

**DEPARTMENT OF PLANNING & SUSTAINABILITY**

# **ALCOHOL APPLICATION CONSUMPTION ON PERMISES**

## ALCOHOL BEVERAGE LICENSE

### CHECK LIST

#### (CONSUMPTION ON PERMISES)

NOTE: The checklist for the items listed below must be accommodated along with your application prior to the issuance of your alcohol license.

- ☐ **APPLICATION (DUPLICATE):** Must be fully completed; application must be signed & notarized. *Be advised if any notarized documents have any strike through, scratch marks or white out, etc., the documents will not be accepted per county's policy.* Two (2) copies of your business corporate papers must be filed with your application if the business is an LLC or Incorporated. Also, the applicant must provide a listing of the corporate officers. *For each initial document that is completed can be duplicated by copying the original documents. However, the documents that is to be notarized, would need the original Notary Public signature & seal on both the original documents and copies.*
- ☐ **PERSONNEL STATEMENTS (DUPLICATE):** To be completed by: The ***Licensee, Sole Proprietor, All Partners and any person with 10% or more stock ownership of the corporation and all Corporate Officers.*** Two (2) original pictures and two (2) copies of each person's driver's license are required. If no driver's license, please attached two (2) copies of state issued indemnification card. U.S. Citizens must provide two legible copies of their birth or naturalization certificate. Resident aliens must provide two (2) legible copies of their immigration card.
- ☐ **REGISTERED AGENT (DUPLICATE):** All business with a license to sell: ***Beer, Wine or Liquor*** must have and continuously to maintain a registered agent who lives in DeKalb County. ***The Owner can be the registered agent if he/she is a resident of DeKalb County*** and that he/she is required to complete the registered agent form. Two (2) pictures and two copies of the agent's driver's license are required.
- ☐ **AFFIDAVIT VERIFYING STATUS FOR COUNTY PUBLIC BENEFIR (DUPLICATE):** To be completed by all persons who completes a personnel statement including the registered agents.
- ☐ **PRIVATE EMPLOYER AFFIDAVIT (DUPLICATE):** To be completed only by the owner of the business
- ☐ **AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF LICENSEE'S RESIDENCE (DUPLICATE)**
- ☐ **LEGAL LAND SURVEY:** For all new locations and closed stores/businesses must provide a new survey which was measured no more than 30 days prior to filing date of the alcohol license application.

- ☐ **FLOOR PLAN DRAWING (DUPLICATE):** All applicants must provide a drawing of their business that shows a detail layout inside of the business (sketch must show all entrances and exits). *Nightclubs and Restaurants must show their restrooms, kitchen, office and customer area.*
- ☐ **COPY OF MENU (DUPLICATE):** Nightclubs and Restaurants only (Food and Beverage service)
- ☐ **BACKGROUND INVESTIGATION CONSENT FORM (DUPLICATE):** Background Check consent form and a fee of \$50.00 per person. (Register Agent and everyone who MUST complete a Personnel Statement. *The duplicate copies of the alcohol application package requested will be sent to the DeKalb County Public Safety Division by the Business License Office.* The Police Department will advise our office in writing when the investigation is completed. This fee must be paid with a separate Cashier's check or Money Order, payable to: **DeKalb County Police Dept.**
- ☐ **PRIVACY ACT STATEMENT (DUPLICATE):** To be completed by Licensee **ONLY**
- ☐ **NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS (DUPLICATE):** To be completed by Licensee **ONLY**
- ☐ **ALCOHOL LICENSE FEES: ONLINE PAYMENT, CASHIER'S CHECK & MONEY ORDER.** The alcohol fees must be paid when the application is filed for processing. The prorated fees include the month the application is received, plus the remaining months in the calendar year. Also, any portion of a month is counted as a full month. **DO NOT FORGET TO INCLUDE THE ADMINISTRATIVE FEE**
- ☐ **BUSINESS LICENSE REGISTRATION:** Zoning Department must approve all business location. An active Business License is required for all Alcohol License. If the business already has their Business License prior to applying for the alcohol license, be sure to include a copy of the business license with your alcohol application package before submitting for processing.
- ☐ **LETTER OF ENTERTAINMENT (DUPLICATE):** To be completed for Nightclubs and Late-Night Establishments **ONLY**

