



## ALCOHOLIC BEVERAGE LICENSE INFORMATION & CHECKLIST FOR ATTACHMENTS

**\*\*Important\*\*** Please read all information before beginning your application!

**STATE LICENSE REQUIRED** \*\*\*A state license **must** be obtained before any alcoholic beverage can be served or sold in Gwinnett County (this includes Alcoholic Beverage Manufacturers). The state license is obtained **after** the county license. For more information on the state license process, please contact the Georgia Department of Revenue at (877) 423-6711.

**Before any Gwinnett County alcohol license can be issued, you must contact the following departments for your inspections:**

1. Gwinnett County Fire Marshal (all applications) at (678) 518-4800
2. Health Department (if alcohol is to be consumed on the premises) at (770) 963-5132
3. Department of Agriculture (if retail package only) at (770) 535-5955

**Please Note:** You must schedule an appointment, in advance, to apply for your alcoholic beverage license. To schedule an appointment to apply, please contact Gwinnett County License & Revenue at (678) 377-4100.

All information listed on the checklist on the next page is **required** in order to submit your application. We are unable to accept incomplete applications.

When filling out and submitting the application, please keep in mind the following:

- Read each question carefully, and answer the questions exactly as requested. If a question does not apply to you, write "N/A" in the space provided.
- No white-out is accepted on the application forms. If you make a mistake, draw a single line through it, write the correct response and initial the change.
- Complete the application using blue or black ink or type it on a computer.
- Provide all documents in the order they are listed on the checklist.
- All signatures must be original (no stamps/copies)
- All documents requesting a notary signature at the bottom must be signed in front of a notary public and be notarized.
- All application & license fees are due at time of application and are non-refundable.
- Payment must be submitted only in the form of a certified/official/cashier's check. No personal checks or money orders.
- If you have any questions regarding whether or not alcohol is allowed at your location or other zoning related questions, please contact Zoning at (678) 518-6000.
- Processing time for approval of applications is four (4) to six (6) weeks. You will be contacted once your license is ready for pickup.

**After** you submit your application to Gwinnett County License & Revenue, each person submitting a Statement of Personal History will need to be fingerprinted. You will be advised by License & Revenue when and where to obtain fingerprinting



## PRIMARY CHECKLIST FOR ATTACHMENTS

*For All Alcohol License Types (Except Wholesaler)*

- ☐ Application Form
- ☐ Statement of Personal History Form for each Sole Owner, Partner, Member, Officer, Director, Majority Stockholder (Private Corporations), and General Manager **WITH A CLEAR, CURRENT, FRONT AND BACK COPY OF IDENTIFICATION DOCUMENT ATTACHED TO THE LAST PAGE**  
For U.S. Citizens: Driver's License or State issued Photo Identification  
For Permanent Residents: Permanent Resident Card
- ☐ Registered Agent Consent Form with copy of registered agent's driver's license attached REGISTERED AGENT MUST BE A **GWINNETT COUNTY RESIDENT**, WITH THEIR CURRENT HOME ADDRESS PRINTED ON THEIR DRIVER'S LICENSE.
- ☐ Copy of Georgia Secretary of State documents for LLCs & Corporations (Certificate & Articles) **or** Partnership Agreement for Partnerships
- ☐ Site plan (or proposed plan & specifications & building permit if not yet built)
- ☐ Detailed floor plan, drawn to scale
- ☐ Copy of Certificate of Occupancy (from Gwinnett County Building Plan Review & Fire Marshal)
- ☐ Acknowledgement of Transferability Form
- ☐ License fee and investigative and administrative fee (certified/official/cashier's check only)

## ADDITIONAL REQUIREMENTS

**If the applicant is a franchise, provide everything from the Primary Checklist and:**

- ☐ Signed franchise agreement or contract

**If this is a change in ownership, provide everything from the Primary Checklist and:**

- ☐ Signed sale/purchase agreement

**If you are applying for distilled spirits consumption, provide everything from the Primary Checklist and:**

- ☐ Projected purchases/projected gross sales

**If the location has never had an alcohol license issued, provide everything from the Primary Checklist and:**

- ☐ Certified report of survey from Registered Land Surveyor – or – Professional Engineer
- ☐ Certified scale drawing showing location and distance to closest school buildings, daycares who offer kindergarten programs, educational buildings, school grounds, colleges and/or any church buildings

