

- Distilled Spirits/Beer/Malt/Wine, Consumption \$2520.00 \$210.00 x _____
- Sunday sales Beer/Malt/Wine/Distilled Spirits \$240.00 \$20.00 x _____
Consumption
- Nonprofit Civic Organization (Temporary) –
Distilled Spirits/Beer/Malt Beverages/Wine, Consumption \$25.00 PER DAY
- Alcoholic Beverage Caterer – Beer/Malt/Wine
Distilled Spirits/Function \$240.00 \$20.00 x _____
- Wine Tasting – Wine Retailer \$220.00 \$18.33 x _____

*Licenses are issued only for number of months remaining in calendar year; any partial months shall be counted as a full month. License fees are not refundable.

**Sunday sales permits are issued only to consumption on premises establishments. New establishments are given six months to comply with the 50% food sales of total gross food and beverage sales; no affidavit is required for new establishments.

LICENSEE'S FULL NAME (Last, First, Initial)			SOCIAL SECURITY NUMBER		HOME PHONE
LICENSEE'S HOME ADDRESS (Street and No.)		(City)	(State)	(Zip Code)	DATE OF BIRTH
BUSINESS NAME			BUSINESS MAILING ADDRESS (Street and No./P. O. Box)		
BUSINESS LOCATION (Street and No.)		CITY	STATE	ZIP CODE	
CITY	STATE	ZIP CODE	CURRENT CITY LICENSE NO.		BUSINESS PHONE
FEDERAL EMPLOYER IDENTIFICATION NUMBER		GEORGIA SALES TAX NUMBER	STATE WITHHOLDING NUMBER		
TYPE OF OWNERSHIP (check one)	SINGLE PROPRIETOR	PARTNERSHIP OR ASSOCIATION	CORPORATION	CORPORATION NAME	
DATE OF INCORPORATION	PLACE OF INCORPORATION	OWNER'S NAME (Last, First, Initial)		SOCIAL SECURITY NUMBER	
PARTNER(S)/CORP. OFFICER(S) NAME(S) & RESIDENT ADDRESS(ES)			% INTEREST	SOCIAL SECURITY NUMBER	

Note: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Licensee understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

State of Georgia, _____ County

I, _____, Licensee, 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 city license are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Licensee Signature (full name in ink)

I hereby certify that _____
(full name of licensee)
signed his name to the foregoing application after stating to me that he knew and understood all statements and answers made therein and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, _____.

Notary Public (S E A L)
My Commission Expires _____

Alcoholic Beverage License Application — Part II

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, business name and location of business

3. List the full name, address, and other pertinent information for each person having any interest in the application and the percentage of interest.

Name	Residence Address	Social Security Number	Date of Birth	Percent Interest

4. List the name and address of the owners of the building and land and the name and address of the lessor and sublessor and amount of rent paid.

	Name	Address	Amount of Rent Paid
Owner of Building			
Owner of Land			
Lessor			
Sublessor			

5. How much of the capital is being invested in the business and by whom?

Name	Address	Amount Invested

6. How much of the capital of this business is borrowed and from whom? _____

7. Name of the manager of the business for which this application is filed and state how compensated.

Name	Address	Percent Interest	Amount	of Compensation

8. Have you attached a copy of the floor plan of the establishment showing entrances, exits and location of alcoholic beverages? _____

9. Is this a corporation, partnership, or single proprietorship? _____ If this is a corporation, please file a copy of your corporate papers showing the officers and date incorporated. If partnership, please file a copy of the partnership papers, if any.

10. Have you attached a registered agent form? _____

11. Have you received a copy of the City of Avondale Estates Alcoholic Beverages Ordinance? _____ (No application can be processed until you acknowledge receipt of a copy of this ordinance)

Signature of Applicant

Alcoholic Beverage License Application — Part III

Personnel Statement

Instructions: This personnel statement must be executed under oath, by the licensee, all owners, 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 provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. A separate personnel statement for all the above persons must be submitted with each license application.