## GENERAL ALCOHOL AND STATE LICENSE INFORMATION

1. It is advisable that applicants for any business, liquor, beer and/or wine licenses do not sign any contracts, make expenditures, or commit themselves in any manner without first making themselves aware of all requirements for State and County Code Compliance.
2. All new locations must submit a land survey with their application for beer, wine and/or liquor license. A new survey will not be required on changes of ownership if the purchaser is applying for the same type of license, provide the business is still open and operating. Locations previously licensed are Not Grand-Fathered if the business closes for 6 consecutive months.
3. The applicant is responsible for scheduling their inspections by the Fire and Health departments. The Zoning Department must approve all business location before a business or alcohol license can be issued. The applicant is responsible for delivery of the final inspections to our office.
4. Any questions you may have with regards to the interpretation of the DeKalb County Code or how it applies to your specific situation must be submitted in writing to the alcohol license manager. Your questions will be reviewed and answered in writing as appropriate.
5. **ALCOHOL STATE LICENSE:** In addition to the County License, a State License is required. The County license is not valid without a current State Alcohol License. Please contact the State of Georgia Revenue Department at (404) 417-4490 to obtain forms and information to file for a State License. Their office is located at: 1800 Century Center Blvd, 2<sup>nd</sup> Floor, Atlanta GA. 30345.
6. **FEDERAL PERMIT:** Federal Law requires a Federal Occupational Tax Stamp for alcohol sales. Please call: 1 (800) 398-2282 for additional information. They will mail the forms to you.
7. **MIX DRINK EXCISE TAX RETURNS:** Consumption on Premises businesses that sell distilled spirits are required to Report and Pay Excise Taxes of three (3) percent each month on the liquor sales only. These taxes **MUST** be paid by the 20<sup>th</sup> of the following month to avoid suspension or revocation of your alcohol license.
8. **EMPLOYEE PERMITS:** To work in liquor stores or at consumption on premises establishments must be obtained from the DeKalb County Public Safety Department. Please call them at (404) 297-3934. The alcohol license must be issued to the business before any employee permits will be issued.

9. An Alcohol license allows alcohol sales Monday through Saturday. Eating establishments meeting the minimum Food Sales requirement may purchase a Sunday Sales Permit.

**10. COUNTY LICENSE FEES (PRORATED FEES):**

LICENSE TYPE	ANNUAL FEE ( Jan 1 through Dec 31)	Permitted Sales
Liquor	\$4000.00	Mon. thru Sat.
Beer ONLY	\$600.00	Mon. thru Sat.
Wine ONLY	\$600.00	Mon. thru Sat.
Beer & Wine (combination)	\$900.00	Mon. thru Sat.
Additional Fixed Bar (Consumption on Premises <b>ONLY</b> )	\$600.00	Mon. thru Sat.
Additional Movable Bar (Consumption on Premises <b>ONLY</b> )	\$300.00	Mon. thru Sat.
Sunday Sales Permit (Consumption on Premises)	\$1,100.00	Sunday
Sunday Sales Permit (Retail)	\$0.00	Sunday

**11. COUNTY LICENSE FEES (FEES ARE NOT PRORATED):**

LICENSE TYPE	FEE	RATE
Charitable Nonprofit (Beer and/ or Wine)	\$50.00	Per Day
Charitable Nonprofit (Liquor)	\$50.00	Per Day
Fraternal Organizations (Beer and/ or Wine)	\$500.00	Flat
Fraternal Organizations (Liquor)	\$1000.00	Flat
Wholesalers (Beer)	\$600.00	Flat
Wholesalers (Wine)	\$600.00	Flat
Wholesalers (Liquor)	\$4000.00	Flat
Administrative/ Application Fee (Beer and/ or Wine)	\$100.00	Flat
Administrative/ Application Fee (Liquor)	\$200.00	Flat
Patio Permit	\$100.00	Flat