**If the location is a bona fide eating establishment, provide everything from the Primary Checklist and:**

- ☐ Copy of menu(s)

**If the location is a bona fide private club, provide everything from the Primary Checklist and:**

- ☐ Minutes of annual meeting setting salaries for members, officers, agents or employees

**GWINNETT COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT  
LICENSING AND REVENUE SECTION  
ALCOHOL BEVERAGE UNIT**

P. O. BOX 1045  
LAWRENCEVILLE, GA 30046  
(MAILING)

(678) 377-4100

446 W. CROGAN ST., STE 130  
LAWRENCEVILLE, GA 30046  
(LOCATION)

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**Instructions:** This statement must be typed or neatly printed in blue or black ink and executed (notarized) under oath. Each question must be fully answered. If space provided is not sufficient, answer on a separate sheet and indicate the question that is being answered.

1. **TYPE OF LICENSE (CHECK ONE):** ☐ **NEW** ☐ **AMENDMENT**
2. **ADMINISTRATIVE AND INVESTIGATIVE FEE:** ☐ **\$500.00 - ALL APPLICANTS**
3. **TYPE OF BUSINESS:**

- ☐ Bona Fide Eating Establishment  
☐ Hotel/Motel  
☐ Wholesale  
☐ Super Market

- ☐ Convenience Store  
☐ Brew Pub  
☐ Other

Explain: \_\_\_\_\_

Will Live Entertainment Be Offered? ☐ YES ☐ NO

If Yes, Explain: \_\_\_\_\_

4. **TYPE OF LICENSE AND FEES: PAYMENT BY CERTIFIED FUNDS ONLY!**  
**FEES ARE ONE HALF AFTER JULY 1<sup>ST</sup> (EXCEPT ADMIN/INVESTIGATIVE FEE)**  
**(Check All That Apply)**

**RETAIL PACKAGE:**

- ☐ Beer \$600 ☐ Wine \$600 ☐ Beer & Wine \$1,200 ☐ Beer & Wine Sunday Sales \$500  
☐ Beer Sunday Sales \$250 ☐ Wine Sunday Sales \$250

**RETAIL CONSUMPTION ON PREMISES:**

- |  |   |
|--|---|
| <input type="checkbox"/> Beer \$600  | <input type="checkbox"/> Wine \$600                     |
| <input type="checkbox"/> Beer & Wine \$1,200                                     | <input type="checkbox"/> Beer & Wine Sunday Sales \$500 |
| <input type="checkbox"/> Beer Sunday Sales \$250                                 | <input type="checkbox"/> Wine Sunday Sales \$250        |
| <input type="checkbox"/> Brew Pub \$750  | <input type="checkbox"/> Distilled Spirits \$4,500      |
| <input type="checkbox"/> Distilled Spirits Sunday Sales \$1,000                  | <input type="checkbox"/> Patio Sales (no fee)           |
| <input type="checkbox"/> Additional Fixed Bars \$750 (each bar)                  | <input type="checkbox"/> Movable Bars \$250 (each bar)  |
| <input type="checkbox"/> Hotel/Motel In-Room Service<br>(Beer & Wine Only) \$250 |   |

**TYPE OF LICENSE AND FEES CONTINUED:**

**WHOLESALE DISTRIBUTOR:**

Based Within Gwinnett County

- ☐ Beer \$750                      ☐ Wine \$750                      ☐ Beer & Wine \$1,500  
☐ Distilled Spirits \$2,000

Based Outside Gwinnett County

- ☐ Beer, Wine and/or Distilled Spirits \$500

**NON-PROFIT PRIVATE CLUB:**

- ☐ Beer \$150                      ☐ Wine \$150                      ☐ Beer & Wine \$300  
☐ Beer Sunday Sales \$35                      ☐ Wine Sunday Sales \$35  
☐ Beer & Wine Sunday Sales \$70                      ☐ Distilled Spirits \$1,000  
☐ Distilled Spirits Sunday Sales \$200                      ☐ Patio Sales (no fee)  
☐ Temporary License (Non-Profit Civic Organization Only)  
\$25 Per Day, Maximum 10 Days Per Calendar Year

