

ALCOHOLIC BEVERAGE LICENSE INFORMATION & CHECKLIST

O.C.G.A §3-2-7.1 Requires the Department of Revenue to develop and implement a state-wide centralized application process for retail package, consumption on premise and special events alcohol licensing.

Local and state alcohol licensure, for retail consumption on premise and retail package sales, **MUST** be applied for online at Georgia Tax Center (GTC) [Georgia Tax Center \(ga.gov\)](http://Georgia Tax Center (ga.gov)). For more information on the state license process, please contact the Georgia Department of Revenue at (877) 423-6711 or ATDIV@DOR.GA.GOV. For county alcohol licensing questions contact License & Revenue office at (678) 377-4100.

****Wholesalers, manufacturers, breweries, and distilleries will be required to submit additional information**. Please contact License & Revenue (678) 377-4100.**

All documents are **required** to submit your application. First time users will not be able to “SAVE and CONTINUE” once the application process has begun. You will be required to upload the following forms before submitting the application for review. Please allow us three working business days after submitting your application to review. Once your application is reviewed, you will receive an email with further instructions.

REQUIRED

- Active Occupational Tax Certificate / Business Certificate **Sec.6-6(c)**
- Supplemental Alcohol Information Form
- Statement of Personal History Form **Sec.6-6(b)** for each Owner, Partner, Member, Officer, Director, Majority Stockholder (Private Corporations), and General Manager with of 20% or more ownership. Required for criminal history verification. You will be advised by License & Revenue when and where to obtain fingerprinting, once the application has been reviewed
- Citizenship SAVE Affidavit **O.C.G.A. § 50-36-1(e)(2)** – Attach Secure and verifiable document
- Registered Agent Consent Form **Sec.6.8(h)** – Must be a **Gwinnett Resident**
- Acknowledgement of Transferability Form
- Detailed floor plan

Eating establishment

- Copy of menu

Location not previously licensed for alcohol sales Sec.6-9

- Certified report of survey from Registered Land Surveyor – or – Professional Engineer
- Certified scale drawing showing location and distance to closest school grounds and/or any church buildings

Bono fide private club:

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

****Business owners offering consumption on premise are required to meet with License and Revenue staff upon issuance on the alcohol license****

GWINNETT COUNTY LICENSING AND REVENUE SUPPLEMENTAL ALCOHOL INFORMATION

Instructions: This statement must be complete and executed (notarized) under oath. 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. TYPE OF BUSINESS

Bona Fide Eating Establishment Convenience Store Hotel/Motel Super Market

• Will Live Entertainment Be Offered? YES NO

If yes, Explain: _____

3. PRIMARY APPLICANT

• Full Name: _____ Birth Date: _____

• Home Address: _____

• E-Mail: _____ Phone Number: _____

4. BUSINESS

• Legal Name: _____ Phone: _____

• Business Name (DBA): _____

• Location _____

• Mailing Address: _____

5. Day(s) & Time(s) of Operations:

• Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

Sunday: _____

6. REGISTERED AGENT: (MUST BE A RESIDENT OF GWINNETT COUNTY)

• Full Name: _____ Birth Date: _____

• Home Address: _____

• Email: _____ Phone: _____

7. TYPE OF OWNERSHIP:

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

8. FOR PARTNERSHIP, CORPORATION, LLC, & PRIVATE CLUBS:

- List officers, director, principal shareholders, members, or other entity with 20% or more ownership and/or stock

<i>Name</i>	<i>Birth Date</i>	<i>Position</i>	<i>Interest %</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. 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:

- 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.

<i>Name</i>	<i>Name of Business</i>
_____	_____
_____	_____
_____	_____

- 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.

<i>Name</i>	<i>Name of Business</i>	<i>Interest%</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Applicant Signature	Date Signed
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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