

NEW ALCOHOLIC BEVERAGE LICENSE INFORMATION & CHECK LIST

- A state license must be obtained before any alcoholic beverages can be served or sold in the City of Clarkston. Contact the Georgia Department of Revenue at (404) 417-4902.
- Read and understand the City's Alcohol Beverage Ordinance, Chapter 3 of the Code of Ordinances.
- If applicant is a new establishment you must also obtain an Occupational Tax Permit, please contact City Hall at (404) 296-6489.
- The following information will be required at the time of submittal of the application:
 - Completed Application Form (signed and notarized);
 - Must obtain or have an Occupational Tax Certificate;
 - Personnel Statements from owner, partners, officers, directors, and major stockholders of private corporations, and general manager with two current passport photographs
 - Two (2) Fingerprint Cards; Must be obtained with DeKalb County, Police Headquarters, 3630 Camp Circle, Decatur, See attached form
 - All individuals required to complete personnel statements must contact the Police Department at (404) 292-9465 for background check.
 - Cash or check for the license fee plus the administrative fee;
 - Evidence of Ownership of the building or copy of the lease, if applicant is leasing the building;
 - A survey showing the distance to the nearest school/school grounds, church, library, public park, alcohol treatment facility, adult entertainment;
 - If applicant represents a franchise, copy of the franchise agreement;
 - If applicant represents an eating establishment, submit a copy of the menu;
 - If applicant represents a partnership, submit copy of the partnership agreement;
 - If applicant represents a corporation, submit articles of incorporation and certificate of incorporation;
 - Project purchases/projected gross sales (if applying for distilled spirits consumption);
- Establishments holding an Alcohol Beverage License from the City of Clarkston must submit the following reports:

On-Premise Consumption

- Excise tax-reporting for Liquor Sales (to be submitted monthly). Due the 20th of each month;
- Quarterly Reporting of food/alcohol sales; due the last day of the month after each calendar quarter.

New Alcohol Beverage License Application

Instructions: This application must be typed or printed legibly and executed under oath. Each question must be fully answered. If space provided is not sufficient to answer the question please use a separate sheet of paper. Holding an alcohol beverage license with the City of Clarkston is a privilege.

New Amendment

Date: _____

Contact Name: _____ Phone: _____

Business/Trade Name: _____

D/B/A: _____

Business Address: _____

Emergency Contact Name: _____ Phone: _____

TYPE OF BUSINESS

- Convenience Store
- Grocery Store
- Package Store
- Manufacturer
- Specialty Beverage Store
- Restaurant
- Wholesale
- Other: _____

TYPE OF LICENSE AND FEES

Retail Dealers On-Premise Consumption/Retail Dealers Package

- Beer/Malt Beverages \$750
 - Wine \$750
 - Beer/Wine/Malt Beverages \$1,000
 - Distilled Spirits \$2,500
 - Wholesale Wine or Beer/Malt \$350
 - Wholesale Beer/Wine/Malt \$450
 - Wholesale Distilled Spirits (City) \$5,000, No location in City \$450
 - Administrative (Investigative Application) Fee (applicable to all Licenses) \$200.00
- Employee Work Permit Initial/Renewal \$50.00 (per employee) Must apply Clarkston Municipal Courts Office (404-292-9465)

FOR OFFICE USE ONLY

Department	Date	Approve/Deny	Comments
City Clerk			
Planning & Development			
Police Department			
Quality of Life Officer			
City Manager			

APPLICANT INFORMATION

Please submit a passport photograph of owner(s) with completed application.

Full Name: _____ Date of Birth: _____
 Current Address: _____

Name of Agent or Representative (if different from Applicant): _____
 Phone: _____
 Address: _____

Address of Applicant (if different for the past 5 years):

Have you ever been arrested? Yes No (If yes, explain) _____

BUSINESS INFORMATION

Type of business entity: Sole Proprietorship Partnership Corporation Other

Has an Occupational Tax Certificate been obtained and paid for at said business? Yes No (If not issued by the City of Clarkston please include a copy with application.)

Federal Tax ID Number: _____ State Tax ID Number: _____

Do you own the property? Yes No (If no, please provide name, address, and contact number for the landlord. A copy of the Lease must be attached to this application.) _____

Name each person(s) having a financial interest in the Establishment.

Full Name	Position	Social Security Number	Address	% of Interest

Have you or anyone with interest in the establishment ever or do you currently hold an alcohol beverage license with any other municipality, county, or state? Yes No

If so, have you or anyone holding interest in the establishment ever been placed on probation or had your license revoked? Yes No (If yes, please explain on separate sheet of paper and attach hereto.)

Provide name, address, Social Security Number, and phone number for each Manager if different from owner. A passport photograph, Personnel Statement, and Background Check must be submitted for each manager.