**5. BUSINESS:**

- Applicant Name (Corporation/LLC): \_\_\_\_\_

- Business Name (DBA): \_\_\_\_\_

- Location: \_\_\_\_\_  
Street Number                      Street Name                      (NO P.O. BOXES)

City                      State                      Zip Code                      Phone Number

- Mailing Address: \_\_\_\_\_  
Street Number                      Street Name

City                      State                      Zip Code                      Phone Number

**6. OWNER:**

- Full Name: \_\_\_\_\_  
Social Security #

- Mailing Address: \_\_\_\_\_  
Street Number                      Street Name

City                      State                      Zip Code                      Phone Number

**7. REGISTERED AGENT: (MUST BE A RESIDENT OF GWINNETT COUNTY!)**

- Full Name: \_\_\_\_\_ Social Security # \_\_\_\_\_
- Home Address: \_\_\_\_\_  
Street Number Street Name (NO P.O. BOXES)  
\_\_\_\_\_  
City State Zip Code Phone Number

**8. TYPE OF OWNERSHIP:**

- ☐ Sole Owner
- ☐ Private Held Corporation
- ☐ Public Held Corporation Subject to S.E.C. Regulations
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Public Held Corporation

**9. FOR PARTNERSHIP:**

- Date the Partnership was formed: \_\_\_\_\_
- List all Partners:

<i>Name</i>	<i>Social Security Number</i>	<i>G-General L-Limited S-Silent</i>	<i>Interest Investment Participation</i>
			<i>\$ %</i>

**10. FOR CORPORATION:**

- Corporation Name: \_\_\_\_\_
- Date of Incorporation: \_\_\_\_\_
- State Corporation was formed in: \_\_\_\_\_
- Name of Parent Corporation (if applicable): \_\_\_\_\_
- Number of Shares of Capital Stock Authorized: \_\_\_\_\_
- Number of Shares of Outstanding Stock: \_\_\_\_\_
- For corporations, list officers, directors and/or principal shareholders with 20% or more of the stock:

<i>Name</i>	<i>Social Security #</i>	<i>Position</i>	<i>Interest %</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Is the corporation owned by a parent corporation or held by a holding company?  
☐ YES ☐ NO – If yes, explain: \_\_\_\_\_

**11. FOR LIMITED LIABILITY COMPANY, L.L.C.:**

- Name of L.L.C.:\_\_\_\_\_
- Date of organization:\_\_\_\_\_
- Name of Managing Member:\_\_\_\_\_
- List any member or other legal entity owning twenty percent (20%) or more of the L.L.C.:

**Name**

**Social Security #**

**Interest %**

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**12. FOR PRIVATE CLUBS:**

- Date of organization under the laws of the State of Georgia:  
\_\_\_\_\_
- State the total number of regular dues paying members:\_\_\_\_\_
- Is any member, officer, agent, or employee compensated directly or indirectly from the profits of the sale of distilled spirits beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club?  
☐ YES ☐ NO – If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- List officers, directors and/or principal shareholders with 20% or more of the stock:

**Name**

**Social Security #**

**Position**

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**13. FINANCING:**

- Bank to be used by business:\_\_\_\_\_
- Bank branch to be used:\_\_\_\_\_
- State total amount of capital that is or will be invested in the business by **any** party or parties:\_\_\_\_\_
- State total amount of funds invested by the owner(s):\_\_\_\_\_
- State total amount of funds invested by parties **other than** the owner(s):\_\_\_\_\_
- Is any capital borrowed? ☐ YES ☐ NO – If yes, provide:

**Name of Lender**

**Date**

**Amount**

**Interest rate**

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#### 14. GENERAL INFORMATION:

- Has owner and/or individual partner, shareholder, director or officer any financial interest in any manufacturer or wholesale of alcoholic beverage?  
☐ YES ☐ NO
- Has owner and/or individual partner, shareholder, director, or officer received any financial aid or assistance from any manufacturer of alcoholic beverages?  
☐ YES ☐ NO

If answer is "Yes" to either of immediate foregoing, explain:

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- Show hereunder any and **all** persons, corporations, partnerships, or associations (**other than persons stated herein as owner(s), directors, or officers**) who have received or will receive, as a result of your operation under the requested license, **any** financial gain or payment derived from any interest or income from the operation. Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under the license. In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders.

**Name**

**Name of Business**

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- List **all** other businesses engaged in the sale of alcoholic beverages that you the owner, or any individual, partner, shareholder, officer or director is interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past.

