

## DEKALB COUNTY ALCOHOL LICENSE AND BUSINESS REGISTRATION 2024 RENEWAL APPLICATION

178 SAMS STREET | DECATUR, GA 30030 | (404) 371-2461

THIS FORM MUST BE FULLY COMPLETED, SIGNED BY LICENSEE AND NOTARIZED

BUSINESS INFORMATION				
RENEWAL TYPE	<b>BUSINESS ACCOUNT#</b> :		□ CHECK HERE IF NO LON	GER
$\Box$ Initial $\Box$ Subsequent	ALCOHOL ACCOUNT#:		OPERATING DATE CLOSED	
<b>[ [</b>	EXCISE ACCOUNT #:			
	🗌 Partnership 🗌 Limit		(LLC) $\Box$ Corporation $\Box$ Other	
Legal/Entity Name:		Trade Nam	e:	
Physical (Location) Address (Street	et, City, State, Zip) <b>P. O. I</b>	Box Not Permitted		
			GA	
	LICENS	EE INFORMATION		
	(MUST MATCH LICEN		UR OFFICE)	
Licensee First Name:	Licer	see Last Name:		
Licensee Phone:	Licer	ısee Email:		
Licensee Home Address (Street, C	ity. State. Zip)			
	,			
		HOL LICENSE FEE		
	ENSE(S) TO RENEW		ANNUAL FEE/RATE	AMOUNT DUE
Beer Only			\$600.00	
□ Wine Only			\$600.00	
Beer & Wine Combination			\$900.00	
Liquor – Package/ Wholesaler/		es Only	\$4,000.00	
□ Sunday Sales - Consumption on			\$1,100.00	
Additional Fixed Bar(s)	#	multiple	\$600.00	
Additional Movable Bar(s)	#	multiple	\$300.00	
Patio Permit			\$100.00	
U Wholesaler/Importer – Beer			\$600.00	
Wholesaler/Importer – Wine     Fraternal Org – Beer and/or Win			\$600.00 \$500.00	
□ Fraternal Org – Beer and/or Wil	18		\$1,000.00	
			SUBTOTAL DUE	
ΙΑΤΕ ΡΑΥΜΕΝ	T DENALTV (100% of Sul	btotal Due Penewal nos	tmark after November 30 <sup>th</sup> )	
INTEREST (1%/month of Subtotal Due Renewal postmark after November 30 <sup>th</sup> ) 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 Start Date: End Date				
twelve (12) months of sales, provide date of sales				
GROSS RECEIPTS/ SALES FROM (CHECK ONLY ONE) Gross Sales (\$)			Percentage	
□ Food and Food Service				
Rental Of Rooms For Overnight Lodging				
GROSS RECEIPTS/ SALES FROM BEER, WINE, AND/OR LIQUOR				
TOTAL GROSS RECEIPTS/ SALES			100%	



#### **DEPARTMENT OF PLANNING & SUSTAINABILITY**

BUSINESS OCCUPATION TAX				
1. GEORGIA GROSS I	RECEIPTS (2024 ESTIMATE)			
(At least one, include	E <b>PROFESSIONALS ELECTION *</b> e owner/operator) d for 10 or More Employees	<ul> <li>Number of Employees or Professionals:</li> <li></li> </ul>		
2022 GROSS RECEIPT		<u>Gross Receipts-Actual 2022</u>		
2022	EMPLOYEE	ACTUAL # OF EMPLOYEES-2022		
EMPLOYEES/ PROFESSIONALS ELECTION*	PROFESSIONAL			
	ACCEPTANCE AND ACK	CKNOWLEDGEMENT		
I certify that the 2022 A figures are true and co and the 2024 ESTIMAT this year is a good faith estimate or last year's a	rrect, Agent Full Name: 'E for 1	orized Signature: Date:		

\*Professionals Election O.C.G.A 48-13-9 (C)(2). Flat Fee of \$400.00/ Professional Practitioner.

