

DEKALB COUNTY ALCOHOL LICENSE AND BUSINESS REGISTRATION 2022 RENEWAL APPLICATION

178 SAMS STREET | DECATUR, GA 30030 | (404) 371-2461 FAX (404) 371-2946
THIS FORM MUST BE FULLY COMPLETED, SIGNED BY LICENSEE AND NOTARIZED

BUSINESS INFORMATION			
RENEWAL TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent	BUSINESS ACCOUNT#:	<input type="checkbox"/> CHECK HERE IF NO LONGER OPERATING DATE CLOSED:	
	ALCOHOL ACCOUNT#:		
	EXCISE ACCOUNT #:		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
Legal/ Entity Name:		Trade Name:	
Physical (Location) Address (Street, City, State, Zip) P. O. Box Not Permitted			
		GA	
LICENSEE INFORMATION (MUST MATCH LICENSEE ON FILE WITH OUR OFFICE)			
Licensee First Name:		Licensee Last Name:	
Licensee Phone:		Licensee Email:	
Licensee Home Address (Street, City, State, Zip)			
ALCOHOL LICENSE FEE			
CHECK LICENSE(S) TO RENEW	ANNUAL FEE/RATE	AMOUNT DUE	
<input type="checkbox"/> Beer Only	\$600.00		
<input type="checkbox"/> Wine Only	\$600.00		
<input type="checkbox"/> Beer & Wine Combination	\$900.00		
<input type="checkbox"/> Liquor - Package/ Wholesaler/ Consumption on Premises Only	\$4,000.00		
<input type="checkbox"/> Sunday Sales - Consumption on Premises Only *	\$1,100.00		
<input type="checkbox"/> Additional Fixed Bar(s) # _____ <i>multiple</i>	\$600.00		
<input type="checkbox"/> Additional Movable Bar(s) # _____ <i>multiple</i>	\$300.00		
<input type="checkbox"/> Patio Permit	\$100.00		
<input type="checkbox"/> Wholesaler/Importer - Beer	\$600.00		
<input type="checkbox"/> Wholesaler/Importer - Wine	\$600.00		
<input type="checkbox"/> Fraternal Org - Beer and/or Wine	\$500.00		
<input type="checkbox"/> Fraternal Org - Liquor	\$1,000.00		
SUBTOTAL DUE			
LATE PAYMENT PENALTY (10% of Subtotal Due Renewal postmark after November 30th)			
INTEREST (1%/month of Subtotal Due Renewal postmark after November 30th)			
A. TOTAL ALCOHOL LICENSE FEE DUE			
*MUST BE COMPLETED IF SUNDAY SALES - CONSUMPTION ON PREMISES IS CHECKED			
Provide last twelve (12) months of Sales information, if less than twelve (12) months of sales, provide date of sales		Start Date:	End Date:
GROSS RECEIPTS/ SALES FROM (CHECK ONLY ONE)		Gross Sales (\$)	Percentage
<input type="checkbox"/> Food and Food Service <input type="checkbox"/> Rental Of Rooms For Overnight Lodging			
GROSS RECEIPTS/ SALES FROM BEER, WINE, AND/OR LIQUOR			
TOTAL GROSS RECEIPTS/ SALES			100%