**Name**

**Name of Business**

**Interest%**

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I, \_\_\_\_\_, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING ALCOHOLIC BEVERAGE LICENSE APPLICATION ARE TRUE AND CORRECT.

<b>Applicant Signature</b>	<b>Date Signed</b>
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**ALCOHOLIC  
BEVERAGE  
LICENSE  
DECLARATION**

State of Georgia

County of \_\_\_\_\_

Personally appeared before me \_\_\_\_\_(applicant)

on \_\_\_\_\_(Date) who proved to me on the basis of satisfactory evidence to be:

\_\_\_\_ Personally Known

Or

\_\_\_\_ Produced Identification

Type of ID \_\_\_\_\_

SEAL

**For notary use only**

Subscribed and sworn before me on

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date my commission expires





6. ☐ U.S. CITIZEN      ☐ PERMANENT RESIDENT – LIST ALIEN NUMBER: \_\_\_\_\_

7. ☐ SINGLE    ☐ MARRIED    ☐ WIDOWED    ☐ DIVORCED    ☐ SEPARATED  
IF MARRIED OR SEPARATED, COMPLETE ALL INFORMATION LISTED BELOW:

FULL NAME OF SPOUSE: \_\_\_\_\_ SSN#: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NAME AND ADDRESS OF SPOUSE'S EMPLOYER: \_\_\_\_\_

8. STATE ANY OTHER NAMES WHICH YOU HAVE USED (MAIDEN NAME, NAMES BY FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, NICKNAMES, ETC. SPECIFY WHICH, SHOW DATES, ETC.): \_\_\_\_\_

9. GIVE NAME AND ADDRESS OF ALL CHILDREN AND STEPCHILDREN (REGARDLESS OF AGE):

FULL NAME

ADDRESS

AGE

PLACE OF BIRTH

10. EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS (INCLUDING PRESENT) – IF THERE WERE PERIODS YOU WERE UNEMPLOYED OR A STUDENT, LIST THE DATES AND WRITE "UNEMPLOYED" OR "STUDENT". (LIST THE MOST RECENT EXPERIENCE FIRST):

From Year	To Year	Occupation & Duties Performed	Salary Received	Employer (Business Name)	Reason for Leaving
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13. RESIDENCES FOR THE PAST TEN (10) YEARS (THROUGH PRESENT). (LIST THE CURRENT RECENT FIRST):
- | From Year | To Year | Street | City | State | Zip Code |
|-----------|---------|--------|------|-------|----------|
|           |         |        |      |       |          |
|           |         |        |      |       |          |
|           |         |        |      |       |          |
|           |         |        |      |       |          |
|           |         |        |      |       |          |
|           |         |        |      |       |          |
14. DO YOU HAVE ANY FINANCIAL INTEREST, OR ARE YOU EMPLOYED IN ANY OTHER WHOLESALE OR RETAIL BUSINESS ENGAGED IN DISTILLING, BOTTLING, RECTIFYING OR SELLING ALCOHOLIC BEVERAGES? ☐ YES ☐ NO  
IF YES, GIVE NAMES, LOCATIONS AND AMOUNT OF INTEREST IN EACH:
15. HAVE YOU EVER HAD ANY FINANCIAL INTEREST IN AN ALCOHOLIC BEVERAGE BUSINESS, WHICH WAS DENIED A LICENSE? ☐ YES ☐ NO  
IF YES, GIVE DETAILS:
16. HAS ANY ALCOHOLIC BEVERAGE BUSINESS IN WHICH YOU HOLD, OR HAVE HELD, ANY FINANCIAL INTEREST OF, OR EMPLOYED, OR HAVE BEEN EMPLOYED, EVER BEEN CITED FOR ANY VIOLATIONS OF THE RULES AND REGULATIONS OF THE STATE REVENUE COMMISSIONER RELATING TO THE SALE AND DISTRIBUTION OF ALCOHOLIC BEVERAGES? ☐ YES ☐ NO  
IF YES, GIVE DETAILS:
17. IF DURING THE PAST TEN YEARS YOU HAVE BOUGHT OR SOLD ANY BUSINESS ASSOCIATED WITH ALCOHOL? ☐ YES ☐ NO  
IF YES, GIVE DETAILS (DATE, LICENSE NUMBER, PERSONS AND CONSIDERATIONS INVOLVED):
18. HAVE YOU EVER BEEN DENIED BOND BY A COMMERCIAL SECURITY COMPANY?  
☐ YES ☐ NO  
IF YES, GIVE DETAILS:

19. ARE YOU A REGISTERED VOTER? ☐ YES ☐ NO  
IF YES, LIST STATE \_\_\_\_\_ AND COUNTY \_\_\_\_\_
20. 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 ARRESTS"):
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
21. HAVE YOU HAD ANY LICENSE UNDER THE REGULATORY POWERS OF GWINNETT COUNTY DENIED, SUSPENDED OR REVOKED WITHIN TWO (2) YEARS PRIOR TO THE FILING OF THIS APPLICATION? ☐ YES ☐ NO  
IF YES, GIVE DETAILS: \_\_\_\_\_
22. ATTACH PASSPORT STYLE (FRONT VIEW) PHOTO TAKEN WITHIN THE PAST YEAR:

(ATTACH PHOTO HERE)

**NOTE:** BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHMENTS SUBMITTED HERewith.

**STATEMENT OF  
PERSONAL  
HISTORY  
DECLARATION**

I, \_\_\_\_\_, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENT AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FORGOING PERSONAL STATEMENT ARE TRUE AND CORRECT. FURTHER, AS PART OF THE PROCESS RESULTING FROM MY APPLICATION FOR BACKGROUND INVESTIGATION, FOR AN ALCOHOLIC BEVERAGE LICENSE, I HEREBY AUTHORIZE PERSONNEL OF THE GWINNETT COUNTY POLICE DEPARTMENT TO RECEIVE, VERIFY, AND DISSEMINATE ANY CRIMINAL HISTORY INFORMATION WHICH MAY BE IN THE FILES OF ANY LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCY FOR INVESTIGATIVE PURPOSES, DENIAL, OR APPEALS. ADDITIONALLY, AUTHORIZATION IS HEREBY GIVEN TO GWINNETT COUNTY TO VERIFY, IN ANY MANNER IT DEEMS APPROPRIATE, ANY AND ALL ITEMS INDICATED ON THIS STATEMENT.

<b>Applicant Signature</b>	<b>Date Signed</b>
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State of Georgia

County of \_\_\_\_\_

Personally appeared before me \_\_\_\_\_ (applicant)

on \_\_\_\_\_ (Date) who proved to me on the basis of satisfactory evidence to be:

\_\_\_\_ Personally Known

Or

\_\_\_\_ Produced Identification

Type of ID \_\_\_\_\_

SEAL

**For notary use only**

Subscribed and sworn before me on

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date my commission expires



## GWINNETT COUNTY REGISTERED AGENT CONSENT FORM FOR ALCOHOLIC BEVERAGE LICENSES

\_\_\_\_\_  
Applicant (Corporation or LLC Name)

\_\_\_\_\_  
Trade Name (DBA)

\_\_\_\_\_  
Location Address

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 Alcoholic Beverage Ordinance of Gwinnett County. I understand the basic purpose is to have and continuously maintain in the County 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 to serve as the Registered Agent, I must be a Gwinnett County resident and attach a copy of my driver's license, reflecting my current home address.**

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**\*REQUIRED\***

**ATTACH A CLEAR COPY OF AGENT DRIVER'S  
LICENSE OR STATE OF GEORGIA ISSUED PHOTO  
ID CARD HERE**

IDENTIFICATION DOCUMENT MUST REFLECT  
THE CURRENT HOME ADDRESS

**\*REQUIRED\***

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Agent's Current Home Street Address

\_\_\_\_\_  
Agent's City, State & Zip Code

\_\_\_\_\_  
Agent's County of Residence

\_\_\_\_\_  
Agent's Phone Number

**APPROVED BY:**

\_\_\_\_\_  
Signature of Sole Owner/Partner/  
Member/Officer/Director

\_\_\_\_\_  
Printed Name of Sole Owner/Partner/  
Member/Officer/Director



## ACKNOWLEDGEMENT OF TRANSFERABILITY Gwinnett County Alcoholic Beverage License

Pursuant to Section 6-13 of the Gwinnett County Alcoholic Beverage Ordinance, alcoholic beverage license are not transferable and all alcoholic beverages sales must cease once ownership is transferred.

