

CHECK-OFF LIST FOR ALCOHOLIC BEVERAGE LICENSE

- () APPLICATION – (All blanks must be completed, signed, and notarized).
- () PERSONNEL STATEMENTS – (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).
- () REGISTERED AGENT FORM – (Registered agent for service of process must reside in DeKalb County. (Personnel Statement required)
- () LEGAL SURVEY – (Scale drawing showing business location and completion of enclosed SURVEYOR’S CERTIFICATE).
- () FLOOR PLAN DRAWING – (Consumption on premises must show kitchen and customer area; convenience stores, grocery stores, gas, drug or dry goods must show 80% floor space and storage area devoted to the retail sale of other products).
- () COPY OF MENU – (For consumption only).
- () CASHIER’S CHECK OR CERTIFIED CHECK – (Prorated on number of remaining months in calendar year and any portion of a month is counted as a full month).
- () BUSINESS LICENSE – (If applicable).
- () HEALTH APPROVAL – (For consumption only).
- () FIRE APPROVAL – (For consumption only).
- () PERFORMANCE BOND – (For wholesalers only).
- () STATEMENTS OF CLEARANCES – From CHIEF OF POLICE (required on applicants, licensees, managers applicant/licensee will be a sole proprietor, major partner or majority stockholder, if an individual, otherwise the corporation’s registered agent).
- () LIST OF EMPLOYEES – (For consumption only).
- () REVIEW OF CODE AND FOLLOWING NOTES:
 1. It is advisable that applicants of any business, liquor, beer and/or wine licenses make no expenditures, sign no contracts or obligate themselves in any manner without first making themselves aware of all requirements for State and City Code compliance.
 2. All applicable distance requirements for liquor, beer and/or wine are to be measured as follows:
 - (a) From the front door of the structure from which beverage alcohol is sold or offered for sale;
 - (b) In a straight line to the nearest public sidewalk, walkway, street, road, or highway;
 - (c) Along such public sidewalk, walkway, street, road, or highway by the nearest route;
 - (d) To the front door of the building, or to the nearest portion of the grounds, whichever is applicable under the code.

CITY OF CHAMBLEE PRIVILEGE LICENSE APPLICATION

INSTRUCTIONS: Every question must be fully and correctly 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. When completed, it must be dated, signed, and verified, under oath by the licensee and filed with the City Clerk, 5468 Peachtree Road, Chamblee, GA 30341, together with all supporting papers and a Money Order, Cashiers or Certified Check for the exact fees. The license for which this application is given will be issued jointly to the Licensee and Ownership (if corporation in the name of the corporation, if partnership in the name of all partners and if single proprietor in the name of the proprietor).

Check one:

New Location New Licensee New Ownership Other Changes (Specify)

ADMINISTRATIVE AND INVESTIGATION FEES: \$200 Liquor \$100 Beer and/or Wine

TYPE OF BUSINESS Check one:

Package Store Drive-in Grocery Country Club American Legion
 Restaurant Gas Sta. w/Grocery V.F.W. BPOE (Elks)
 Super Market Eagles Other (specify)

Check Type of License:

Package Wholesaler Consumption

	Annual Fee		*Months	=	Fee Due
(A) Liquor/Pouring	\$5,000	x	_____	=	\$_____
(B) Beer/Wine	2,500	x	_____	=	\$_____
(C) Beer Only	1,250	x	_____	=	\$_____
(K) ** Sunday Sales	1,700	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 6 MONTHS TO COMPLY WITH THE 50% FOOD SALES OF TOTAL GROSS FOOD AND BEVERAGE SALES; INITIALLY NO AFFIDAVIT IS REQUIRED.

Licensee's full name (Last, First, Initial)	Social Security Number	
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Licensee's home address (Street) (City) (Date of Birth)

Business Name	Mailing Address	
Business Location	City State Zip Code	
City State Zip Code	Business Phone	
Federal Employer Identification Number	Georgia Sales Tax Number	State Withholding Number

Type of Ownership: Single Proprietor Partnership or Association Corporation Corporate Name:
 (check one) _____

Type of Corporation:	Place of Incorporation:	Owner's Name (Last, First, Initial)	Social Security Number
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Partner(s)/Corporate Officers (Names & Residence Addresses)	% 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.