1. Full name: _____

2. Full name and address of business of which this personnel statement is a part: _____

3. Position of applicant in business: _____
State ownership or interest, if any, in this 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 locations a

5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? _____ If yes, give details: _____

6. Has any alcoholic beverage business in which you hold (or have held) any financial interest or in which you are employed by (or have been employed by) ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages? _____ If yes, give details: _____

7. If during the past ten years you have bought and sold any alcoholic beverage business, give details (date, license number, persons, and considerations involved): _____

8. Have you ever been denied bond by a commercial security company? _____ If yes, give details: _____

9. Are you a registered voter? _____ In what state? _____
In what county? _____ In what city? _____

10. 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.

11. Home address: _____ Home phone: _____
Business address: _____ Business phone: _____

12. Social Security Number: _____

13. Place of birth: _____ Date of birth: _____ U. S. Citizen: ____ By birth: ____
Naturalized: _____ Date, Place, and Court: _____
Certificate No.: _____ Petition No.: _____
Derived Parents' Certificate No.: _____ Alien Register No.: _____
Native Country: _____ Date and Port of Entry: _____

14. Single: _____ Married: _____ Widowed: _____ Divorced: _____ Separated: _____

Part III (Continued)

15. If married or separated, complete information on spouse:

Full name of spouse: _____ Social Security No: _____

Maiden name: _____ Date of Birth: _____

Name of spouse's employer: _____

Address of employer: _____

16. Employment record for the past ten years (give most recent experience first):

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

17. List in reverse chronological order all of your residences for the past ten years:

DATES		Street Address	City	State	Zip
From Code	To				

18. Have you ever been arrested, or held by federal, state or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances? _____ (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*.)

Reason	Date	Location	Disposition and Date

19. Race ____ Sex ____ Height ____ Weight ____ Age ____ Hair Color ____ Eye Color ____

20. Attach photograph (front view) taken within the past year.

(attach picture here)

Signature of Applicant

Alcoholic Beverage License Application — Part IV

Registered Agent Form

Business Name

Business Location

City/State/Zip Code

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of the Alcoholic Beverages Ordinance of Avondale Estates (every establishment holding an alcoholic beverage license in the City of Avondale Estates must have a registered agent and this person must be a resident of DeKalb County, Georgia).

This _____ day of _____, _____.

Signature of Agent

Agent's Social Security Number

Type or print name of Agent

Date of Birth

Agent's home address

Sex

Race

City/State/Zip Code

APPROVED:

Signature of Licensee

Signature of Owner

Signature of Officer or Director (Title)

Signature of Officer or Director (Title)

Alcoholic Beverage License Application — Part V

Affidavit of Person Having Knowledge of Applicant's Residence

State of Georgia, _____ County

Personally appeared before the undersigned Notary Public

_____,
(name of person having knowledge)

who says under oath that he is personally acquainted with

_____,
(name of alcoholic beverage license applicant)

and that he knows of his/her own knowledge that said applicant

has resided in the County of _____, State of

Georgia, since 19 _____, and is now a resident of said State and

County, and from one year prior to _____ day

_____, 19 _____, has resided at

(address of licensee for past year)

Affiant

Sworn to and subscribed before me this

_____ day of _____, 19 ____.

Notary Public

My Commission Expires: _____

(S E A L)

Alcoholic Beverage License Application — Part VI

Report of Survey for Alcoholic Beverage License

Applicant: _____

Trade Name: _____

Address: _____

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

_____ yards to the _____
(nearest school building, educational building, school grounds, or college campus. The term *school building* or *educational building* applies only to state, county, city, or church school buildings and to such buildings at such other schools in which are taught subjects commonly taught in the common schools and colleges of this state. The term *campus* is defined as buildings used for educational purposes and the space adjoining such buildings necessary and convenient and habitually used for educational purposes)

which is located at _____
(street address of facility)

and

_____ yards to the _____
(alcoholic treatment center)

which is located at _____
(street address of facility)

A DISTANCE OF ONE HUNDRED (100) YARDS IS REQUIRED

All measurements shall be as follows:

- (a) from the front door of the structure from which beverage is sold or offered for sale; then
- (b) in a straight line to the nearest public sidewalk, walkway, street, road, or highway; then
- (c) along such public sidewalk, walkways, street, road, or highway by the nearest routes; then
- (d) to the front door of the building, or to the nearest portion of the grounds, whichever is applicable under this city code.