## DEKALB COUNTY PRIVILEGE LICENSE APPLICATION

**INSTRUCTION: \*\*Every question must be answered fully and correctly\*\*.** If the space provided is not sufficient, answer the question on a separate sheet and indicate in that space that a separate sheet is attached. When completed, it must be dated, signed by the Licensee and notarized. The application and all requested documents shall be filed with the Planning and Sustainability Department, Division of Business License, at 330 W. Ponce De Leon Avenue., 2<sup>nd</sup> Floor, Decatur, GA, 30030, (if mailed, remit to P.O.Box 100020, Decatur, GA, 30031-7020). In case of a Corporation, the license shall be issued jointly to the Corporation, and to the majority stockholder, if an individual. If the majority stockholder is not an individual, the license shall be issued jointly to the Corporation and the Local Manager. In the case of a partnership, the license shall be issued to one of the partners. The license fees shall be paid with a **Cashier's Check or Money Order for the exact amount due. Do not send Business or Personal Checks or Cash.**

**Check One:** ( ) New Location ( ) New Licensee ( ) New Ownership ( ) Other – Specify Type of Changes

**Administrative Fees:** ( ) Beer and/or Wine \$100.00 ( ) Liquor \$200.00

**Type of Business:**

( ) Convenience/Grocery ( ) Restaurant ( ) Country Club ( ) American Legion Post  
( ) Grocery with Gas ( ) Nightclub/Bar ( ) VFW ( ) BPOE (Elks Club)  
( ) Supermarket ( ) Package/Liquor Store ( ) Other

**Type of License:** ( ) Consumption ( ) Retail Package ( ) Importer ( ) Wholesaler

**Licenses are issued only for the remaining months in the calendar year and partial months are counted as full.**

	Monthly Fees		# of Months	=	License Fee Due
( ) Beer Only	\$50.00	x	_____	=	_____
( ) Wine Only	\$50.00	x	_____	=	_____
( ) Beer & Wine Combination	\$75.00	x	_____	=	_____
( ) Liquor – Package or COP	\$333.33	x	_____	=	_____
( ) Sunday Sales	\$91.67	x	_____	=	_____
( ) Additional Fixed Bar(s)	\$50.00	x	_____	=	_____
( ) Additional Movable Bar(s)	\$25.00	x	_____	=	_____
( ) Patio Permit	\$100.00		_____	=	_____

Sunday Sales Permits are only issued to eating establishments. New establishments are given up to six (6) months to comply with the minimum food sales requirements. **Food sales must be at least 60% of total food & alcohol sales.**

Licensee's Full Name (must be a person) \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S.#. \_\_\_\_\_ Home Phone # \_\_\_\_\_

Licensee's Home Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_ County \_\_\_\_\_

Business Name \_\_\_\_\_ Business Location \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_ Business Phone # \_\_\_\_\_

Mailing Name and Complete Address \_\_\_\_\_

Type of Ownership: ( ) Single Proprietor ( ) Partnership ( ) Association ( ) Corporation or LLC  
Corporation's Name: \_\_\_\_\_ Date of Inc.: \_\_\_\_\_ State where Inc.: \_\_\_\_\_

Corporate Officers/Partners \_\_\_\_\_ Home Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_ % of Interest \_\_\_\_\_ S.S. #. \_\_\_\_\_

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 statements on this application are true and correct, and that no false or fraudulent statements are made herein to obtain an Alcoholic Beverage License.

