

DEPARTMENT OF PLANNING & SUSTAINABILITY

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 | BUSINESS ACCO | BUSINESS ACCOUNT#: | | ☐ CHECK HERE IF NO LONGER | |
| ☐ Initial ☐ Subsequent | ALCOHOL ACCOUNT#: | | | OPERATING DATE CLOSED: | |
| _ | EXCISE ACCOUNT #: | | | | |
| ☐ Sole Proprietor | Partnership | Limited Liability Com | pany (Ll | LC) 🗆 Corporation 🗆 Other | • |
| Legal/ Entity Name: | | | | | |
| Physical (Location) Address (St | treet, City, State, Zip |) P.O. Box Not Permit | ted | | |
| | | | | GA | |
| | | LICENSEE INFORMATI | | | |
| (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) | | | | |
| | Í | 1 | | ĺ | 1 |
| | | ALCOHOL LICENSE FE | er e | | |
| CHECK LI | CENSE(S) TO REN | | <u> </u> | ANNUAL FEE/RATE | AMOUNT DUE |
| ☐ Beer Only | CENTRE (O) TO REIV | | | \$600.00 | IN-IOONI DOL |
| ☐ Wine Only | | | | \$600.00 | |
| ☐ Beer & Wine Combination | | | | \$900.00 | |
| ☐ Liquor – Package/ Wholesaler, | / Consumption on 1 | Premises Only | | \$4,000.00 | |
| ☐ Sunday Sales - Consumption on | | | | \$1,100.00 | |
| ☐ Additional Fixed Bar(s) | # | multiple | e | \$600.00 | |
| ☐ Additional Movable Bar(s) | # | multipl | | \$300.00 | |
| ☐ Patio Permit | - | | | \$100.00 | |
| ☐ Wholesaler/Importer – Beer | | | | \$600.00 | |
| ☐ Wholesaler/Importer – Wine | | | | \$600.00 | |
| ☐ Fraternal Org – Beer and/or W | 'ine | | | \$500.00 | |
| ☐ Fraternal Org – Liquor | | | | \$1,000.00 | |
| | | | | SUBTOTAL DUE | |
| | | | | nark after November 30 th) | |
| | | th of Subtotal Due Renev | val postn | nark after November 30 th) | |
| A. TOTAL ALCOHOL LICENS | | | | | |
| | | | PTION O | N PREMISES IS CHECKED | |
| Provide last twelve (12) months twelve (12) months of sales, pro | | | Start | Date: End Date | ! |
| GROSS RECEIPTS/ SALES FROM | (CHECK ONLY ON | NE) | | Gross Sales (\$) | Percentage |
| ☐ Food and Food Service | | | | | |
| ☐ Rental Of Rooms For Overn | ight Lodging | | | | |
| GROSS RECEIPTS/ SALES FROM BEER, WINE, AND/OR LIQUOR | | | | | |
| TOTAL GROSS RECEIPTS/ SALI | ES | | | | 100% |



DEPARTMENT OF PLANNING & SUSTAINABILITY

| BUSINESS OCCUPATION TAX | | | | | |
|---|---------------------------|---|----------|-------------------------------|----------------------------------|
| 1. GEORGIA GROSS I | RECEIPTS (202 | 4 ESTIMATE) | | | |
| 2. EMPLOYEE FEE PROFESSIONALS ELECTION* (At least one, include owner/operator) * E-Verify #required for 10 or More Employees Number of Employees or Professionals: ——————————————————————————————————— | | | | | |
| 2023 GROSS RECEIPT | <u>Gros</u> | s Receipts-Actual 2023 | | Gross Receipts | Estimated 2023 |
| 2023 EMPLOYEES/ PROFESSIONALS ELECTION* | ☐ EMPLOYEE ☐ PROFESSIONAL | | | ACTUAL # OF EMPLOYEES-2023 | ESTIMATED # OF EMPLOYEES-2023 |
| | | ACCEPTANCE AND ACK | NOWLEDGE | MENT | |
| I certify that the 2023 ACTUAL figures are true and correct, and the 2024 ESTIMATE for this year is a good faith estimate or last year's actual. | | Print Owner's /Author Agent Full Name: | ized | Signature: Date: | |

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

^{*}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*



DEPARTMENT OF PLANNING & SUSTAINABILITY

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? \square Yes \square 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 I, do solemnly swear subject to criminal penalties that the licensee signed this renewal application for statement and answers made by me to the foregoing questions in after stating to me personal knowledge and this renewal application are true and correct and no false or understanding that all statements and fraudulent information, statements or answers are made to answers made herein are complete, correct procure granting of the County Privilege License on and true ON THIS THE _____DAY OF THIS THE DAY OF , 20 . _____, 20_____. Print Licensee Name NOTARY PUBLIC My Commission Expires: _____ Licensee Signature





BUSINESS LICENSE RENEWAL AFFIDAVIT - 20____

| Th | e undersigned,(License | , being duly sworn, says the following: | |
|--|--|--|--|
| 1. | Have there been changes of ownership of | the establishment? Yes No If yes, please explain | |
| 2. | There have been no changes in any inform DeKalb County Business Registration app | mation and data contained in and furnished with my original olication. | |
| 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: | | | |
| I swear that all the information contained such application is made a part of this reinformation contained in the original appropriate to the provisions of this division the licensee furnishes fraudulent or untrapplication for a license or omits information | | gulations of the State of Georgia and all ordinances of DeKalb iness establishment I will operate under this renewal. ned in the original application is true and I understand that his renewal application and the renewal is based upon the application. DeKalb County sec. 15-45(a). A license issued sion shall be denied, suspended or revoked by the director if untruthful information in the original, renewal or transfer nation required in the original, renewal or transfer application es, taxes or other charges imposed under the provisions of this | |
| | vorn to and subscribed to before me sday of,20 | Licensee's Signature | |
| | etary Public | | |
| _ | commission expires: EAL) | | |