BUSINESS OCCUPATION TAX						
1. GEORGIA GROSS RECEIPTS (2022 Estimate)						
2. EXEMPTION			\$20,000.00			
3. TAXABLE GROSS RECEIPTS <i>(Subtract line 2 from line 1, if negative enter \$0.00)</i>						
4. GROSS RECEIPT TAX (Max. \$50,000.00) <i>(Multiple line 3 by rate)</i>			NACIS: Rate:			
5. EMPLOYEE FEE (At least one, include owner/operator) <i>(Multiple # of Employee by Rate)</i> Required E-Verify # (10 or More Employees) _____			# of Employee(s) _____ Rate: _____			
6. ADMINISTRATIVE FEE \$75.00 <i>(Nonrefundable/ Nontransferable)</i>						
7. FLAT TAX FEE \$50.00						
8. PRIOR YEAR BALANCE <i>(Add lines 8a & 8b)</i>						
2020 GROSS RECEIPT	(A) Gross Receipts	(B) Exemption	A - B = (C) Taxable Gross Receipts <i>(if negative enter \$0.00)</i>	(D) Gross Receipt Tax Rate	C x D = (E) Gross Receipt Tax	
ACTUAL		\$20,000.00				
ESTIMATED		\$20,000.00				
A. GROSS RECEIPTS TAX DUE <i>(Actual Tax Due minus Estimated Tax Due)</i>						
2020 EMPLOYEES		(F) Number of Employee(s)	(G) Employee Tax Rate		G x H = (I) Employee Tax Due	
ACTUAL						
ESTIMATED						
B. EMPLOYEE TAX DUE <i>(Actual Tax Due minus Estimated Tax Due)</i>						
9. OTHER CREDITS/ ADJUSTMENTS						
10. SUB-TOTAL OCCUPATION TAX DUE <i>(Add line 4, 5, 6, 7, 8 & 9)</i>						
11. LATE PAYMENT PENALTY <i>(10% of Tax Due subtotal postmark after December 31st) (line 10)</i>						
12. INTEREST <i>(1% per month of Tax Due subtotal postmark after December 31st) (line 10)</i>						
13. LATE FILING PENALTY <i>(Renewal postmark after February 1st)</i>						
B. TOTAL BUSINESS OCCUPATION TAX DUE <i>(Add lines 10, 11, 12, & 13)</i>						
C. TOTAL ALCOHOL LICENSE FEE & OCCUPATION TAX DUE <i>(Add Lines A page 1 of 3, & Line B page 2 of 3)</i>						
I certify that the 2020 ACTUAL figures are true and correct, and the 2022 ESTIMATE for this year is a good faith estimate or last year's actual.						
_____ PRINT OWNER'S/ AUTHORIZED AGENT FULL NAME			_____ SIGNATURE		_____ DATE	

ACCEPTANCE AND ACKNOWLEDGEMENT

- **Alcohol Renewal Application:** are due by November 30 for the next calendar year. Renewal application postmarked after November 30 will be charged a ten (10) percent late payment penalty and interest charges of one (1) percent. License will be revoked if not received by Dec 31 and will have to be reapplied for.
- **Licensee:** must always be a person and the licensee on file with our office must sign the renewal form. Do not complete this renewal form if you are planning any changes. Please contact our office for additional information.
- **Arrest Record:** Has the licensee, registered agent, partner or any other person having any financial interest in this business been arrested, indicted or convicted for an offense by any City, County, state, Federal Officer or any Governmental Authority within the last twelve (12) months? Yes No. If yes, please give full details:

- **Sunday Sales:** I certify that I have a working knowledge of the books and records of the above establishment and to the best of my knowledge that these figures are true and correct. I hereby affirm in accordance with DeKalb County Ordinances 4-128; 4-149; and 4-164 that at least 60% of this establishment's food and beverage service for the last 12 months (365 days) is derived from the sales of food and food products. I further affirm that DeKalb County may request an audit, at any time, at the licensee's expense to verify these figures. I acknowledge Sunday Sales are only authorized from 11:30 noon Sunday until 2:30 a.m. Monday Morning.

I, hereby certify that said applicant and licensee signed this renewal application for after stating to me personal knowledge and understanding that all statements and answers made herein are complete, correct and true

ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

I, do solemnly swear subject to criminal penalties that the statement and answers made by me to the foregoing questions in this renewal application are true and correct and no false or fraudulent information, statements or answers are made to procure granting of the County Privilege License on

THIS THE _____ DAY OF _____, 20_____.

Print Licensee Name

Licensee Signature