Signature of Applicant/Licensee \_\_\_\_\_

Date \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Date \_\_\_\_\_

1. Will you have entertainment? \_\_\_\_\_ If yes, describe in detail  
\_\_\_\_\_
2. 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 name of that person, name of business and complete address of business  
\_\_\_\_\_
3. List the full name, address and other pertinent information for each person having any ownership interest in this business:  

Name Interest	Home Address	City, State & Zip	S.S.#.	Date of Birth	% of
4. List name and address of the owners of the building and land, and the name and address of the lessor or sub-lessor:  

Name	Street Address	City, State & Zip Code	Amount of Rent Due
Owner of Building			
Owner of Land			
Lessor			
Sub- Lessor			
5. How much money is being invested in the business and by whom? Total amount paid \$ \_\_\_\_\_  

Name of person	Home Address	City, State & Zip Code	Amount/Person
6. How much money being invested is borrowed and from whom? Show total amount borrowed \$ \_\_\_\_\_  

Name of Bank, Business or Person	Street Address	City, State & Zip Code
7. Name and home address of the Manager of the business:  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you attached a copy of the floor plans of this business showing layout of the store, including entrance(s) and exit(s). Nightclubs and restaurants need to show kitchen, bathrooms, dining areas, entertainment area and any offices. Yes: \_\_\_\_\_
9. If this is a Corporation, Limited Liability Company or a Partnership, please attach copies of the State Certificate of Incorporation along with copies of your corporate, LLC or partnership papers showing the officers.
10. Have you attached two(2) Registered Agent Forms with pictures of the agent? \_\_\_\_\_
11. Have you received a copy of the DeKalb County Alcoholic Beverage Ordinance? \_\_\_\_\_ No application can be processed until you acknowledge receipt of the County Ordinance (rules and regulations).

Print Name of Applicant/Licensee

Signature of Applicant/Licensee

Date

## DEKALB COUNTY PERSONNEL STATEMENT

**INSTRUCTIONS:** This personnel statement must be executed under oath by the Licensee, all Owner, 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 is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. Duplicate personnel statement and original pictures for all the above persons must be submitted with each license application.

1. Full Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_
  2. Full name and address of business of which this personnel statement is a part: \_\_\_\_\_  
\_\_\_\_\_
  3. Position of applicant in business: \_\_\_\_\_  
Percent ownership, if any, in 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 percentage of interests 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 or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? \_\_\_\_\_. If so, give details: \_\_\_\_\_
  7. If during the past ten years (10 years), you have bought and sold any alcoholic beverage business, give details (date, license number, persons and consideration involved): \_\_\_\_\_  
\_\_\_\_\_
  8. Have you ever been denied bond by a commercial security company? \_\_\_\_\_. If yes, give details: \_\_\_\_\_
  9. 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: \_\_\_\_\_  
\_\_\_\_\_
  10. Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_
  11. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_ By Birth: \_\_\_\_\_  
Naturalized: \_\_\_\_\_ Date, Place & Court: \_\_\_\_\_ Certificate #: \_\_\_\_\_  
Petition #: \_\_\_\_\_ Derived Parents Certificate #: \_\_\_\_\_ Alien Regist. #: \_\_\_\_\_  
Native Country: \_\_\_\_\_ Date & Port of Entry: \_\_\_\_\_
- \*NOTE: Copy of Resident Alien Card and Driver's License must be provided at the time of application. The application will not be accepted without this documentation\***
12. Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_
  13. If married or separated, complete the below requested information on spouse:  
Full name of spouse: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Spouse's Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_

14. Employment Record for the past ten (10) years (Give most recent experience first):

FROM : Month	Year	TO : Month	Year	Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving




15. List in reverse chronological order all of your residence for the past ten (10) years:

Dates:		Street	City	State
From	To			

16. Have you ever been arrested or held by Federal, State or other Law-enforcement authorities, for any violation of any Federal, State, County, or Municipal Law, regulations or ordinances? A criminal background investigation will be conducted to verify this information. (Do not include traffic violations; all other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest).

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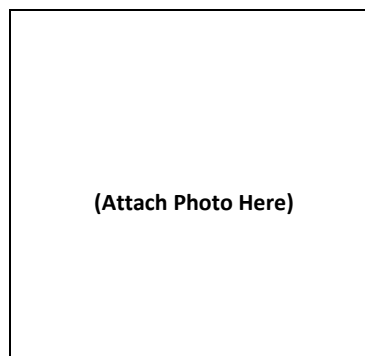
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17. Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

18. Attach an original Photograph (front view) taken within the past year (**copies are not acceptable**).



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 name to the foregoing application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, have sworn that said statements and answers are true and correct.

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

\_\_\_\_\_  
Notary

## DEKALB COUNTY REGISTERED AGENT FORM

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

Business Address: \_\_\_\_\_

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

DeKalb County Code Section 4-27 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 Alcoholic Beverage Ordinance. **The Registered Agent must live in DeKalb County.** The owner can be their own Registered Agent if they live in DeKalb County.

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 background investigation in order to serve as a Registered Agent.

\_\_\_\_\_  
Agent's Name (type or print clearly)

\_\_\_\_\_  
Agent's Social Security Number

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

\_\_\_\_\_  
Agent's Birthday (mm/dd/yyyy)

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

\_\_\_\_\_  
Sex    Race    Height    Weight

\_\_\_\_\_  
Signature of Agent                      Date

\_\_\_\_\_  
Agent's Home Phone Number

\_\_\_\_\_  
Agent's Business Phone Number

=====

**The owners(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 money order, payable to DeKalb County Police Department, for \$50.00 to this form to cover the background investigation. Failure to maintain a Registered Agent shall be grounds to for suspension or revocation of your Alcoholic Beverage License.**

\_\_\_\_\_  
Licensee's Name (type or print clearly)

\_\_\_\_\_  
Licensee's Signature                      Date

\_\_\_\_\_  
Owner's Name (type or print clearly)

\_\_\_\_\_  
Owner's Signature                      Date

\_\_\_\_\_  
Officer's Name (type or print clearly)                      Title

\_\_\_\_\_  
Officer's Signature                      Date

**Two (2) pictures taken in the last year are required. Attach one picture of the agent here on each form.**

\_\_\_\_\_  
Business Name\_\_\_\_\_  
License #/Occupation Tax #

- ☐ Business Occupation Tax Certificate  
☐ Alcohol License

**AFFIDAVIT VERIFYING STATUS FOR COUNTY PUBLIC BENEFIT APPLICATION****O.C.G.A. § 50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for a Business License / Occupational Tax Certificate as referenced in O.C.G.A. § 50-36-1, from DeKalb County the undersigned applicant verifies one of the following with respect to my application for public benefit:

**Do not check more than ONE option.**

- ☐ 1) I am a United States citizen, 18 years of age or older.
- ☐ 2) I am a legal permanent resident of the United States 18 years of age or older.
- ☐ 3) 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.

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. The secure and verifiable document provided with this affidavit can best be classified as: (i.e. driver's license, I-551, I-766, Passport, etc.)

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, of the Official Code of the State of Georgia.

Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant Phone Number\_\_\_\_\_  
NOTARY PUBLIC

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

BUSINESS NAME \_\_\_\_\_ LICENSE #/OCCUPATION TAX # \_\_\_\_\_  
NUMBER OF EMPLOYEES (COMPANY-WIDE) \_\_\_\_\_

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**SECTION 1. Please check only one:**

(A) On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10)** employees<sup>1</sup>

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer** employees.

\*\*\* If you select Section 1(B), please **skip** Section 2 and execute 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

-----  
**SECTION 3.**

**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 and Title of Authorized Officer or Agent

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

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

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

<sup>1</sup>Sec. 15-27 Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2 but not a form I.R.S. 1099.

## ALCOHOLIC BEVERAGE LICENSE SURVEY – CONSUMPTION ON PREMISES

To: DeKalb County Business /Alcohol Licensing Office  
330 W. Ponce De Leon Avenue  
2<sup>nd</sup> Floor,  
Decatur, GA, 30030

Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

### BEER AND/ WINE (100 YARDS MINIMUM)

1. \_\_\_\_\_ Number of yards to the nearest church or place used primarily for religious services at:  
\_\_\_\_\_
2. \_\_\_\_\_ Number of yards to the nearest school building, school ground, educational facility or college campus; this includes Kindergartens, or churches which have schools or Kindergartens located at the following address:  
\_\_\_\_\_
3. \_\_\_\_\_ Number of yards (must be at least 200 yards for Beer, Wine or Distilled Spirits) to the nearest alcohol treatment center located at:  
\_\_\_\_\_