I understand that a violation of Section 6-13 will result in revocation of the license being used and a fine on the new ownership and the old ownership of not less than three hundred dollars (\$300.00) and/or thirty (30) days in jail. I further understand that a license will not be issued to the old or new owner in the county for one year from the date of violation.

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Applicant Name (LLC / Corporation Name)

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Business Name (Trade Name / DBA)

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Location Street Address

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Location City, State & Zip Code

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Printed Name of Sole Owner, Partner, Member, Officer, Director,  
Majority Stockholder (Private Corporations), or General Manager

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Signature of Sole Owner, Partner, Member,  
Officer, Director, Majority Stockholder  
(Private Corporations), or General Manager

Date



## PROJECTED PURCHASES & PROJECTED GROSS SALES FOR DISTILLED SPIRITS CONSUMPTION Gwinnett County Alcoholic Beverage License

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Applicant Name (LLC / Corporation Name)

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Business Name (Trade Name / DBA)

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Location Street Address

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Location City, State & Zip Code

**Please provide the following projections for your establishment:**

### Projected Food Sales

Balance of Calendar  
Year of 20 \_\_\_\_\_

Projection \$ \_\_\_\_\_

Calendar Year  
of 20 \_\_\_\_\_

Projection \$ \_\_\_\_\_

### Projected Gross Sales of Mixed Drinks

Balance of Calendar  
Year of 20 \_\_\_\_\_

Projection \$ \_\_\_\_\_

Calendar Year  
of 20 \_\_\_\_\_

Projection \$ \_\_\_\_\_





## CERTIFIED REPORT OF SURVEY For Gwinnett County Alcoholic Beverage License

Applicant Name (LLC / Corporation Name): \_\_\_\_\_

Business Name (Trade Name / DBA): \_\_\_\_\_

Complete Location Address: \_\_\_\_\_

The undersigned has examined the subject location and has made measurements to determine the compliance or non-compliance with distance requirement pursuant to the Alcoholic Beverage Ordinance of Gwinnett County. The undersigned understands and applied the following criteria in making said determinations:

1. **Church** Distance requirement applies to any church building. **(100 yards minimum)**
2. **Schools** Distance requirement applies to any school grounds, educational grounds, day care grounds (offering kindergarten instruction), or college campus. The school grounds or educational grounds or a college campus shall apply only to state, county, city, or church school grounds and to such grounds at such other schools in which are taught subjects commonly taught in the common schools and colleges of this State. Campus shall be defined as grounds used for educational purposes and the space adjoining such buildings necessary and convenient, and habitually used for educational purposes. **(200 yards minimum)**

Distance shall be measured by the most direct route of travel on the ground and shall be measured:

- from the main entrance of the establishment from which alcoholic beverages are sold or offered for sale
- in a straight line, regardless of obstructions, to the nearest public sidewalk, walkway, street, road or highway
- along such public sidewalk, walkway, street road or highway by the nearest route
- to the main entrance of the church building, or to the nearest portion of the school grounds

**\*IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL COPIES OF THIS FORM\***

\_\_\_\_\_ yards to any church building. Give name and location.

Note: Attach a scale drawing if within 200 yards of the proposed alcohol establishment.

\_\_\_\_\_

\_\_\_\_\_ yards to any school grounds. Give name and location.

Note: Attach a scale drawing if within 300 yards of the proposed alcohol establishment.

\_\_\_\_\_

**In my opinion, the distances listed above are true and correct.**

SEAL

\_\_\_\_\_  
Signature of Georgia Registered Land Surveyor/Engineer

\_\_\_\_\_  
Date Surveyed

\_\_\_\_\_  
Professional License Number

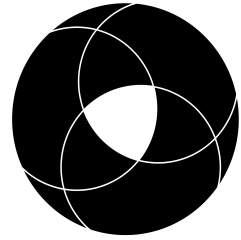
**FOR OFFICE USE ONLY**

ACCOUNT # \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_  
AMOUNT PAID: \$ \_\_\_\_\_ ☐ CASH ☐ CHECK \_\_\_\_\_ ☐ CARD \_\_\_\_\_

