 1,000.00
- 4. Growlers \$ 1,000.00

### LICENSE FEES: SPECIALTY GIFT SHOPS

- 1. Beer \$ 300.00
- 2. Wine \$ 300.00

### LICENSE FEES: DISTRIBUTORS

- 1. Liquor \$ 4,000.00 + \$1.70 per Case
- 2. Beer \$ 2,000.00 + \$1.00 per Case
- 3. Wine \$ 2,000.00 + \$1.00 per Case

### LICENSE FEES: MANUFACTURERS

- 1. Brewery \$ 500.00
- 2. Distillery \$ 500.00



### CONTACT INFORMATION

Business Name: \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact Mobile: \_\_\_\_\_

### LICENSE INFORMATION

Please select the most appropriate response. This application is being filed due to:

- New Location
- New License
- New Ownership
- Other. Please specify. \_\_\_\_\_

Please select the category that best describes the business for which this application is being submitted.

- Package Store
- Convenience Store
- Private Club
- Restaurant
- Super Market
- Specialty Shop
- Brew Pub
- Other. Please specify. \_\_\_\_\_

Please indicate the type of license for which you are applying (check all that apply):

- Retail Package Sales
- Wholesale / Distributor
- Manufacturer / Brewery
- Consumption On Premises
- Specialty Gift Shop
- Complimentary Service

Selling the following (check all that apply):

- Beer
- Growlers
- Wine
- Sunday Sales
- Distilled Spirits

*Establishments selling liquor must also collect and file a mixed drink tax return monthly.*

### THIS SECTION FOR CITY STAFF USE ONLY

Please select from the list at right each type of alcohol sales that apply to the business for which this application is being submitted. If you intend to sell both wine and beer / malt beverages, please select the "Beer and Wine" category rather than selecting the individual "Beer" category and "Wine" category.

Please reference the fee schedule on the previous page to determine the appropriate fee for each category and your business type.

- Liquor                      Amount Due \_\_\_\_\_
- Beer                              Amount Due \_\_\_\_\_
- Wine                              Amount Due \_\_\_\_\_
- Beer and Wine                Amount Due \_\_\_\_\_
- Sunday Sales                 Amount Due \_\_\_\_\_
- Brewery                         Amount Due \_\_\_\_\_
- Growler                         Amount Due \_\_\_\_\_
- Complimentary Service     Amount Due \_\_\_\_\_
- Distillery                       Amount Due \_\_\_\_\_

TOTAL  
AMOUNT  
DUE  
\_\_\_\_\_



# CITY OF ALPHARETTA

## ALCOHOL BEVERAGE SALES & SERVICE APPLICATION FORM

1. Every question must be fully and completely answered.
2. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached.
3. When completed, the application form must be dated, signed, and verified under oath by the licensee.
4. The completed form and payment must be filed with the Department of Community Development, located on the ground floor of Alpharetta City Hall at 2 Park Plaza, Alpharetta, GA 30009.

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ GA Sales Tax #: \_\_\_\_\_ GA Withholding #: \_\_\_\_\_

Ownership Type (Select One):  Sole Proprietor  Partnership or Association

Corporation Name of Corporation: \_\_\_\_\_

In the space provided list all partners, corporate officers, shareholders (owning 10% of shares or greater), and managers associated with the business for which this application is being submitted. For each individual identified, you must provide their name, address of residence, telephone number, date of birth, social security number, and percentage of interest in the business. If the space provided is insufficient, please indicate "reference attached sheets" in the space below and attach the additional pages (typed information only) as needed.

In the space provided list all other individuals (not listed in the previous response) who have any interest in the application. For each individual identified, you must provide their name, address of residence, telephone number, date of birth, social security number, and percentage of interest. If the space provided is insufficient, please indicate "reference attached sheets" in the space below and attach the additional pages (typed information only) as needed.

Does the licensee, partner, corporation or owners have any ownership interest in any other business licensed to sell or serve alcohol in the State of Georgia?

Yes

If you responded "yes", please list the name and location (including city) of each such business.

No

Will entertainment be provided at the business location that is the subject of this application?

Yes

No

If you answered "yes" to the previous question, you must provide a reasonable description as to the type and/or nature of the entertainment to be provided and an approximation as to frequency.



In the space provided below, please indicate all individuals who are providing capital for the subject business, their mailing address, and the total amount of capital they are investing.