### LIQUOR (200 YARDS MINIMUM)

1. \_\_\_\_\_ Number of yards to the nearest church or other place used primarily for religious services at the following address:  
\_\_\_\_\_
2. \_\_\_\_\_ Number of ( must be at least 200 yards) to the nearest alcohol treatment center located at:  
\_\_\_\_\_
3. \_\_\_\_\_ Number of yards to the nearest school building, school ground and college campus; this includes Kindergartens or churches which have schools or Kindergartens. Give name and address :  
\_\_\_\_\_
4. No late night establishment or night club boundary line shall be located within one thousand five hundred (1,500) feet from the boundary line of property zoned for residential use without the issuance of a special land use permit (SLUP). A late-night establishment or night club is not required to obtain a special land use permit when their closest residential neighbor is on the opposite side of an interstate highway.

**NOTE: \* ALL MEASUREMENTS SHALL BE MEASURED BY THE MOST DIRECT ROUTE OF TRAVEL ON THE GROUND (WALKING OR DRIVING) AND SHALL BE MEASURED IN THE FOLLOWING MANNER\*:**

- a. From the front door of the structure from which alcoholic beverage is to be sold or served;
- b. In a straight line to the nearest sidewalk, street, highway, road or walkway;
- c. Along such public sidewalk, street, highway, road or walkway;
- d. To the front door of the building, unless you are measuring to an educational facility (schools and school grounds). When measuring to a school, the measurement stops at the nearest property line of the school.

**Note: Survey drawing showing distance to the businesses described above must be attached this survey certificate.**

The undersigned Surveyor has examined the subject location and has made measurements to determine compliance or non-compliance with the above distance requirements:

\_\_\_\_\_  
Signature of Land Surveyor

\_\_\_\_\_  
State License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Seal

**\*\*Stamp this form with your State Seal. \*\***

**AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF LICENSEE'S RESIDENCE**

To: Business License Division  
Department of Planning & Sustainability  
330 W. Ponce De Leon Avenue, 2<sup>nd</sup> Floor  
Decatur, GA, 30030

Affidavit of person having knowledge of Licensee's residence, State of Georgia, County of

\_\_\_\_\_.

Personally appeared before the undersigned Notary Public, one \_\_\_\_\_  
*Name of person having knowledge*

who, says under oath, that he/she is personally acquainted with \_\_\_\_\_  
*Name of liquor license applicant*

and that he/she knows of his/her own knowledge that said Licensee resides at:

\_\_\_\_\_,  
*Current address of licensee*

in the County of \_\_\_\_\_.

And, further affirms that said Licensee has been a resident of the State of Georgia, at least one (1) year

prior to \_\_\_\_\_ day \_\_\_\_\_ 20 \_\_\_\_\_.  
month year

\_\_\_\_\_  
*Signature of Person having Knowledge*

Sworn to and subscribed before me,

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

\_\_\_\_\_  
Notary Public

## BACKGROUND INVESTIGATION CONSENT FORM

To: Business License Division  
Department of Planning & Sustainability  
330 W. Ponce De Leon Avenue, 2<sup>nd</sup> Floor  
Decatur, GA, 30030

With regards to my application for Alcoholic Beverage License, I hereby authorize the DeKalb County Business & Alcohol License Office to receive any criminal history record information pertaining to me, which may be in the files of any State or Local Criminal Agency in Georgia.

