

CITY OF LITHONIA ALCOHOLIC BEVERAGE LICENSE APPLICATION

APPLICANT INFORMATION

INSTRUCTIONS: EVERY QUESTION MUST BE ANSWERED FULLY AND ACCURATELY. IF THE SPACE PROVIDED IS NOT SUFFICIENT, ANSWER THE QUESTION ON A SEPARATE SHEET AND INDICATE IN THAT SPACE THAT A SEPARATE SHEET IS ATTACHED. WHEN COMPLETED, IT MUST BE DATED, SIGNED AND VERIFIED UNDER OATH BY THE LICENSEE AND FILED WITH CITY HALL TOGETHER WITH ALL SUPPORTING PAPERS, AND A CERTIFIED CHECK FOR THE EXACT FEES. IN THE CASE OF A CORPORATION, THE LICENSE SHALL BE ISSUED JOINTLY TO THE CORPORATION AND TO THE MAJORITY STOCKHOLDER IF AN INDIVIDUAL. IF THE MAJORITY STOCKHOLDER IS ANOT AN INDIVIDUAL, THE LICENSE SHALL BE ISSUED JOINTLY TO THE CORPORATION AND ITS REGISTERED AGENT. IN THE CASE OF A PARTNERSHIP, THE LICENSE SHALL BE ISSUED TO ONE OF THE PARTNERS.

Licensees Full Name (Last, First, Initial)

Date of birth:	SSN:	Phone:
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Current address:

City:	State:	ZIP Code:
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Business Mailing Address		
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City:	State:	ZIP Code:
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Business Phone	Current City License	
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Type of Ownership: [] Single Proprietor	[] Partnership or Association	[] Corporation
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Corporation Name: (If applicable)

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _____

Date of Incorporation:	Place of Incorporation:	% Interest:
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Partner(s) Corp. Officer(s) Name(s) & Resident Addresses

*Licenses are issued only for a 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.

<input type="checkbox"/> New License	<input type="checkbox"/> Renewal with other changes (specify)
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<input type="checkbox"/> Renewal, without changes	<input type="checkbox"/> Change(s) for Current License (specify)
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<input type="checkbox"/> Renewal with new Ownership	
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<input type="checkbox"/> Type of Business: <input type="checkbox"/> Package Store <input type="checkbox"/> Restaurant <input type="checkbox"/> VFW <input type="checkbox"/> BPOE (Elks)	<input type="checkbox"/> Grocery <input type="checkbox"/> Gas Station with grocery <input type="checkbox"/> Country Club <input type="checkbox"/> American Legion <input type="checkbox"/> Other (specify)
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Type of License: Package Consumption on Premises Wholesaler

	Monthly Fee	Months	Fee Due
<input type="checkbox"/> Beer, Retail	\$42.00	X	=
<input type="checkbox"/> Wine, Retail	\$42.00	X	=
<input type="checkbox"/> Beer and Wine, Retail	\$62.50	X	=
<input type="checkbox"/> Distilled Spirits, Retail	\$84.00	X	=
Beer, Wholesale Dealer (annual)	\$100.00		

Wine, Wholesale Dealer (annual)	\$100.00				
Distilled spirits, Wholesale Dealer (annual)	\$100.00				
Sunday Sales **	\$20.00	X		=	
1. Will you have entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No 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	SSN NO.	DOB	% INTEREST	
4. List the name and address of the owners of the building and land and the name and address of the lessor and sub lessor and amount of rent paid.					
Name		Address		Amount of Rent Paid	
Owner of Building					
Owner of Land					
Lessor					
Sub Lessor					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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.					
Have you attached a registered agent form? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. Have you received a copy of the City of Lithonia Alcohol Beverages Ordinance? (No application can be processed until you acknowledge receipt of a copy of this ordinance)					

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, recycling, or selling alcoholic beverages? Yes No

If yes, give names and locations and amount of interest in each:

5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license?
 Yes No 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 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? Yes No

If yes, give details:

7. In the past ten years have you bought and sold any alcoholic beverage business, give details (date, license number, persons, and considerations involved)? Yes No

8. Have you ever been denied bond by a commercial security company? Yes No If yes, give details:

9. Are you a registered voter? Yes No

What city?