First And Last Name	Mailing Address	Capital Invested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PROPERTY INFORMATION

### Building Owner

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Land Owner

If same as Building Owner, check here and proceed to next question.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Lessor \*\*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Amount Of Rent Paid (Per Month): \_\_\_\_\_ \*\* Attach one copy of corresponding lease.

### Sub Lessor \*\*

Check here if there is no sub-lessor.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Amount Of Rent Paid (Per Month): \_\_\_\_\_ \*\* Attach one copy of corresponding lease.

Before proceeding to the next page, please revisit the answers and information that you have provided in this application to ensure they are accurate and complete. Also, please reference the check list provided on page 3 of the application packet and ensure that you have collected and attached all required documents, surveys, and other information. If, in the course of answering the questions in this application form, you have attached additional pages, please make certain that those pages are clearly labeled to indicate the corresponding question.

Once you have fully reviewed your completed application packet in the manner described above, please proceed to the next page to sign under oath the application.

This statement is to be executed under oath and is subject to the penalties for false swearing.  
This page must be completed and signed in the presence of the Notary Public  
certifying its execution.

State Of Georgia, \_\_\_\_\_ County

*I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Application for Alcoholic Beverage Sales and Service and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application.*

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date Of Application

\_\_\_\_\_  
Applicant's Signature

*I hereby certify that \_\_\_\_\_ signed her / his name to the foregoing application stating to me the he /she knew and understood all statements and information contained therein and, under oath actually administered by me, has sworn that said statements and information are true and correct.*

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

\_\_\_\_\_  
Notary Public - Printed Name

\_\_\_\_\_  
Notary Public - Signature



**CITY OF ALPHARETTA**  
**AFFIDAVIT VERIFYING LEGAL IMMIGRATION STATUS**  
**THIS AFFIDAVIT MUST BE NOTARIZED**

O.C.G.A. § 50-36-1 states that an agency or political subdivision providing or administering a public benefit shall require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States.

By executing this affidavit under oath, as an applicant for a City of Alpharetta public benefit, I hereby state the following with respect to my application for (please check one):

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Alcohol Beverage License or Permit      | Business Name: _____ |
| <input type="checkbox"/> Pawn / Precious Metal License or Permit | Business Name: _____ |
| <input type="checkbox"/> Taxi Cab License or Permit              | Business Name: _____ |
| <input type="checkbox"/> Massage and Spa License or Permit       | Business Name: _____ |
| <input type="checkbox"/> Solicitation Permit                     | Business Name: _____ |

I am a United States citizen. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a United States citizen 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

OR

I am a legal permanent resident. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a legal permanent resident 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\*\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

OR

I am a qualified alien or non-immigrant. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a qualified alien or non-immigrant under the federal Immigration and Nationality Act, Title 8 U.S.C. with an alien number issued by the Department of Homeland Security or other federal immigration agency, and is 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\*\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

Applicant's alien number issued by the Department of  
Homeland Security Or other federal immigration agency \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Printed Name of Applicant

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

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

\_\_\_\_\_  
My Commission Expires

\*Documents include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

\*\*Documents include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website:

<http://law.ga.gov/immigration-reports>.

CITY OF ALPHARETTA  
PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)

THIS AFFIDAVIT MUST BE NOTARIZED

By executing this affidavit under oath, as an applicant for an Alcohol Beverage License as referenced in O.C.G.A. § 36-60-6(d), from the City of Alpharetta Georgia, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application for the above mentioned document.

Printed Name Of Private Employer: \_\_\_\_\_

Section 1: Please select ONE of the following.

- Employs more than ten (10) employees (total employees for Individual, Firm or Corporation). Please complete section 2 below and sign/notarize at the bottom.
- Employs ten (10) or fewer employees (Individual, Firm, or Corporation). Do not complete Section 2. Please sign/notarize at the bottom.

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

Date Of Authorization

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*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 allowed by such statute.*

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

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

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

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

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

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

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

\_\_\_\_\_  
My Commission Expires



# CITY OF ALPHARETTA

## ALCOHOL BEVERAGE SALES & SERVICE

### PERSONAL STATEMENT

This personal statement must be executed under oath by the licensee and each owner, manager, officer and/or director of the corporation of any place of business applying for an Alcohol Beverage License. A completed Personal Statement must be submitted for all of these individuals at the time the Alcohol Beverage License Application is submitted.