\*Please contact our office if there are any changes in your primary line of business or physical address\*

# Please submit all required and supporting documents to prevent any delay in the processing of your application



	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	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		
ON THIS THEDAY OF	THIS THE DAY OF, 20		
, 20			
NOTARY PUBLIC	Print Licensee Name		
My Commission Expires:			
	Licensee Signature		



**DeKalb County Department of Planning & Sustainability** 

DeKalh County

#### BUSINESS LICENSE RENEWAL AFFIDAVIT – 20\_\_\_\_

The undersigned,		, being duly sworn, says the following:
	(Licensee)	

- 1. Have there been changes of ownership of the establishment?  $\Box$  Yes  $\Box$  No If yes, please explain
- 2. There have been no changes in any information and data contained in and furnished with my original DeKalb County Business Registration application.
- 3. In the past year, have you been convicted of or pleaded nolo contendere to a violation of any federal, state, or county law concerning crime of moral turpitude, misdemeanor, or violation of this Code directly relates to the business for which the certificate is sought? If yes, please explain the violation and provide the date of adjudication and the court of adjudication:
- 4. I am familiar with all laws, rules and regulations of the State of Georgia and all ordinances of DeKalb County covering the operation of the business establishment I will operate under this renewal.

I swear that all the information contained in the original application is true and I understand that such application is made a part of this renewal application and the renewal is based upon the information contained in the original application. DeKalb County sec. 15-45(a). A license issued pursuant to the provisions of this division shall be denied, suspended or revoked by the director if the licensee furnishes fraudulent or untruthful information in the original, renewal or transfer application for a license or omits information required in the original, renewal or transfer application for a license and for failure to pay all fees, taxes or other charges imposed under the provisions of this chapter.

Sworn to and subscribed to before me

Licensee's Signature

this\_\_\_\_\_,20\_\_\_.

Notary Public

My commission expires: (SEAL)





**Business Name** 

License #/Occupation Tax #

L		
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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):

#### **<u>SECTION 1.</u>** 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.



Office: 404-371-2155

Chief Executive Officer **DEPARTMENT OF PLANNING & SUSTAINABILITY** Inter Michael Thurmond C

Interim Director Cedric Hudson

Dear DeKalb County Business Customer,

### This letter includes information on how to complete and submit your Letter of Entertainment (LOE).

Please submit LOEs and any associated grandfather documentation to DeKalbLOE@dekalbcountyga.gov.

#### 1. All renewals must submit a new, completed LOE (see attached) for the 2024 renewal season.

- Please check all applicable boxes on the form. This form is a fillable .pdf form.
- Please note that you cannot be both a "Freestanding Bar" and a "Restaurant."
  - Please check one (1) based on the alcohol-to-food ratio that is sold.
  - If you check "yes" to tobacco or smoking, then you are automatically a "Freestanding Bar" and cannot sell alcohol on Sundays.
  - All establishments which permit smoking must demonstrate compliance with the DeKalb County Indoor Clean Air Act or obtain a ventilation (HVAC) permit from Building Permits.
  - If you are a "Restaurant" without smoking, then you can sell alcohol on Sundays.
- Additionally, if your business model has not changed and your LOE was approved last year by the Planning & Sustainability, you should check the same boxes you checked last year so that your LOE approval to avoid processing delays.
- 2. If your establishment is a "Late Night Establishment" or "Nightclub" open beyond 12:30 am that was previously grandfathered by the Planning & Sustainability Department, you will need to submit the grandfather documentation with your LOE to prove that you have not been closed for more than six months in the previous year.
  - Please provide at least one alcohol invoice from each quarter of 2023 and/or time-date alcohol receipts for each quarter, so that your grandfather documents and LOE can be reviewed in a timely manner.
  - If your Late-Night Establishment or Nightclub was approved as a Special Land Use Permit (SLUP) by the Board of Commissioners please provide the number, or if it is a permitted use in an overlay district write the overlay information. Please note on the LOE that your establishment qualifies under one of these two methods.
- 3. Submit LOEs and any supporting documentation to DeKalbLOE@dekalbcountyga.gov. Upon submittal, you will receive a confirmation that your information has been received and is being reviewed. Grandfathered Late-Night Establishments and Nightclubs take longer to review since documentation has to be verified, therefore please submit the LOE <u>by October 13, 2023</u> to ensure that your alcohol license and/or business license applications are reviewed in a timely manner.