Full Name	Position	Social Security Number	Address	% of Interest

If new application for Retail Sale, attach a surveyor's plat and state the straight line distance from property line of school, church, library, or public recreation area to the wall of the building where alcohol beverages are sold.

Church: _____ School: _____

Library: _____ Public Recreation: _____

VERIFICATION OF APPLICATION

I hereby make application for an Alcohol Beverage License for the City of Clarkston. I understand that holding this license is a privilege. I do hereby affirm and swear that the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I understand the City of Clarkston reserves the right to enforce any and all ordinances regardless of payment of license fee and further that it is my/our responsibility to conform with said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of Clarkston pursuant to O.C.G.A. §16-10-20.

Signature of Applicant or Agent

Print or Type Name

I certify that _____ (name of applicant) personally appeared before me, and that he signed his name to the foregoing statements and answers made therein, and under oath, has sworn that said statements and answers are true.

This _____ day of _____, 20____.

Notary Public

My commission expires on: _____

BACKGROUND CHECK OWNERS/MANAGERS

An Alcohol Permit Applications must include a background check for all owners, partners and managers.

Application must be made to the City of Clarkston Police Department, Municipal Courts, 3921 Church Street, Clarkston, GA 30021, (404) 292-9465

Hours: 9:00a.m. to 4:00p.m. Monday through Friday

Fees:

Owner/Manger Permits are \$50.00 which includes processing of Criminal History record

Payment Forms: Cash or Credit Card

Name: _____ Date: _____

Business: _____ Title: _____

Are you an Owner or Manager? Manager Owner Partner

If you are an Owner/ Manager have you obtained Personnel Statement from City Hall? Yes No

Do you consent to the Clarkston Police Department checking your criminal history? Yes No

Have you ever been convicted or has plead guilty or entered a plea of nolo contendere to any crime, misdemeanor, and/or felony involving moral turpitude, lottery, or illegal possession or sale of narcotics or liquors within a period of ten (10) years immediately prior to the filing of such application. Yes, Please Explain No

Are you currently serving probation? Yes, Please Explain No

For Official Use Only

City Hall:

Authorized By: _____ Date: _____ ID Paid: Yes No

Police Department:

Criminal History Record Checked? Yes No

Applicant is able to obtain Permit? Yes No, If no, please state reason for denial.

Permit No. _____

Signed By: _____ Date: _____ Name: _____
Please Print Name

ALCOHOLIC BEVERAGE PERSONNEL STATEMENT
OWNERS/MANAGERS/ASSISTANT MANAGERS

For Official Use Only

Type of License: _____

Business: _____

Address: _____

Telephone: _____

Instructions: This personnel statement must be executed under oath or affirmation by every person having any ownership or profit sharing interest in, or managing any place of business applying for license from the City of Clarkston, Georgia to sell or deal in alcoholic beverages or distilled spirits. Please type or print clearly in ink. If not legible, Statement will not be accepted. Each question must be fully answered. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. A personnel statement, including two (2) passport-size photographs and two (2) fingerprint cards are required by Questions 31 and 32, for all owners/managers/assistant managers and must be submitted with every license application.

1. _____
Full Name of Applicant and Address

2. Social Security Number: _____

3. Driver's License Number: _____

4. Date of Birth: _____ Place of Birth: _____

5. U.S. Citizen A copy of verifiable identification must be provided at the time of application. Copy of driver's license or State photo ID card.

a. by birth

b. Naturalized

Date: _____ Place: _____ Court: _____

Petition Number: _____ Certificate Number: _____

Derived Parent Certificate Number(s) _____

Alien Registration Number: _____

Native Country: _____ Date of Port Entry: _____

6. How long have you been a legal resident of Georgia? _____ Years _____ Months

7. Marital Status Single Married Widowed Divorced Separated

8. If married, give spouse's full name _____

9. Physical Description of Applicant _____ Race _____ Sex _____ Height _____ Weight _____
_____ Age _____ Hair Color _____ Eyes _____

10. Education and training specific to restaurant/alcohol field. _____

11. Have you ever used or been known by any other name yes No

12. List maiden name, names by former marriages, former names changed legally or otherwise, aliases or nicknames. For each, list the period which you were known by this name. _____

