
RENEWAL - ALCOHOLIC BEVERAGE LICENSE INFORMATION & CHECK LIST

- Read and understand the City's Alcohol Beverage Ordinance, Chapter 3 of the Code of Ordinances.

The following information will be required at the time of submittal of the application:

- Completed Renewal Form (signed and notarized); **Must be submitted before December 31.** Failure to fully complete the renewal application, as required by the city clerk, will delay the renewal. The failure to furnish complete information within thirty (30) days after being requested shall result in automatic denial of the renewal.
- A state license must be obtained before any alcoholic beverages can be served or sold in the City of Clarkston. Submit a copy of 2017-18 State Issued Alcohol License
- Submit One (1) Personnel Statement for EACH Owner/ Partner/ Manager /Assistant Manager
- Submit proof of bona fide residency of the United States (Driver's License)
- Must obtain or have an Occupational Tax Certificate;
- All Alcohol servers required to complete background check must contact the Municipal Court Services Offices at (404) 296-6489 for background check and application for Server Card.
- 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;
- Copy of 2016 Income Tax Return filed with the Internal Revenue Service that shows reported Gross Income (Receipts) for 2016. Tax returns should have been filed in 2016.
- Copy of the business entity's accounting system reports or schedules showing 2017 year-to-date or final sales, gross revenue or receipts. If providing year-to-date reports, please indicate the estimated final 2017 annual gross revenue for the entire 2017 year.
- If applicant represents an eating establishment, submit a copy of the menu;

ALL REQUIRED ALCOHOL REPORTING/TAXES MUST BE CURRENT FOR A RENEWAL TO BE CONSIDERED

- Establishments holding an Alcohol Beverage License from the City of Clarkston must submit the following reports:

On-Premise Consumption

- Excise tax-reporting for Liquor (3% Distilled Spirits) Sales (to be submitted monthly). Due the 20th of the following month;
- Quarterly Reporting of food/alcohol sales; due the last day of the month after each calendar quarter.

Alcohol Beverage License Renewal 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.

Renewal 20_____ (Year)

Date: _____

Contact Name: _____ Phone: _____

Business/Trade Name: _____

D/B/A: _____

Business Address: _____

Emergency Contact Name: _____ Phone: _____

Email Address: _____

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 Application Fee (applicable to all Licenses) \$200.00

Employee Work Permit Initial/Renewal \$50.00 (per employee). Complete application & background check at Police Dept. / Municipal Courts Office – 3921 Church St, Clarkston, GA 30021 (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

Full Name: _____ Date of Birth: _____
 Current Address: _____
 Email Address: _____
 Name of Agent or Representative (if different from applicant): _____
 Phone: _____
 Address: _____

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

BUSINESS INFORMATION

Type of business entity: Sole Proprietorship Partnership Corporation Other

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 and a copy of current lease.) _____

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.

Full Name	Position	Social Security Number	Address	% of Interest

Annual Sales Beer/Wine \$ _____ Annual Gross Sales (Non-Alcohol/Food) \$ _____

Annual Sales from Distilled Spirits \$ _____ Annual Sales Other \$ _____

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: _____

PERSONNEL STATEMENT - ALCOHOLIC BEVERAGE APPLICATION
OWNERS/ MANAGERS/ ASSISTANT MANAGERS

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 copy of verifiable identification must be provided at the time of 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

PERSONNEL STATEMENT - ALCOHOLIC BEVERAGE APPLICATION Con't

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

Name of City _____

16. 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

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

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

19. 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.

\$ _____

20. 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

21. 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.

22. 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

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

24. 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 _____

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

26. 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

PERSONNEL STATEMENT - ALCOHOLIC BEVERAGE APPLICATION con't

Verification of Personnel Statement

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)

Date

Email Address

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

REGISTERED AGENT CONSENT AND INFORMATION FORM

CITY OF CLARKSTON OFFICE OF THE CITY CLERK

Sec. 3-6(l) All licensed establishments must have and continuously maintain in DeKalb County a registered agent upon whom any process, notice or demand required or permitted by law or under this chapter to be served upon the licensee or owner may be served. This person must be a resident of DeKalb County. The licensee shall file the name of such agent, along with the written consent of such agent with the city.

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors thereof and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the city of Clarkston, Georgia. I understand the basic purpose is to have and continuously maintain a Registered Agent upon which any process, notice, or demand required or permitted by law or under said ordinance to be served upon the licensee or owner may be served. I understand that the Registered Agent must be a citizen of the United States and a resident of DeKalb County Georgia. I hereby authorize the Clarkston Police Department to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the Clarkston Police Department's investigation. I further certify that I will notify the City of Clarkston Office of the City Clerk of any changes effecting my status and/or position with this company.

This _____ day of _____, 20 ____ .

Signature of Agent

Type or Print Name of Agent

Type or Print Agent's Home Address

Type or Print City, State and Zip Code

Type or Print Date Moved into the Above Address

Type or Print Social Security Number

Type or Print Driver's License Number

Type or Print Date of Birth

Type or Print Area Code and Phone Number

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for the City of Clarkston, Georgia Business or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Clarkston.

(Circle one) Occupational Tax Certificate, Alcohol License, Taxi Permit or Other Public Benefit.

I am stating the following for _____
(THE NAME OF PERSON APPLYING ON BEHALF OF BUSINESS, CORPORATION, PARTNERSHIP OR OTHER PRIVATE ENTITY)

1. _____ I am a United States Citizen
2. _____ I am a legal permanent resident of the United States 18 years of age or older. **Please include Alien Registration Number below signature.***
3. _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

*OCGA § - 1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Number and Document Source

In making the above statement 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 OCGA Section 16-10-20.

Signature of Applicant

Date

Date of Birth _____

Printed Name

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____,
20____.

*Alien Registration Number for Non-citizens _____

Notary Public
My Commission Expires: _____



City of Clarkston
Private Employer E-Verify Affidavit
REQUIRED

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

If your business employs less than ten (10) employees, please check this box and sign below.

By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 201__ 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:

****FORM REQUIRED**** This form must be completed and returned with your Clarkston Alcohol Application Renewal and payment. Failure to return this completed Private Employer Affidavit with your renewal and payment will delay the issuance of your occupational certificate.