A SCALE DRAWING OF THE LOCATION OF THE PREMISES SHOWING THE DISTANCE TO THE ABOVE MUST BE ATTACHED

In my opinion, the premises indicated above meet the distance requirements for licensing.

Georgia Registered Land Surveyor

Surveyor No.

(S E A L)

Alcoholic Beverage License Application — Part VII

Sunday Sales Application

Affidavit and Certification

Note: This part only applies to licensed consumption on the premises establishments deriving a minimum of fifty percent (50%) of their total annual gross food and beverage sales from the sale of prepared meals or food, or licensed establishments deriving at least fifty percent (50%) of their total annual gross income from the rental of rooms for overnight lodging.

Name of establishment : _____

Address of establishment: _____

Licensee's Name: _____

(Note: For new establishments, the below affidavit shall not be required and such establishments shall be allowed six (6) months to comply with the 50% rule; however, the licensee must sign the application and indicate his/her title.)

The following information must be provided for the most recently ended fiscal year, or such lesser period during which the establishment has been opened in the city. I certify that I have a working knowledge of the books and records of the establishment whose name appears above and, that to the best of my knowledge, the figures presented below represent the accurate figures for the period specified.

Period for which information is provided: _____

Gross receipts from food and food service, this period \$ _____ (___ %)

Gross receipts from beverage service, this period + \$ _____ (___ %)

Gross receipts for food and beverage, this period = \$ _____ (100%)

Briefly describe the method by which receipts are segregated daily into food and beverage service:

I hereby affirm in consideration of selling beer, malt beverages, and wine for consumption on the premises on Sundays between the hours of 12:30 p.m. and 12:00 midnight that, in accordance with the City of Avondale Estates Alcoholic Beverages Ordinance, at least 50% of this licensed establishment's annual gross food and beverage sales receipts is derived from the sale of prepared meals and food. I further affirm that the City of Avondale Estates may audit our records to verify same at its discretion.

Signature of Preparer and Title

Signature of Licensee and Title

State of Georgia, _____ County

Sworn under oath this _____ day of _____, 19 _____

Notary Public

My Commission Expires: _____

(S E A L)

Note: Sunday sales permits are granted for the full calendar year for the number of months remaining in the calendar year. The permit fee shall be prorated based on the number of months remaining in the calendar year; partial months shall be counted as a full month. Fees are not refundable and permits shall not be transferable.

All annual permit renewals shall be filed with the Finance Director of Avondale Estates not later than November 30 of the year preceding the license year for which the permit is to be issued unless the Finance Director agrees to a reasonable extension. All renewals are subject to audit.

This form must be completed in full or no permit will be issued.

Alcoholic Beverage License Application — Part VIII

Application for Open Area, Deck and/or Patio Sales

Note: This part only applies to licensed consumption on the premises establishments.

Name of establishment : _____

Address of establishment: _____

Licensee's Name: _____

No consumption and/or sale of alcoholic beverages shall be allowed in open areas, decks, patios, or similar unenclosed spaces on the premises of an establishment licensed to sell alcoholic beverages unless this application is completed, submitted to the city clerk, and approved by the Board of Mayor and Commissioners of the City of Avondale Estates under such conditions as it may deem appropriate for the protection of public health, safety and welfare including, but not limited to, maximum capacity, ingress and egress.

A site plan showing the enclosed structure and the open area, deck, patio, or similar unenclosed space on the premises must be attached to this application. Provisions for ingress and egress from the building interior to the open area, deck, patio, or similar unenclosed space on the premises must be indicated thereon.

