

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE CITY OF COLLEGE PARK, GEORGIA

**INSTRUCTIONS:** Please read through entire application before answering any questions. Every question must be answered fully and correctly. If the space provided is not sufficient, answer the questions on another sheet of paper and indicate that a separate sheet is attached. If a particular question does not apply, then answer "N/A" and if necessary explain why the question is not applicable to you. Do not leave any questions blank. When the form is completed, it must be dated, signed and verified under oath by the applicant and submitted to the Office of the City Clerk of the City of College Park, Georgia, together with all supporting documents, and a certified check or cash for (\$75.00 – malt beverage & wine) (\$250.00 - all ),which is nonrefundable.

New Application                      **Date:** \_\_\_\_\_                      **Quarter:** \_\_\_\_\_

Amended Application (**Transfer** - Change to Owner, Change to Business Name, Change to Licensee, Change to License Representative, Change to Type of License, or Change to Location). *Please circle the change(s) being requested.*

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Current Alcohol License # (printed on certificate):** \_\_\_\_\_  
*(required if filing Amended Application).*

1. Type of establishment: (Check one)
 

<input type="checkbox"/> Restaurant	<input type="checkbox"/> On premise consumption Lounge	<input type="checkbox"/> Hotel
<input type="checkbox"/> Package Liquor Store	<input type="checkbox"/> Retail Convenience Store	<input type="checkbox"/> Caterer
  
2. Type of License or change applied for: (Check all that apply)
 

<b><u>ON PREMISE</u></b>		
<input type="checkbox"/> Retail by-the drink On premise consumption ( <b>spirits</b> )		\$4,000
<input type="checkbox"/> Retail by - the drink lounge within same premises w/ restaurant		\$1,000
<input type="checkbox"/> Retail by - the drink On premise consumption lobby station		\$1,000
<input type="checkbox"/> Retail by-the drink On premise consumption room service		\$1,000
<input type="checkbox"/> Retail by-the drink On premise consumption ( <b>malt beverage</b> )		\$ 500
<input type="checkbox"/> Retail by-the drink On premise consumption ( <b>wine</b> )		\$ 500
<b><u>OFF PREMISE</u></b>		
<input type="checkbox"/> Retail off premise consumption (package) ( <b>spirits</b> )		\$4,000
<input type="checkbox"/> Retail off premise consumption ( <b>malt beverage</b> )		\$ 500
<input type="checkbox"/> Retail off premise consumption ( <b>wine</b> )		\$ 500
<input type="checkbox"/> Caterer’s (distilled spirits- all)		\$ 2000
<input type="checkbox"/> Caterer’s (malt beverage & wine only)		\$ 1000
<input type="checkbox"/> Original & amended Application – distilled spirits		\$ 250
<input type="checkbox"/> Original & amended Application – malt beverage & wine		\$ 75
<b>Total</b>		<b>\$ _____</b>

The sum of (\$75.00 or \$250) shall be paid at the time an original application is filed, to cover investigative costs, which shall be credited against the first annual license fee upon grant of a license. This fee is not refundable.

3. What is the direct distance from business to nearest: Sec. 3-27

- (a) School Ground \_\_\_\_\_
- (b) Church Ground \_\_\_\_\_
- (c) Closest private residence \_\_\_\_\_
- (d) Libraries \_\_\_\_\_

4. Type of ownership: *(Select only one and complete only that section indicated on the following two pages).*

- Individual
- Partnership
- Close Corporation
- Corporation
- Limited Liability (LLC)
- Limited Partnership

Individual: Full name and legal residence of owner:

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ MAILING ADDRESS (If different) \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_

Is this individual a U.S. Citizen? \_\_\_\_\_

If not give permanent alien registration No. \_\_\_\_\_ and attach copy of green card.

Partnership: Partnership name \_\_\_\_\_

Name, address & social security number of general partner(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, social security number, per cent interest and legal address of all partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all of the partners U.S. Citizens? \_\_\_\_\_

If not, give permanent alien registration No. \_\_\_\_\_ and attach copy of green card.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For Close Corporation, Corporation, Limited Liability Company or Limited Partnership, please complete the following section. ***Please circle the applicable company type.***

Business Name \_\_\_\_\_ -  
\_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

Name of registered agent of service of process for the business:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
CITY, STATE, ZIP CODE

Name, social security number, per cent interest and legal address of all stockholders owning 5% or more of the company.

Name: \_\_\_\_\_ S. S.# \_\_\_\_\_

Address: \_\_\_\_\_ % Interest: \_\_\_\_\_

Name: \_\_\_\_\_ S. S.# \_\_\_\_\_

Address: \_\_\_\_\_ % Interest: \_\_\_\_\_

Name: \_\_\_\_\_ S. S.# \_\_\_\_\_

Address: \_\_\_\_\_ % Interest: \_\_\_\_\_

Name: \_\_\_\_\_ S. S.# \_\_\_\_\_

Address: \_\_\_\_\_ % Interest: \_\_\_\_\_

Name: \_\_\_\_\_ S. S.# \_\_\_\_\_

Address: \_\_\_\_\_ % Interest: \_\_\_\_\_

Are all of these stockholders U.S. Citizens? \_\_\_\_\_

If not, give permanent alien registration No. \_\_\_\_\_ and attach copy of green card.

5. **Licensee:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE/FAX NUMBERS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
CITY, STATE, ZIP CODE

Is the licensee a U.S. Citizen? \_\_\_\_\_

If not, give licensee permanent alien registration no. \_\_\_\_\_ and attach copy of green card.

6. **License Representative:** (If required)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE/FAX NUMBERS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
CITY, STATE, ZIP CODE

Is the license representative a U.S. Citizen? \_\_\_\_\_

If not, give license representative permanent alien registration no. \_\_\_\_\_ and attach copy of green card.

7. a. Is the above address the licensee's legal and bona fide place of domicile?

Yes       No

b. Is the above address the license representative's legal and bona fide place of domicile?     Yes       No

8. Name and Location of business for which application is made:

\_\_\_\_\_  
NAME OF BUSINESS (As it should appear on License)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

PHONE/FAX NUMBERS

**VERIFICATION OF LICENSEE**

State of Georgia, \_\_\_\_\_ County.

I, \_\_\_\_\_, Licensee, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

\_\_\_\_\_  
**APPLICANTS/LICENSEE SIGNATURE (FULL NAME IN INK)**

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing application after  
(Full name of Applicant/Licensee)  
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 and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

**(AFFIX SEAL)**

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**VERIFICATION OF LICENSE REPRESENTATIVE (Only complete if Lic. Rep. is required)**

State of Georgia, \_\_\_\_\_ County.

I, \_\_\_\_\_, License Representative, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

\_\_\_\_\_  
**LICENSE REPRESENTATIVE (FULL NAME IN INK)**

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing application after  
(Full name of License Representative)  
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 and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

(AFFIX SEAL)

**AFFIDAVIT FOR AUTHORIZATION OF TRANSFER**

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_, current Licensee, do hereby agree to surrender all rights to the Alcohol

License for the \_\_\_\_\_  
Business name Address

and agree to a complete transfer of said license.

\_\_\_\_\_  
Current Licensee

\_\_\_\_\_  
State License #

I hereby certify that \_\_\_\_\_ (full name of Licensee) signed his/her name to this affidavit after stating to me that he/she knew and understood the statement made herein, and, under oath actually administered by me, has sworn that said statement is true and he/she is in full agreement.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(AFFIX SEAL)

**\*\*IMPORTANT\*\***

*(1) The original Alcohol License must be submitted with this application packet. This form is only completed if an Amended Application is being submitted for a transfer of Licensee for the business.*



**CITY OF COLLEGE PARK, GA  
CRIMINAL HISTORY RELEASE CONSENT FORM**

(Please make copies of blank form – one required for each person named in the application, including the Licensee and License Rep)

I hereby authorize **COLLEGE PARK POLICE DEPARTMENT** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state and local criminal justice agency. (Print Clearly)

Full Name \_\_\_\_\_  
Last First Middle

Complete Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Note: Before signing this consent form, check all answers to see that you have answered all questions fully and correctly. This consent form is subject to the penalties of false swearing.