<hr/>	<hr/>	<hr/>	<hr/>
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
<hr/>	<hr/>	<hr/>	<hr/>
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>	<hr/>	<hr/>	<hr/>
<i>Sex</i>	<i>Race</i>	<i>Date of Birth</i>	
<hr/>	<hr/>	<hr/>	<hr/>
<i>Signature</i>	<i>Social Security Number</i>	<i>Date*</i>	

*\*(Not valid after more than 90 days)*

**MUST BE COMPLETED BY REGISTER AGENT AND WHO MUST COMPLETE A PERSONNEL STATEMENT.**

Chief Executive Officer

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director

Michael Thurmond

Andrew A. Baker, AICP

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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Print Name (Licensee )

---

Signature

---

Date



Chief Executive Officer

**DEPARTMENT OF PLANNING & SUSTAINABILITY**

Director

Michael Thurmond

Andrew A. Baker, AICP

**NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS**

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at

<https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b).

<sup>4</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

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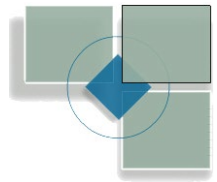
Print Name (Licensee )

---

Signature

---

Date



Chief Executive Officer  
Michael Thurmond

## Letter of Entertainment

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

- Both the tenant and property owner are required to sign the form.
- All signatures must be original. Fax and Xerox signatures are not acceptable.
- Both signatures must be individually notarized (two seals, two stamps, etc.).
- \*Agents (holding companies, property managers, attorneys, etc.) signer for property owner must attach any and all documentation necessary to prove they have authorization to act on behalf of the owner. Failure to provide such information will delay approval of all permits and licenses necessary to open this business.

### DEPARTMENT USE ONLY

TAX ID # \_\_\_\_\_

AP # \_\_\_\_\_

Current Name of Business: \_\_\_\_\_

Previous Name of Business (if name has changed in past twelve (12) months): \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Contact Number: \_\_\_\_\_

EACH OF THE FOLLOWING QUESTIONS MUST BE ANSWERED COMPLETELY:		YES	NO
1.	<b>Does this establishment sell tobacco products, allow smoking, or otherwise allow consumption of tobacco products on the premises including but not limited to Hookah Services?</b> <i>Smoking means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, e-cigarette, oral smoking device, or pipe, or any other lighted or heated tobacco intended for inhalation, in any manner or in any form.</i> (Please Refer to DeKalb County Clean Indoor Air Ordinance) File No. 52-1548		
2.	<b>Is this Letter of Entertainment request for a new establishment or renewal of an existing establishment?</b> <input type="checkbox"/> New Establishment <input type="checkbox"/> Renewal of Existing Establishment		
3.	<b>Does this establishment include a patio or deck?</b> If yes, please specify: _____		
4.	<b>Is this establishment a Freestanding bar?</b> <i>Definition of Freestanding bar: An establishment that is devoted to the serving of alcoholic beverages for consumption by guests on the premises and which derives at least fifty (50) percent of its total annual gross food and beverage sales from the sale of beverages, including but not limited to taverns, nightclubs, cocktail lounges, and cabarets.</i>		
5.	<b>Is this establishment a restaurant?</b> <i>Definition of Restaurant: An establishment where food and drink are prepared, served, and consumed primarily within the principal building.</i>		
6.	<b>If yes, does this restaurant serve beer, wine, and alcohol no later than 12:30 a.m.?</b>		
7.	<b>Is this a late-night establishment?</b> <i>Definition of Late Night Establishment: Any establishment licensed to dispense alcoholic beverages for consumption on premises where such establishment is open for use by patrons beyond 12:30 a.m.</i>		
8.	<b>Is this establishment a nightclub with dancing and musical entertainment?</b> <i>Definition of Nightclub: A commercial establishment dispensing alcoholic beverages for consumption on the premises and in which dancing and musical entertainment is allowed.</i>		
9.	<b>Is this an "Adult Entertainment" establishment as defined by the DeKalb County Zoning and Adult Entertainment licensing and alcohol beverage ordinances?</b>		
10.	<b>Has a Special Land Use Permit (SLUP) been approved for this establishment?</b> If yes; please provide Case Number _____.		
11.	<b>Are you permitted to sell alcohol on Sunday?</b> Licensed establishments deriving a minimum of sixty (60) percent of their total annual gross food and beverage sale from the sale of prepared meal or food are authorized to apply for a Sunday sales permit to sell and serve distilled spirits by the drink from 11:00 am on a Sunday until 2:00a.m. of the following Monday.		