| Business Name | License #/Occupation Tax # |
|---|--|
| Business Occupation Tax Certificate Alcohol License | |
| AFFIDAVIT VERIFYING STATUS FOR | R COUNTY PUBLIC BENEFIT APPLICATION |
| O.C.G.A. § | 50-36-1(e)(2) |
| | nt for a Business License / Occupational Tax Certificate a ty the undersigned applicant verifies one of the following |
| Do not check more than ONE option. | |
| 1) I am a United States citizen, 18 years of a | age or older. |
| 2) I am a legal permanent resident of the U | nited States 18 years of age or older. |
| | under the Federal Immigration and Nationality Act with ent of Homeland Security or other federal immigration |
| My alien number issued by the Departm agency is: | ent of Homeland Security or other federal immigration |
| The undersigned applicant also hereby verifies that provided at least one secure and verifiable docume with this affidavit. The secure and verifiable docume classified as: (i.e. driver's license, I-551, I-766, Passp | nt, as required by O.C.G.A § 50-36-1(e)(1), lent provided with this affidavit can best be |
| <u> </u> | |
| | 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-W | /IDE) |
| PRIVATE EMPLOYER | AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d) |
| | ne undersigned private employer verifies one of the following with license, occupational tax certificate, or other document required to G.A. § 36-60-6(d): |
| SECTION 1. Please check only one: (A) On January 1st of the below-s employed more than ten (10) en | igned year, the individual, firm, or corporation nployees ¹ |
| *** If you select Section 1(A), please fill of | out Section 2 and then execute below. |
| (B) On January 1st of the below-semployed ten (10) or fewer emp | igned year, the individual, firm, or corporation ployees. |
| *** If you select Section 1(B), please ski j | p Section 2 and execute Section 3 below. |
| with the applicable provisions and de | d utilizes the federal work authorization program in accordance eadlines established in O.C.G.A. § 36-60-6. The undersigned federal work authorization user identification number and date or identification number are identification number. |
| Date of Authorization | |
| SECTION 3. I hereby declare under penalty of per | giury that the foregoing is true and correct |
| Signature of Authorized Officer or Agent | t |
| Printed Name and Title of Authorized Of SUBSCRIBED AND SWORN BEFORE ME ON THIS THEDAY OF | |
| NOTARY PUBLIC My Commission Expires: | |

¹ 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
Michael Thurmond

DEPARTMENT OF PLANNING & SUSTAINABILITY

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."
 - O Please check one (1) based on the alcohol-to-food ratio that is sold.
 - o If you check "yes" to tobacco or smoking, then you are automatically a "Freestanding Bar" and cannot sell alcohol on Sundays.
 - o 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.
 - o 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.
 - o 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 **by October 13, 2023** 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



178 Sams Street Decatur, GA 30030

Phone: (404) 371-2155 dekalbcountyga.gov/planning **Cedric Hudson**

Interim Director

DeKalb County

Michael Thurmond 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.

| | evious Name of Business (if name has changed in past twelve (12) months): | | | | |
|-----|---|--------------------|--|--|--|
| | | | | | |
| _ | ness Contact Name & Number: :: | | | | |
| | | | | | |
| | | OWING QUESTIC | ONS MUST BE ANSWERED COMPLETELY: | | |
| 1. | Is this Letter of Entertainment for a ☐ New Establishment | OR | ☐ Renewal of Existing Establishment? | | |
| 2. | Is this establishment a Restaurant <u>OR</u> a Freestanding bar? (Check Only One) | | | | |
| | ☐ <u>Restaurant</u> : An establishment where food and drink are prepared, served, and consumed primarily within the principal 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 alco | ohol on Sunday? | ☐ Yes ☐ 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. | Is this establishment open after 12:30 am | ? | Yes □ No | | |
| | <u>Late Night Establishment:</u> 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? □ Ye | es 🗆 No | | |
| 6a. | 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? No | | | | |
| | Smoking means inhaling, exhaling, burning, or pipe, or any other lighted or heated tobac | | hted or heated cigar, cigarette, e- cigarette, oral smoking device, alation, in any manner or in any form. | | |
| 6b. | Do you have the required mechanical vention Note: Onsite Tobacco Is Prohibited without a Vention | | Yes □No refer to DeKalb County Clean Indoor Air Ordinance-File No. 52-1548 | | |
| 7. | Is this establishment a nightclub with dand | cing and musical e | ntertainment? | | |
| | Nightclub: A commercial establishment disp and musical entertainment is allowed. | | everages for consumption on the premises and in which dancing Yes | | |
| 8. | Is this an " <u>Adult Entertainment</u> " establishm alcohol beverage ordinances? ☐ Yes | | e DeKalb County Zoning and Adult Entertainment licensing and | | |
| 9. | Has a Special Land Use Permit (SLUP) be A Special Land Use Permit is granted by the If yes; please provide Case Number | | | | |



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 SAME 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 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 | |
| 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 | | | |
| rtoriowal Electrics Triginicias | | | |
| | | | |
| Renewal License – Late Night | | | |
| | | | |
| | | | |
| | | | |
| This, day of, 20_ | I have reviewed this letter of ent | ertainment application and have taker | the actions set forth above. |
| | | | |
| | | | |
| (C: N | | | |
| (Sign Name) | | | |
| | | | |
| | | | |
| (Drint Nama) | | | |
| (Print Name) | | | |
| | | | |

(Title)