I hereby certify that _____ State of Georgia _____ County
Full name of Licensee

signed his name to the foregoing 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 _____ 20

Notary Public

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)

CITY OF CHAMBLEE 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 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 and amount of interest in each: _____

5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? _____
If so, give details: _____
6. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, 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 so, 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 so, give details: _____

9. Are you a registered voter? _____ In what State? _____ In what County? _____
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 _____
15. If married or separated, complete the below requested information on spouse:
Full name of spouse: _____ Social Security No. _____
Maiden Name: _____ Date of Birth: _____

16. Employment Record for the past ten years (Give most recent experience first):

Dates Employed				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	City	State
From	To			

18. Have you ever been arrested, or held by Federal, State or other law-enforcement authorities, for any violation of federal law, state law, county or municipal law, regulation or ordinances? (Do not include traffic violations. All of the charges must be included, even if they were dismissed. Give reason charged or held, date, place where charged, disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest).

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

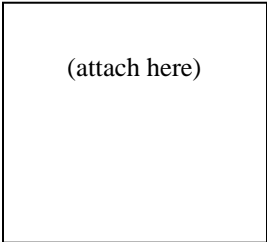
20. Attach photograph (front view) taken within the past year.

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 attached sheets submitted herewith.

State of Georgia, _____ County

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 personnel statement are true and correct.

Applicant's Signature



I hereby certify that _____ signed his name to the foregoing application 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 and correct.

This _____ day of _____, 20____. _____
Notary Public

CITY OF CHAMBLEE 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 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 and amount of interest in each: _____

5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? _____
If so, give details: _____
6. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, 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 so, 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 so, give details: _____

9. Are you a registered voter? _____ In what State? _____ In what County? _____
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 _____
15. If married or separated, complete the below requested information on spouse:
Full name of spouse: _____ Social Security No. _____
Maiden Name: _____ Date of Birth: _____

16. Employment Record for the past ten years (Give most recent experience first):

Dates Employed				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	City	State
From	To			

18. Have you ever been arrested, or held by Federal, State or other law-enforcement authorities, for any violation of federal law, state law, county or municipal law, regulation or ordinances? (Do not include traffic violations. All of the charges must be included, even if they were dismissed. Give reason charged or held, date, place where charged, disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest).

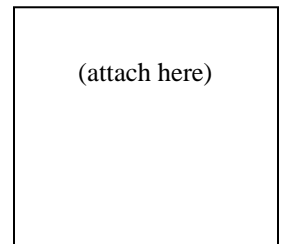
19. Race _____ Sex _____ Height _____ Weight _____ Age _____ Hair Color _____ Eye Color _____

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

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 attached sheets submitted herewith.

State of Georgia, _____ County

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 personnel statement are true and correct.



Applicant's Signature

I hereby certify that _____ signed his name to the foregoing application 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 and correct.

This _____ day of _____, 20____. _____
Notary Public

TO: CITY CLERK
CITY OF CHAMBLEE
5468 PEACHTREE ROAD
CHAMBLEE, GA 30341

AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF APPLICANT RESIDENCE

STATE OF GEORGIA, _____ COUNTY:

Personally appeared before the undersigned Notary Public one _____
(name of person having knowledge)

who says, under oath, that he is personally acquainted with _____, and
(name of liquor license applicant)

that he knows of his own knowledge that said applicant has resided in the County of _____, State of Georgia, since
20_____, and is now a resident of said State and County, and from one year prior to _____ day of _____, 20_____, has
resided at _____
(address of licensee for past year)

Affiant

Sworn to and subscribed before me,

this _____ day of _____, 20_____

Notary Public

REPORT OF SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

TO: CITY CLERK, CITY OF CHAMBLEE

DATE: _____

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:

200 YARDS MINIMUM

1. _____ yards to the _____
(school building, school ground, and college campus, this includes kindergarten or churches which have schools or kindergartens) located at

100 YARDS MINIMUM

1. _____ yards to the _____
(church or other place used primarily for religious service) located at

2. _____ yards to the _____
(alcoholic treatment center) located at

3. _____ yards to the _____
(private residence) located at

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

IN MY OPINION, THE PREMISES INDICATED ABOVE MEET THE DISTANCE REQUIREMENTS FOR LICENSING.

NOTE:

SURVEY SHOWING DISTANCE TO THE USE ABOVE MUST BE ATTACHED.

GEORGIA REGISTERED LAND SURVEYOR

SURVEYOR NO.

(SEAL)

I have received a copy of the City of Chamblee Alcohol Ordinance.

Signature **Date**

Print Name



Affidavit Verifying Status for City of Chamblee Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Chamblee Business License, 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 Chamblee Business License, or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____ **[Insert name of natural person applying on behalf on individual, business, corporation, partnership, or other private entity]**

_____ I am a United States citizen;

OR

_____ I am a legal permanent resident 18 years of age or older or I am an otherwise 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.

In making the above representation 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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Printed Name

Date

*Alien Registration number for non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE _____ DAY OF _____, 20____

Notary Public

My Commission Expires:

*Note: O.C.G.A. Section 50-36-1(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:
