



APPLICATION FOR
**ALCOHOLIC
 BEVERAGE
 LICENSE**

SECTION I - BUSINESS INFORMATION

1. Type of Application (Check One)

- New
- Amended
- Renewal | Complete only 1-7 for Renewals

2. License Information

a. Type of License (Check All That Apply)

- On-Premise Consumption
- Off-Premise Consumption

b. Type of Sales (Check All That Apply)

	Quarterly Fees	No. of Quarters	License Fee Due
Beer only	\$125.00	x	=
Wine only	\$125.00	x	=
Beer and Wine	\$250.00	x	=
Distilled Spirits (Liquor only)	\$1,250.00	x	=
Distilled Spirits, Beer and Wine	\$1,500.00	x	=
Distillery, Brewery or Brewpub	\$250.00	x	=
PACKAGE LICENSE (w/On-Premises Consumption License)			
Art Shop	\$1,000.00	x	=
Carry-out/Curbside pickup	\$0.00	x	=
Delivery of Packaged Alcohol	\$0.00	x	=

3. Type of Business (Check One)

- Eating Establishment w/Full Service Kitchen
- Indoor Commercial Recreation Establishment
- Brewpub
- Distillery with Taproom
- Brewery with Taproom
- Performance Facility
- Hotel/Motel In-Room Service
- Downtown Pub
- Private Club
- Mobile Food Vendor Eating Establishment
- Sports Club
- Retail Package Dealer (Convenience Store, Grocery)



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4. Business Information

Name: _____ Phone Number: _____

Location: _____
street number street name suite number

Mailing Address: _____
street number street name suite/apt

city state zip code

5. Parcel Number: _____

6. Contact Information

Please list the contact person regarding license changes, taxes, etc.

Full Name: _____

Home Address: _____
street number street name suite/apt

city state zip code

Business Phone Number: _____

Contact Cell Number: _____

7. Type of Ownership (Check One)

- Sole Owner
- Partnership
- Public Held Corporation
- Public Held Corporation subject to SEC Regulations
- Private Held Corporation
- Other (please specify): _____

a. For Sole Ownership Only

Full Name: _____

Mailing Address: _____
street name street name suite/apt

city state zip code

b. For Partnership Only (*Attach Partnership Agreement to this Application)

Date Partnership Formed: _____

List partners:

Name and Address	General, Limited, Silent	Interest %



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c. For Corporation Only

Corporation Name: _____

Mailing Address: _____
street name street name suite/apt

city state zip code

Date of Incorporation: _____

Place of Incorporation: _____

Is the Corporation owned by a parent corporation or held by a holding company? _____

If yes, explain: _____

List officers, directors and/or principal shareholders with 20% or more of the stock

Name	Position	Interest %

8. General Information

a. Does the owner and/or individual partner, shareholder, director or officer have any financial interest in any manufacturer or wholesale of alcoholic beverage? _____

b. Has the owner and/or individual partner, shareholder, director or officer received any financial aid or assistance from any manufacturer of alcoholic beverages? _____

c. If you answered yes to either of the above, please explain:

d. 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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9. Building Information

- a. Is this location within a commercial Zoning District (C-2A, C-3 or OTCD)? _____
- b. Does the completed building or the proposed building comply with the ordinances of Gwinnett County, regulations of the State Revenue Commissioner and the laws of the State of Georgia? _____
- c. Attach copies of the following information as it applies to this application:
 - 1. A certified scale drawing of the proposed premises by a registered land surveyor or professional engineer, showing the distance from churches and schools.
 - 2. A certificate by a registered land surveyor or professional engineer, showing that the location complies with the distance requirement from churches and schools.
 - 3. Evidence of ownership of the building or proposed building or a copy of the lease if applicable.
 - 4. A copy of the franchise agreement or contract, if applicable
 - 5. Plans:
 - i. If Building is COMPLETE, copies of detailed plans of said building and outside premises as well as a copy of the floor plan
 - ii. If Building is PROPOSED, copies of proposed plans and specifications as well as the building permit application

PLANNING AND ZONING USE ONLY

Action:
Date:
Signature:
Comments:



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SECTION I - STATEMENT OF PERSONAL HISTORY

BUSINESS INFORMATION

Trade Name of Business that this statement is for: _____

Phone Number: _____

Location: _____
street number street name suite/apt
_____ city state zip code

APPLICANT INFORMATION

Name: _____
last first middle

Residence: _____
street number street name suite/apt
_____ city state zip code

Phone: _____ SSN: _____

Sex: _____ Race: _____

Date of Birth: _____ Place of Birth: _____

Color of Hair: _____ Color of Eyes: _____

Your relationship with this business:

- Sole Owner
- Partner: General Limited Silent
- Director
- Officer
- Manager
- Employee
- Principal Stockholder
- Other (please specify): _____

Percentage of ownership or interest, if any: _____

Are you a: (Check One)

- US Citizen
- Legal Alien
- Other (please specify): _____



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1. State any other names which you have used (maiden names, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc.) Specify which and indicate dates.

2. List all places of residence for the past ten years (most recent first).

From (month/year) To (month/year) Address City, State

3. List employment record for the last ten years (most recent first).

From (month/year) To (month/year) Employer Name Occupation Salary Reason For Leaving

4. 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? _____

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

Name Address Amount of Interest

5. Have you ever had any financial interest in an alcoholic beverage business that was denied a license? _____

If yes, please describe

6. Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) 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, please describe _____

7. Have you bought or sold any alcoholic beverage business in the last ten years? _____
If yes, please describe (date, license number, persons and considerations involved).

8. Have you ever had any financial interest in an alcoholic beverage business that was denied a license? _____

If yes, please describe.

9. Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) 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, please describe.

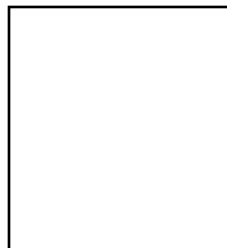
10. Have you ever been arrested, or held by federal, state or other law-enforcement authorities, for any violation of federal, state, county or municipal law, regulation or ordinance? _____

(If yes, do NOT include traffic violations. All other charges, including DUI's, must be listed even if they were dismissed. State reason you were charged or held, date, place and disposition. If no arrest was made, state "No Arrest". After the last entry, state "No other arrests".

11. Have you had any license under the regulatory powers of the City of Suwanee and/or Gwinnett County denied, suspended or revoked within two (2) years prior to the filing of this application? _____

If yes, please describe.

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





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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.

The undersigned hereby certifies that he/she is _____ of _____
the authorized representative name of business
and is authorized to sign this application. The undersigned further certifies that:

The City of Suwanee Alcoholic Beverage Ordinance has been read and understood and a copy will be maintained on the premises, and each and every employee will be required to be familiar with said regulations;

All laws, rules and regulations of the United States, the State of Georgia and the City of Suwanee now enforced or which may hereafter be promulgated or enacted regulation and governing the sale of alcoholic beverages will be complied with; and

Any license issued shall cover the period of one year commencing the first day of January and expiring December 31, and that no license shall be assignable or transferable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that I am liable to penalties of the law (both fine and imprisonment) should any false or fraudulent statement of representation be made in connection with this application.

I solemnly swear that the facts stated in the above and foregoing application for a license in the City of Suwanee, Georgia are true and correct.

Sworn to and subscribed before me this _____ day of _____, 20 ____

Notary Public

Applicant's Signature

Received by Staff Member

Date Received