**gwinnett**county

**Department of Planning and Development  
Initial Business / Occupation Tax Application**

**Gwinnett County Licensing and Revenue**  
446 West Crogan Street, Suite 130  
Lawrenceville, GA 30046  
(678) 377-4100



**This application and all required affidavits/forms must be submitted to the Licensing & Revenue Office in person.**

**1. TYPE OF OWNERSHIP:** *(Check One)*

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company (LLC)

**2. BUSINESS:** *(Check One)* ☐ HOME BASED ☐ COMMERCIAL BASED

(a) Tradename/DBA Name: \_\_\_\_\_

(b) Business Location: \_\_\_\_\_  
*Address (including Suite/Unit #) (No P.O. Box or Virtual Office)*

\_\_\_\_\_  
*City State Zip Code Business Phone*

(c) Mailing Name: \_\_\_\_\_

(d) Mailing Address: \_\_\_\_\_  
*Address (including Suite/Unit #) or P.O. Box*

\_\_\_\_\_  
*City State Zip Code*

**3. APPLICANT (NAME OF SOLE OWNER / PARTNER / OFFICER OF CORP / MEMBER OF LLC):**

(a) Full Name: \_\_\_\_\_

(b) Mailing Address: \_\_\_\_\_  
*Address or P.O. Box*

\_\_\_\_\_  
*City State Zip Code Phone*

**4. LOCAL BUSINESS CONTACT PERSON: (for commercial located businesses only)**

(a) Full Name: \_\_\_\_\_  
***MUST BE A GEORGIA RESIDENT***

(b) Home Address: \_\_\_\_\_  
***Address (No P.O. Box or Commercial Address)***

\_\_\_\_\_  
*City State Zip Code Phone*

**5. LEGAL ENTITY (CORPORATION / LIMITED LIABILITY COMPANY / LIMITED PARTNERSHIP):**

(a) Complete Legal Entity Name: \_\_\_\_\_

(b) Date of Formation with the Georgia Secretary of State (MM-DD-YYYY): \_\_\_\_\_

(c) List All Officers / Members / Partners by Name **and** Position:

<b>Complete Name</b>	<b>Position</b>
1: _____	_____
2: _____	_____
3: _____	_____

*Attach sheet if additional space is required*

**6. PARTNERSHIPS NOT FILED WITH THE SECRETARY OF STATE: Date Formed: \_\_\_\_\_**  
***MM-DD-YYYY***

(a) **List Partners:**

1. \_\_\_\_\_  
*Full Name % of Ownership*

Home Address: \_\_\_\_\_  
***Address (No P.O. Box or Virtual Office)***

\_\_\_\_\_  
*City State Zip Code Phone*

2. \_\_\_\_\_  
*Full Name % of Ownership*

Home Address: \_\_\_\_\_  
***Address (No P.O. Box or Virtual Office)***

\_\_\_\_\_  
*City State Zip Code Phone*

7. FEDERAL TAX ID # \_\_\_\_\_ OR LAST FOUR DIGITS OF THE SS# \_\_\_\_\_  
FOR THE SOLE OWNER / OFFICER / PARTNER / SOLE MEMBER \_\_\_\_\_
8. DATE BUSINESS WILL OPEN/OPENED AT THIS LOCATION (MM-DD-YYYY): \_\_\_\_\_
9. DESCRIBE LINE OF WORK: \_\_\_\_\_
10. NAICS CODE (6 DIGITS): \_\_\_\_\_ Visit <https://www.naics.com/search> to identify code
11. PROJECTED GROSS REVENUE FROM CUSTOMERS IN GEORGIA: \$ \_\_\_\_\_
12. NUMBER OF EMPLOYEES AT THIS LOCATION (INCLUDE OWNER AS ONE): \_\_\_\_\_
13. \* GEORGIA SALES AND USE TAX ACCOUNT NUMBER (9 DIGITS): \_\_\_\_\_
14. EMAIL ADDRESS (REQUIRED-ANNUAL RENEWALS ARE ONLINE ONLY):  
\_\_\_\_\_@\_\_\_\_\_.com

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT AND CONTAINS NO FALSE OR FRAUDULENT INFORMATION. IN ADDITION, I UNDERSTAND MY BUSINESS LOCATION MUST CONFORM TO ALL GWINNETT COUNTY ORDINANCES, RULES AND REGULATIONS. FURTHERMORE, I UNDERSTAND NON-COMPLIANCE WITH ANY GWINNETT COUNTY ORDINANCE, RULE OR REGULATION WILL RESULT IN NON-RENEWAL OF THE BUSINESS / OCCUPATION CERTIFICATE FOR THIS BUSINESS.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*Sole Owner/President/CEO/Managing Member/Majority Partner*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Sole Owner/President/CEO/Managing Member/Majority Partner (Original Signature)*