Each question must be answered accurately and completely. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Of Business With Which This Statement Is Affiliated: \_\_\_\_\_

Business Location / Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position In Business Of Above Named Person: \_\_\_\_\_ Percent Ownership / Interest In Business: \_\_\_\_\_

Annual Salary / Compensation Of the Above Named Person Earned From This Business Entity: \_\_\_\_\_

Do you have any financial interest or are you employed in any wholesale or retails business engaged in distilling, bottling, rectifying, or selling alcoholic beverages?

- Yes If "yes", please provide the name, location and your role with the business or businesses.
- No

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

- Yes If "yes", please provide details as to the business and the reason for the denial(s).
- No

Has any alcoholic beverage business in which you hold or have held any financial interest or by which you 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?

- Yes
- No

If, during the past ten (10) years, you have bought and sold any alcoholic beverage business, please provide the details (date of sale, license number, persons and considerations involved).

Have you ever been denied bond by a commercial security company?

- Yes If "yes", please provide details as to the reason for the denial(s).
- No



List all of your places of residence for the past ten (10) years from the most to the least recent. Note month and year of residence.

Residence From	Residence Until	Street Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Excluding traffic violations, have you ever been arrested or held by Federal, State, or other law enforcement authorities for any violation of any federal law, state law, or county or municipal law, regulation, or ordinance?

Yes  No

If "yes" you must list all such charges even if they were dismissed. Give the reason you were charged or held, the date, place where charged, and the disposition of your case. If no formal arrest was made, indicate "no arrest". After the last arrest is listed, please write "no other arrest".

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight in Pounds: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ *Attach a photograph (front view) taken within past 12 months.*

*I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Personal Statement and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application.*

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date Of Application

\_\_\_\_\_  
Applicant's Signature

*I hereby certify that \_\_\_\_\_ signed her / his name to the foregoing application stating to me the he /she knew and understood all statements and information contained therein and, under oath actually administered by me, has sworn that said statements and information are true and correct.*

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

\_\_\_\_\_  
Notary Public - Printed Name

\_\_\_\_\_  
Notary Public - Signature



# CITY OF ALPHARETTA

## REGISTERED AGENT DOCUMENTATION FORM

Business Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers, and/or directors of the above named business and to perform all obligations of such agency under the provisions of the ordinances of the City of Alpharetta, Georgia. (Every establishment holding an alcoholic beverage license in the city must have a registered agent, and this person must be a legal resident of Fulton County, Georgia.)

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

\_\_\_\_\_  
Signature Of Agent

\_\_\_\_\_  
Licensee

\_\_\_\_\_  
Print Name Of Agent

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Agent's Home Address

\_\_\_\_\_  
Owner

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Officer Or Director (with title)





# CITY OF ALPHARETTA

## REGISTERED AGENT CONSENT FORM

**This page required only for registered agents having 10% or more ownership in the applicant business.**

*I, the undersigned, hereby authorize the CITY OF ALPHARETTA, GEORGIA to receive any criminal history on file pertaining to me from any federal, state, or local criminal justice agency.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Telephone: \_\_\_\_\_

The above information is necessary to retrieve criminal history information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby certify that \_\_\_\_\_ signed her / his name to the foregoing application stating to me the he /she knew and understood all statements and information contained therein.

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

\_\_\_\_\_  
Notary Public - Printed Name

\_\_\_\_\_  
Notary Public - Signature





# CITY OF ALPHARETTA

## REPORT FOR SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

TO: Alcoholic Beverage Permitting - Department of Community Development

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

*The undersigned has examined the subject location and has made measurements to determine the compliance or noncompliance with distance requirement of the Code Of The City Of Alpharetta, Georgia, as follows:*

1. \_\_\_\_\_ feet to the \_\_\_\_\_  
(private) residence located at \_\_\_\_\_

2. \_\_\_\_\_ feet to the \_\_\_\_\_  
(regular) school bus stop as designated by the Fulton County Board of Education\*\* where five (5) or more children board the bus and which is located at \_\_\_\_\_

*\*\* This information can be obtained by faxing your request to "North Transportation: Fulton Board of Education" at 470-254-2978. List type of application applied for, name of company, owner of company, street address, your phone number, and name and information requested.*

Distance requirements are defined in [Section 4-17](#) and [Section 4-398](#) of the Code of the City of Alpharetta.