**VERIFICATION**

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_ do solemnly swear or affirm, subject to the penalties of false swearing, that the above information in the foregoing consent form is true and correct and that I do willingly give my consent.

\_\_\_\_\_  
Signature (Full Name)

I, hereby certify that \_\_\_\_\_ (the above named individual) signed his or her name to the foregoing consent form stated to me that he or she knew and understood the reason for the consent form and willingly signed said consent form, and under oath actually administered by me, has sworn or affirmed, that said information is true and correct.

This \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public (Seal)

**DO NOT WRITE BELOW THIS LINE, POLICE DEPARTMENT USE ONLY**

( ) NO CRIMINAL RECORD

( ) CRIMINAL RECORD

Person Checking Record: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)



**CITY OF COLLEGE PARK, GEORGIA  
AFFIDAVIT OF LICENSEE/LICENSE  
REPRESENTATIVE**

STATE OF GEORGIA, \_\_\_\_\_ COUNTY:

The undersigned **Licensee** hereby certifies that he/she (is not) (is) serving as licensee and the license representative of \_\_\_\_\_; that he/she is at least twenty-one (21) years of age, (is not) (is) a resident of \_\_\_\_\_ County, and (is not) (is) a manager of the business. (Select "is" or "is not" for each of the above concerning the Licensee)

\_\_\_\_\_  
Licensee

Sworn to and subscribed before me,  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires on \_\_\_\_\_.  
(Affix Seal)

**(Only complete the section below if the Licensee cannot answer "is" to all the questions above):**  
.....

The undersigned **License Representative** hereby certifies that he/she is serving as the license representative of \_\_\_\_\_; that he/she is a least twenty-one (21) years of age, is a resident of \_\_\_\_\_ County, and is a manager of the business.

\_\_\_\_\_  
License Representative

Sworn to and subscribed before me,  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires on \_\_\_\_\_.

(Affix Seal)





**CERTIFICATE OF RESIDENCE FOR  
RETAIL LICENSE APPLICATION AND  
CONSUMPTION ON PREMISES APPLICANTS**

STATE OF GEORGIA, \_\_\_\_\_ COUNTY:

I, \_\_\_\_\_, JUDGE OF THE PROBATE COURT  
FOR \_\_\_\_\_ COUNTY, GEORGIA, HEREBY CERTIFY THAT  
\_\_\_\_\_ is now a bona fide resident of the State of Georgia  
and the County of \_\_\_\_\_, based upon the affidavit of  
applicant, and the evidence submitted therewith.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said  
Probate Court, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
JUDGE OF THE PROBATE COURT

\_\_\_\_\_  
COUNTY, GEORGIA



**City of College Park**  
P.O. Box 87137  
College Park, Georgia 30337  
Phone: 404-669-3766  
Fax: 404-669-3799  
www.collegeparkga.com

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***AFFIDAVIT VERIFYING STATUS FOR CITY OF COLLEGE PARK PUBLIC BENEFIT***

*(Please make copies of blank form – one required for each person named in the application, including the Licensee and License Rep)*

By executing this affidavit under oath, as an applicant for an Alcohol License as referenced in O.C.G.A. §50-36-1, from the City of College Park, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

**(Attach a copy for verification)**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as \_\_\_\_\_.

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 §16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in College Park, Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

**Notary Public:** \_\_\_\_\_ (Affix Seal)

My Commission Expires: \_\_\_\_\_.