I hereby make application for approval of a _____ (patio, deck, other open and unenclosed space) sales area for the consumption and/or sale of alcoholic beverages. I understand it shall be prohibited for customers to leave the premises with open beverages and it is the licensee's responsibility to ensure that no open beverages are sold and carried from the premises.

Signature of Licensee

Date of Application

.....

Date received by city clerk: _____

Agenda item for _____ meeting of the Board of Mayor and Commissioners

Approved this _____ day of _____, 19 _____.

Restrictions, if any _____

**Board of Mayor and Commissioners
City of Avondale Estates**

Attest:

Mayor

City Clerk

Alcoholic Beverage License Application — Part IX

List of Employees

Note: This part only applies to consumption on the premises establishments.

Name of establishment : _____

Address of establishment: _____

City beverage license no.: _____

List employees who will sell, serve, or dispense alcoholic beverages (must obtain alcoholic beverage permit from the City; separate signed application required to be filed by each employee):

Name of Employee	Position	Home Address	Home Phone No.

List employees who will not sell, serve, or dispense alcoholic beverages but who will be in close proximity to such alcoholic beverages, e.g., host, hostess, doorman, or bouncer (must obtain nonalcoholic beverage permit from the City; separate signed application required to be filed by each employee):

Name of Employee	Position	Home Address	Home Phone No.

List employees whose duties are limited solely to those of busboy, cook, or dishwasher (no permit required):

Name of Employee	Position	Home Address	Home Phone No.

Note: This form must be filed twice annually on or before June 1 and again on or before December 1.

STATEMENT OF CLEARANCE FROM CHIEF OF POLICE

CITY OF AVONDALE ESTATES, GEORGIA

Provide information below as appropriate to the establishment:

Name of establishment to be licensed

Name of sole proprietor

If a corporation: Name of corporation and name of majority stockholder if an individual

If a partnership: Name of partnership and names of partners

Name(s) of manager(s) of establishment to be licensed

Name of registered agent

Address of establishment

If this application is for consumption on the premises, the applicant/licensee has filed with the Avondale Estates Police Department names of all employees with their home addresses and home telephone numbers.

Complete and exhaustive investigation has been completed and attached hereto are such investigation reports and recommendations.

Chief of Police, City of Avondale Estates, Georgia

(Signature)

(Date)