13. Are you registered to vote in the state of Georgia yes No
County Registered _____ Number of years registered _____

14. For the last calendar year, did you file and pay any County property tax () yes () No

15. For the last calendar year, did you file and pay any City property tax () Yes () No

Name of City _____

16. Employment record for the past ten (10) years (Give most recent experience first, is self-employed give details)

From To Employer Occupational Duties Reason for Leaving

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

17. List, with your most recent place of residence first, all of your residences for the past ten (10) years

Date From/To Street City State

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

18. Military Service () Yes () No List Serial Number _____ Branch of Service _____

Period of Service _____ Date of Discharge _____ Type of Discharge _____

19. Have you ever been convicted of a felony relating to violence, illegal substances, gambling, theft or alcohol use, or of a crime opposed to decency and morality, or who has been convicted of a crime involving violation of the ordinances of the city or any other city or county relating to the use, sale, taxability, or possession of malt beverages, wine or liquor, or violations of the laws of the state and federal government pertaining to the manufacture, possession, transportation or sale of malt beverages, wine or intoxicating liquors, or the taxability thereof within ten (10) years preceding this application? _____ Yes _____ No

20. Full name of dealer and trade name, if any, submitting application of which this personnel statement is a part. _____

21. Position of applicant in dealer's business. _____

22. Does applicant have any ownership/profit sharing interest in the business? () Yes () No

State annual salary of applicant or the estimated annual profit or compensation derived from this business. _____

23. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the business premises? () Yes () No if yes, explain _____

24. Do you have any financial or are you employed in any wholesale or retail liquor business other than the business submitting the license application of which this personnel statement is a part? () Yes () No if yes, give names and locations and amount of interest in each. _____

25. Do you have any financial interest or are you employed in any business engaged in distilling, bottling, rectifying or selling (wholesale, retail or manufacturing) alcoholic beverages in this state or outside this state which has not otherwise been disclosed in the statement. () Yes () No If yes, explain _____

26. Have you ever had any financial interest in an alcoholic beverage business which was denied a permit? () Yes () No if yes, explain _____

27. Has any alcoholic beverage business in which you hold or have held any financial interest or have been employed, ever been cited for any violation for the rules and regulations of the State Revenue Commission relating to the sale or distribution of distilled spirits? () Yes () No If yes, explain _____

28. Have you ever been denied a bond by a commercial surety company? () Yes () No if yes, explain _____

29. Are you related by blood, marriage or adoption to any persons engaged in any business handling alcoholic beverages, whiskeys or liquors in the State of Georgia. () Yes () No

30. Personal References. Give three (3) personal references, not relatives (i.e., former employees, fellow employees or school teachers who are responsible adults, business or professional men or women) who have known you well during the past five (5) years.

Name _____
Residence _____
Business Address _____
Telephone Number _____ Number of years known _____

Name _____
Residence _____
Business Address _____
Telephone Number _____ Number of years known _____

Name _____
Residence _____
Business Address _____
Telephone Number _____ Number of years known _____

31. Attach two (2) passport-size photographs (front view). Write name on back of photographs and also the name of dealer submitting a license application. Initial here if such photographs are attached. _____

32. There must be submitted with this personal statement the fingerprints of applicant on two (2) fingerprint cards, which will be furnished to the City of Clarkston. Initial here that such fingerprint cards are attached. _____

Verification

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City of Clarkston license as a dealer in alcoholic beverage and distilled spirits are true, and no false or fraudulent statements or answer is made therein to procure the granting of such license. I hereby submit for an Alcoholic Beverage Privilege License Personnel Statement for the City of Clarkston. I do hereby swear or affirm that the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just case for invalidation of this statement and any related application. I certify that neither I, nor any of the other owners of the retail or wholesale establishment, nor the manager of such establishment has been convicted or has plead guilty or entered a plea of nolo contendere to any crime, misdemeanor, and/or felony involving moral turpitude, lottery, or illegal possession or sale of narcotics or liquors within a period of ten (10) years immediately prior to the filing of such application. I understand the City of Clarkston reserves the right to enforce any and all ordinances regardless of payment of license fees and further that it is my/our responsibility to conform to said ordinance in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of Clarkston pursuant to O.C.G.A. §16-10-20.

Applicant's Signature (full name in ink)

Applicant's Name (Print or Type)

I certify that _____ (name of applicant) personally appeared before me, and that he signed his name to the foregoing statements and answers made therein, and under oath, has sworn that said statements and answers are true.

This _____ day of _____, 20 _____ .

Notary Public

Seal:



FINGERPRINTS NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI 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 agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency 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 state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

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 regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

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.

APPLICANT SIGNATURE

DATE

NOTARY SIGNATURE

DATE

SEAL



I authorize DeKalb County Police Department to conduct a fingerprint based criminal history record check of me, as a part of my City of Clarkston alcohol application.

I understand that DeKalb County Police Department will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by DeKalb County Police Department and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that DeKalb County Police Department will not maintain a copy of my record and that DeKalb County Police Department meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

DeKalb Police Headquarters
3630 Camp Circle, Decatur, GA 30032- ground floor

Monday-Thursday 8:00-11:00am and 1:00 – 4:00pm

Must bring Photo ID, (Driver’s License or US Passport) and \$5.00

Name: _____

Signature: _____

Date: _____