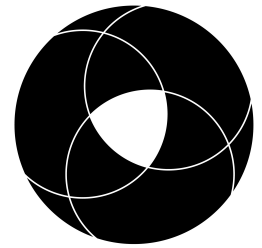
### Check List for Attachments (Provide Copies)

- ☐ (All businesses) If this business is a LLC, Corporation or Limited Partnership, provide a copy of the GA Secretary of State Certificate of Organization / Incorporation and Articles listing all officers and agents
- ☐ (All businesses) If your profession / occupation is required to obtain a state license, health permit, or any other regulatory approval from any state, federal or professional licensing board, provide a copy of the current license / certification
- ☐ (All businesses) Original notarized E-Verify Private Employer of Compliance Affidavit
- ☐ (All businesses) Original notarized U.S. Citizen / Qualified Alien Affidavit along with a front and back copy of your secure and verifiable identification document
- ☐ (Commercial based businesses) Fire & Building Certificate of Occupancy reflecting your DBA/Tradenname
- ☐ (Home based businesses) State of GA issued Driver's License/Photo ID showing current home address, which must match location address on Page 1

\* Contact the Georgia Department of Revenue (Georgia Tax Center) to determine if required for this business type

# **Private Employer of Compliance Pursuant to O.C.G.A. § 36-60-6(d)**

Form B: Less than 10 employees



By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs 10 or fewer employees and is not required to register with and/or utilize 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. § 36-60-6.

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_ in \_\_\_\_\_(city)\_\_\_\_\_ (state)

\_\_\_\_\_  
Printed Name of Exempt Private Employer

\_\_\_\_\_  
Signature of Exempt Private Employer or Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

**For notary use only**

Subscribed and sworn before me on

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

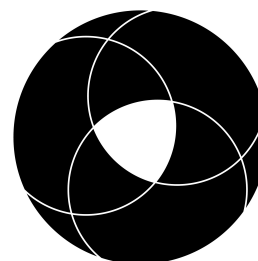
\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date my commission expires

**SEAL**

# **Private Employer of Compliance Pursuant to O.C.G.A. § 36-60-6(d)**

Form A: More than 10 employees



By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than 10 employees and 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

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

## **For notary use only**

Subscribed and sworn before me on

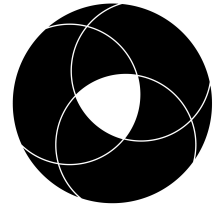
this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date my commission expires

**SEAL**

**O.C.G.A § 50-36-1(e)(2) Affidavit**



By executing this affidavit under oath pursuant to O.C.G.A. § 50-36-1, as an applicant for a Gwinnett County Business/Occupation Tax Certificate, I swear or affirm under oath the following with respect to my application for a Gwinnett County Occupation Tax Certificate for: \_\_\_\_\_

**Select one of the following:**

- ☐ I am a United States citizen 18 years of age or older. Attach a front and back copy of your drivers license or United State Passport or other secure and verifiable document approved by the Georgia Attorney General's Office. You can find a list of approved documents at [www.law.ga.gov](http://www.law.ga.gov) under the Key Issues tab.
- ☐ I am a legal permanent resident 18 years of age or older. Attach a front and back copy of your Permanent Resident Card.
- ☐ I am a qualified alien or non-immigrant under the *Federal Immigration and Nationality Act* and 18 years of age or older and lawfully present in the United States.

Alien Registration number for non-citizens: \_\_\_\_\_ (Required)

A front and back copy of **one** of the following documents must be attached:

- a. Valid Foreign Passport with I-94
- b. Temporary Resident Alien Card (I-688)
- c. Employment Authorization Card (I-766 or I-688B)
- d. Employment Authorization Document (I-688B)
- e. Refugee Travel Document (I-571)

Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia O.C.G.A. § 16-10-20.

Sworn to and subscribed

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Printed name of applicant*

**For notary use only**

Subscribed and sworn before me on

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*Date my commission expires*

**SEAL**