What county?

What state?

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.

Home address:

Home phone:

Business address:

Business phone:

Social Security No.:

Place of birth:

Date of birth:

U.S. Citizen:

By birth:

Naturalized:		Date, Place, and Court		Certificate Number:	
Petition Number:					
Place of birth:		Date of birth:	U.S. Citizen	By birth:	
Naturalized:		Date, Place and Court:			
Certificate Number		Petition Number			
Native Country		Date and Port of Entry:			
Alien Register Number:					
<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Widowed	
				<input type="checkbox"/> Divorced	
				<input type="checkbox"/> Separated	
If married or separated, complete information on spouse:			Full name of spouse:		
Social Security No.		Date of birth:	Maiden name:		
Name of spouse's employer:					
Address of Employer:					
Employment record for the past ten (10) years. Give the most recent experience first					
From M/Y	To M/Y	Description of Duties and Occupation	Salaries Received	Employers	Reason for Leaving
List in reverse chronological order all of your residences for the past ten (10) years:					
From M/Y	To M/Y	Street Address	City	State	Zip Code
Have you 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (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 <i>no</i> arrest; after last arrest is listed, please write <i>no other arrest</i> .)					
Reason		Date	Location	Disposition and Date	
Race:		Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Height	Weight	Age
					Hair color

Attach photograph (front view) taken within the past year.		Attach photo below	
Signature of Applicant:			
REGISTERED AGENT FORM			
Business Name:			
Business Location:			
City, State, Zip Code:			
<p>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 Lithonia (every establishment holding an alcoholic beverage license in the City of Lithonia must have a registered agent and this person must be a resident of DeKalb County, Georgia).</p> <p>This _____ day of _____</p>			
Signature of Agent:			
Type or Print Name of Agent:			
Agent's Home Address:		City	State
Sex: <input type="checkbox"/> F <input type="checkbox"/> M		Race:	
Agent's Social Security Number		DOB:	
APPROVED:			
Signature of Licensee:			
Signature of Owner:			
Signature of Officer or Director		Title:	
Signature of Officer of Director		Title:	
Affidavit of Person having Knowledge of Applicant's Residence			

State of Georgia, _____ County

Personally appeared before the undersigned Notary Public who says under oath that he or she is personally acquainted with

(Name of alcoholic beverage license applicant)

(Name of Person having knowledge)

And that he or she 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: _____

(SEAL)

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 condition 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/her name to the forgoing application after stating to me that he/she knew and understood all statements and answers made therein and, under oath actually administered by me, has sworn that said statements are and answers are true.

This _____ day of _____, 20__

Notary Public (SEAL)

My Commission Expires _____

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date

REPORT OF SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

Applicant Name: _____

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* 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)

_____ 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.

(SEAL)

**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:

Gross receipts from food and food service, this period	\$ _____	(_____%)
Gross receipts from beverage service, this period	\$ _____	(_____%)
Gross receipts for food and beverage, this period	\$ _____	(<u>100</u> %)

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 Sunday between the hours of 12:30 p.m. and 12:00 midnight that, in accordance with the City of Lithonia 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 Lithonia 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 _____ 20 _____

Notary Public

My Commission Expires: _____

(SEAL)

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 _____ of Lithonia not later than November 30 of the year preceding the license year for which the permit is to be issued unless the _____ agrees to a reasonable extension. All renewals are subject to audit.

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 , and approved by the Board of Mayor and Commissioners of the City of Lithonia 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 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 : _____

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

Approved this _____ day of _____, 20____

Restrictions, if any _____

Board of Mayor and Commissioners

Attest:

Mayor

**STATEMENT OF CLEARANCE FROM CHIEF OF POLICE
CITY OF LITHONIA, 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 the names of the 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 Lithonia 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 Lithonia

Signature

Date

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 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 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 Commission of the City of Lithonia.
- 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 after the deadline of November 30th.
- Check for Business License. Only applies to those establishments physically located inside the corporate limits of Lithonia.
- 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 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 Lithonia 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 of 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 non-alcoholic 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.

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

Signature of Applicant