If you have any questions or concerns about the LOE review process, you may contact the DeKalb County Planning & Sustainability Department via email at DeKalbLOE@dekalbcountyga.gov or call 404-371-2155 option 3.

Sincerely, Lexi Morgan, Business License Manager

cc: Cedric Hudson, Interim Director

Brandon White, Planning Manager

Decatur, GA 30030 dekalbcountyga.gov/planning DeKalb County DeKalb County GEORGIA **Cedric Hudson** GEORGIA **Michael Thurmond Interim Director Chief Executive Officer** LETTER OF ENTERTAINMENT READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 1. Both the tenant and property owner are required to sign the form. 2. All signatures must be original. 3. Both signatures must be individually notarized (two seals, two stamps, etc.). 4. \*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. **Current Name of Business:** Previous Name of Business (if name has changed in past twelve (12) months): Address of Business: Suite # Business Contact Name & Number: \_\_\_ Date: EACH OF THE FOLLOWING QUESTIONS MUST BE ANSWERED COMPLETELY: Is this Letter of Entertainment for a 1. □ New Establishment OR □ Renewal of Existing Establishment? 2. Is this establishment a Restaurant OR a Freestanding bar? (Check Only One) □ <u>*Restaurant: An establishment where food and drink are prepared, served, and consumed primarily within the principal*</u> building. □ <u>Freestanding Bar</u>: 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 cabaret. Note: Sunday Sales are Prohibited for Establishments which are classified as a Freestanding Bar. 3. Is this establishment permitted to sell alcohol on Sunday? □ Yes  $\Box$  No Licensed establishments deriving a minimum of sixty (60) percent of their total annual gross food and beverage sales from the sale of prepared meals or food are authorized to apply for a Sunday sales permit to sell and serve distilled spirits by the drink from 12:30 pm Sundays. Note: Sunday Sales are allowed only for Establishments which are classified as Restaurants 4. Ves Is this establishment open after 12:30 am?  $\square No$ 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. 5. Does this establishment include a patio or deck?  $\Box$  Yes  $\Box No$ Does this establishment sell tobacco products, allow smoking, or otherwise allow consumption of tobacco products on the 6a. premises including, but not limited to Hookah Services? 
Yes  $\square$  No 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. 6b. **Do you have the required mechanical ventilation permit?**  $\Box$  *Yes*  $\Box$ *No* Note: Onsite Tobacco Is Prohibited without a Ventilation Permit. Please refer to DeKalb County Clean Indoor Air Ordinance-File No. 52-1548 7. Is this establishment a nightclub with dancing and musical entertainment? Nightclub: A commercial establishment dispensing alcoholic beverages for consumption on the premises and in which dancing and musical entertainment is allowed. □ Yes  $\square$  No Is this an "Adult Entertainment" establishment as defined by the DeKalb County Zoning and Adult Entertainment licensing and 8. alcohol beverage ordinances?  $\Box$  Yes  $\square No$ 9. Has a Special Land Use Permit (SLUP) been approved for this establishment?  $\Box$  Yes  $\square$  No A Special Land Use Permit is granted by the Board of Commissioners under Section 27-7.4. If yes; please provide Case Number

**DeKalb County Department of Planning & Sustainability** 

Phone: (404) 371-2155

178 Sams Street

Operation hours cannot exceed the time permitted by the Alcohol Licensing Ordinance in Chapter 4 of the DeKalb County Code. Rev. 4/5/23



#### Letter of Entertainment

I, THE UNDERSIGNED, DO HEREBY SWEARORAFFIRM, UNDERPENALTY 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 SAME AS THE NAME REFERENCED ONALL 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 this	Sign
	Tenant or Authorized Agent
day of20	(Print/Type name)
Notary Public	Sign Property Owner or Authorized Agent
Sworn to and subscribed before me	Property Owner of Authonized Agent
day of20	(Print/Type name)

**Notary Public** 



#### Letter of Entertainment

# TO BE COMPLETED BY PLANNING & SUSTAINABILITY 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)