3. \_\_\_\_\_ feet to the \_\_\_\_\_  
(church or other place used primarily for religious service) located at \_\_\_\_\_

4. \_\_\_\_\_ feet to the \_\_\_\_\_  
(public library or branch thereof) located at \_\_\_\_\_

5. \_\_\_\_\_ feet to the \_\_\_\_\_  
(school ground or college campus) located at \_\_\_\_\_

6. \_\_\_\_\_ feet to the \_\_\_\_\_  
(portion of public park habitually used for recreational purposes) located at \_\_\_\_\_

Distance requirements are defined in [Section 4-17](#) and [Section 4-398](#) of the Code of the City of Alpharetta. Please review these sections of the City Code prior to executing this document below. Any distance requirements required by State of Georgia law, such as the minimum distance between package stores, must also be shown on the survey.

In my opinion, the premises indicated above meets the distance requirements for licensing as prescribed by the Code of the City of Alpharetta, Georgia.

\_\_\_\_\_  
Signature of Georgia Registered Land Surveyor

\_\_\_\_\_  
Surveyor Number

*NOTE: A survey showing the distance to the use described above must be attached to this form at the time of submittal.*



# CITY OF ALPHARETTA

## VERIFICATION OF COMPLIANCE FORM

This form must be completed by all establishments holding a license for Consumption On The Premises and returned to the City Finance Department by no later than the 20th day of each month. If the 20th day of a month falls on a weekend or recognized holiday for which City business offices are closed, the completed form must be submitted by the preceding business day. Completed forms should be faxed to 678-297-6064 or mailed to:

City Of Alpharetta  
Finance Department  
2 Park Plaza  
Alpharetta, GA 30009

Send Questions To:  
[financecst@alpharetta.ga.us](mailto:financecst@alpharetta.ga.us)

Please make extra copies of this form for your later use.

Licensee Name: \_\_\_\_\_ Account #: \_\_\_\_\_

License Type: \_\_\_\_\_

Report For Calendar Month: \_\_\_\_\_ 20 \_\_\_\_

### LICENSEES NOT LOCATED IN HOTELS / MOTELS

- Gross Food Sales: (a) \_\_\_\_\_
- Alcohol Beverage Sales: (b) \_\_\_\_\_
- Beer And Wine: (c) \_\_\_\_\_
- Liquor: (d) \_\_\_\_\_
- Multiply Line (d) by 3% (e) \_\_\_\_\_
- Discount: Multiply Line (e) x 3% (If Paid By 20th Day Of The Month) \* (f) \_\_\_\_\_
- Net Tax Due: Subtract Line (f) From Line (e) \*\* (g) \_\_\_\_\_

\* 3% of taxes due allowed as a deduction if payment is received by the 20th day of the month following the month covered by this report.

\*\* Check, American Express, Visa, Master Card, Discover, and Wire Transfer payments accepted. Payments received after due date are subject to additional late fees and interest charges.

### LICENSEES LOCATED WITHIN HOTELS / MOTELS

- Gross Food Sales of Prepared Meals or Food and Retail of Rooms For Overnight Lodging (a) \_\_\_\_\_
- Alcohol Beverage Sales: (b) \_\_\_\_\_
- Beer And Wine: (c) \_\_\_\_\_
- Liquor: (d) \_\_\_\_\_
- Multiply Line (d) by 3% (e) \_\_\_\_\_
- Discount: Multiply Line (e) x 3% (If Paid By 20th Day Of The Month) \* (f) \_\_\_\_\_
- Net Tax Due: Subtract Line (f) From Line (e) \*\* (g) \_\_\_\_\_

\* 3% of taxes due allowed as a deduction if payment is received by the 20th day of the month following the month covered by this report.

\*\* Check, American Express, Visa, Master Card, Discover, and Wire Transfer payments accepted. Payments received after due date are subject to additional late fees and interest charges.

The undersigned certifies that he / she is the licensee or is authorized by the licensee to report the foregoing information. The undersigned further certifies and represents that the foregoing data is true and correct, and that the licensee has complied with the terms of the Ordinance governing on premises consumption of alcoholic beverages.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Tel #: \_\_\_\_\_ Email: \_\_\_\_\_