Alcoholic Beverage License Application — Part XI

Check-Off List

- Application** (Parts I and II). All blanks must be completed and signed and notarized where indicated.
- Personnel Statements** (Part III). Required on sole proprietor, all partners, all stockholders with more than 10% ownership, all corporate officers and all managers. Original pictures are required on each form. Photocopy blank form as necessary.
- Registered Agent Form** (Part IV). Registered agent for service of process must reside in DeKalb County, Georgia.
- Affidavit of Person Having Knowledge of Applicant's Residence** (Part V).
- Legal Survey** (Part VI). Scale drawing showing location of establishment and completion of surveyor's certification.
- Floor Plan Drawing**. Consumption on premises establishments must show kitchen and customer area; convenience stores, grocery stores, gas, drug or dry goods stores must show 80% floor space and storage area devoted to the retail sale of other products.
- Copy of Menu**. Only applies to consumption on premises establishments.
- Sunday Sales Application; Affidavit and Certification** (Part VII). If Sunday sales are desired in addition to weekly sales; only applies to consumption on premises establishments.
- Application for Open Area, Deck and/or Patio Sales** (Part VIII). If sales outside the building interior are desired; only applies to consumption on premises establishments; site plan required; must be approved by the Board of Mayor and Commissioners of the City of Avondale Estates.
- Certified Check for Applicable License Fee**. Prorated on number of remaining months in the calendar year; any portion of a month is counted as a full month.
- Check or Cash for Investigative/Administrative Fee**. For new licenses only unless a renewal application is filed with the city clerk after the deadline of November 30th.
- Check for Business License**. Only applies to those establishments physically located inside the corporate limits of Avondale Estates.
- Health Approval**. Only applies to consumption on the premises establishments.
- Fire Approval**. Only applies to consumption on the premises establishments.
- Performance Bond**. Only applies to wholesalers.
- List of Employees** (Part IX). Only applies to consumption on the premises establishments.
- Statements of Clearance from Chief of Police** (Part X) Required on applicants, licensees, managers. Applicant/licensee will be a sole proprietor, major partner, or majority stockholder of the corporation if an individual; if majority stockholder is not an individual, the corporation's registered agent.
- Review of Code and the Following Notes:**
 1. It is advisable that applicants for any alcoholic beverage license make no expenditures, sign no contracts or obligate themselves in any manner without first making themselves aware of all requirements for compliance with State and City codes.
 2. Any police, health, and fire clearances must be approved in writing by these departments and sent to the City Clerk before your application for a license can be completely processed.
 3. Any questions you may have with regard to the interpretation of the City of Avondale Estates Code or its application to your particular situation must be submitted in writing to the City Clerk. Your questions will be reviewed and answered in writing as appropriate. You must not rely on verbal interpretations of the code or verbal opinions with regard to its application to your particular situation.
 4. In addition to the City license, a State license is required; contact the Georgia Department of Revenue.
 5. Contact the IRS District Office relative to a federal occupation tax stamp.
 6. Employees should make individual application for alcoholic beverage or nonalcoholic beverage permits. No alcoholic beverage permits shall be issued until the establishment's beverage license application is approved.

Note: If renewal with no changes, only Part I must be completed except that consumption on the premises establishments must also complete Part IX (list of employees) and Part VII (Sunday Sales Application) for each year that such sales are desired.

AVONDALE ESTATES
SCHEDULE OF ALCOHOLIC BEVERAGES LICENSE FEES

Type of License	Annual Fee	Monthly Fee
<input type="checkbox"/> Beer/Malt, Wholesale – Outside City	\$100.00	\$8.33
<input type="checkbox"/> Wine, Wholesale – Outside City	\$100.00	\$8.33
<input type="checkbox"/> Distilled Spirits, Wholesale – Outside City	\$100.00	\$8.33
<input type="checkbox"/> Beer/Malt, Wholesale – in City	\$540.00	\$45.00
<input type="checkbox"/> Wine, Wholesale – in City	\$540.00	\$45.00
<input type="checkbox"/> Beer/Malt/Wine, Wholesale – in City	\$780.00	\$65.00
<input type="checkbox"/> Beer/Wine/Distilled Spirits, Wholesale – in City	\$2520.00	\$210.00
<input type="checkbox"/> Beer/Malt, Retail	\$540.00	\$45.00
<input type="checkbox"/> Wine, Retail	\$540.00	\$45.00
<input type="checkbox"/> Beer/Malt/Wine, Retail	\$780.00	\$65.00
<input type="checkbox"/> Distilled Spirits, Retail	\$2225.00	\$185.42
<input type="checkbox"/> Beer/Malt, Consumption	\$540.00	\$45.00
<input type="checkbox"/> Wine, Consumption	\$540.00	\$45.00
<input type="checkbox"/> Beer/Malt/Wine, Consumption	\$780.00	\$65.00
<input type="checkbox"/> Distilled Spirits/Beer/Malt/Wine, Consumption	\$2520.00	\$210.00
<input type="checkbox"/> Sunday sales Beer/Malt/Wine/Distilled Spirits, Consumption	\$240.00	\$20.00
<input type="checkbox"/> Nonprofit Civic Organization (Temporary) – Distilled Spirits/Beer/Malt Beverages/Wine, Consumption		\$25.00 PER DAY
<input type="checkbox"/> Alcoholic Beverage Caterer – Beer/Malt/Wine/Distilled Spirits Function	\$240.00	\$20.00
<input type="checkbox"/> Wine Tastings – Wine Retailer	\$220.00	\$18.33