Operation hours cannot exceed time permitted by the Alcohol Licensing Ordinance in chapter 4 of the DeKalb Code.

**Hours of operation:** A.) Monday through Wednesday pouring hours are from 9:00a.m. until 2:00a.m. closing hours 2:30 B.) Thursday through Saturday pouring hours are from 9:00a.m. until 2:30a.m. closing hours 3:00 C.) Sunday pouring hours are from 11:00 a.m. until 2:00a.m. closing hours 2:30



# DeKalb County Planning & Development Department

330 West Ponce De Leon Avenue

Suites 100-500

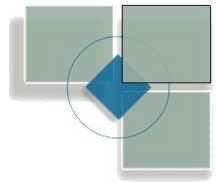
Decatur, GA 30030

Phone: (404) 371-2155

Fax: (404) 371-2778

[www.dekalbcountyga.gov](http://www.dekalbcountyga.gov)

Andrew A. Baker, AICP  
Director



Chief Executive Officer  
Michael Thurmond

## Letter of Entertainment

I, THE UNDERSIGNED, DO HEREBY SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT I HAVE ANSWERED THE ABOVE QUESTIONS AND STATEMENTS TRUTHFULLY AND ACCURATELY AND I UNDERSTAND THAT THE BUILDING PERMIT(S) AND CERTIFICATE(S) OF OCCUPANCY ISSUED IN RELATION TO THIS "ENTERTAINMENT STATEMENT" ARE CONDITIONED ON THE ANSWERS TO THE ABOVE QUESTIONS AND STATEMENTS.

I, THE UNDERSIGNED AFFIRM THAT THE BUSINESS OPERATING NAME IS THE AS THE NAME REFERENCED ON ALL COUNTY APPLICATIONS.

I ALSO UNDERSTAND THAT SHOULD I, IN THE FUTURE, OFFER ANY USE NOT EXPRESSLY PERMITTED BY THE DEKALB COUNTY CODE OR STATE LAW AND/ OR CHANGE THE USE OF THE ESTABLISHMENT FROM THE APPROVED PERMITTED USE, THAT MY CERTIFICATE OF OCCUPANCY SHALL BE IMMEDIATELY NULL AND VOID.

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Public**

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Public**

Sign \_\_\_\_\_

Tenant or authorized agent

(Print/Type name) \_\_\_\_\_

Sign \_\_\_\_\_

Property owner or authorized agent

(Print/Type name) \_\_\_\_\_



# DeKalb County Planning & Development Department

330 West Ponce De Leon Avenue

Suites 100-500

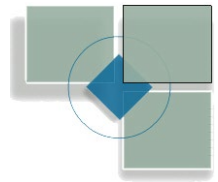
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Andrew A. Baker, AICP  
Director



Chief Executive Officer  
Michael Thurmond

## Letter of Entertainment

### TO BE COMPLETED BY PLANNING DEPARTMENT STAFF AFTER REVIEW OF LETTER OF ENTERTAINMENT AND SUPPORTING DOCUMENTATION

#### Alcohol Serving Establishments Within 1,500 feet of residentially zoned property

License Review Type	Approved	Denied	Not Applicable
New License close at 12:30 am			
New License – Nightclub- SLUP granted			
New License- Late Night – SLUP granted			
Renewal License close at 12:30 am			
Renewal License –Late Night- No SLUP Required (grandfather documents submitted/validated)			
Renewal License -Nightclub- No SLUP Required (grandfather documents submitted/validated)			

#### Alcohol Serving Establishments Beyond 1,500 feet of residentially zoned property

License Review Type	Approved	Denied	Not Applicable
New License close at 12:30 am			
New License – Nightclub			
New License – Late Night			
Renewal License close at 12:30 am			
Renewal License – Nightclub			
Renewal License – Late Night			

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ I have reviewed this letter of entertainment application and have taken the actions set forth above.

\_\_\_\_\_  
(Sign Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)