**CITY OF COLLEGE PARK**

**ALCOHOLIC BEVERAGE LICENSE  
PERSONAL STATEMENT**

**INSTRUCTIONS:** This personal statement must be executed, under oath, by every person having any ownership or profit sharing interest in, or managing, any place of business applying for a license from the City of College Park to sell or deal in alcoholic beverages or liquors. Each question must be fully answered. If the space provide is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. A personal statement including a passport size photograph as required by question 9.

1. \_\_\_\_\_  
Full name of applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

2. \_\_\_\_\_  
Home address

3. \_\_\_\_\_  
Business address

4. \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ By Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

5. How many consecutive years and months have you been a legal resident of Georgia?  
Years \_\_\_\_\_ Months \_\_\_\_\_

6. Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

7. If married, divorced or widowed, complete the below requested information on spouse.

\_\_\_\_\_  
Full name of spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Wife's Maiden name \_\_\_\_\_ Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

8. References. Give three personal references, not relatives, former employers, fellow employees, or school teachers, who are responsible, reputable, adults, business or professional men or women, who have known you well during the past ten (10) years. (Name, address, and phone #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Attach passport-size photograph (front view) taken within past two (2) years. Write name on back of photograph and attach to each personal statement. \_\_\_\_\_

## CHECKLIST OF ITEMS NEEDED TO COMPLETE APPLICATION

3. As required in Chapter 3 - Alcoholic Beverage section of the City of College Park Code of Ordinances, please check off and include the following items with this application. ***If not applicable, please indicate. Incomplete applications cannot be processed.***
- a. All applications for license shall include a **certificate from a registered surveyor** showing a scale drawing of the location of the proposed premises and the distance, measured as provided in [section 3-27\(h\)](#), from the proposed premises to the building and property line of the nearest church, library, school and residence, and the nearest five (5) occupied commercial establishments. (Ord. No. 93-5, § 1, 4-19-93) (*new business applications or location changes only*).
  - b. An **affidavit of each person** whose name appears on an application for a license swearing that said person has not within 10 years prior to the date of application been convicted or nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or a misdemeanor or a crime opposed to decency and morality. (Does not include the registered agent for service of a corporation, or LLC unless such person is a covered stockholder, member, partner, limited partner, licensee or license representative) see page 6.
  - c. A copy of a **deed** showing the applicant to be the owner of the premises for which the license is sought or a copy of a **lease** showing any interest the owner of the premises has in the business for which the license is sought (*new business applications, owner change or change to location only*).
  - d. Application **processing fee** of two-hundred, fifty dollars (\$75.00 or \$250.00), which is Non-Refundable.
  - e. **Consent form releasing criminal background** history of each person listed herein and proof of U.S. Citizenship or alien status. Blank copy of forms included in application – Page 7.  
***Make copies as needed prior to completing.***
  - f. If the same person is serving as the **licensee** and the license representative, he/she shall submit an **affidavit certifying** that he/she is at least twenty-one (21) years of age, a resident of Metropolitan Atlanta area: Counties of Fulton, Clayton, Henry, Fayette, Walton, Douglas, Cobb, Paulding, Newton, Cherokee, Gwinnett, Forsyth, DeKalb, Rockdale, Bartow, Carroll, and Pickens. Form included in application. Form included in this application – Page 8.

## CHECKLIST OF ITEMS NEEDED TO COMPLETE APPLICATION

- g. If the licensee is not also serving as the license representative, an **affidavit from the license representative** certifying that he/she is at least twenty-one (21) years of age, a resident of Metropolitan Atlanta area. Form included in this application – Page 8.
- h. Certificate of Residence – Signed by your county’s Judge of Probate Court – Page 9.
- i. A copy of the applicable Fulton or Clayton County Health Department **Food Service Permit** and/or any other state or federal permits, etc. required for a food service establishment.
- j. There must be submitted with this application, as Exhibits A1, A2 a **PERSONAL STATEMENT (See page 11) make copies as needed prior to completing.** A statement should be received from the applicant and each person listed on pages 2, 3, & 4. Such personal statements shall be deemed to be incorporated into and made a part of this application, and any false statement in this application and in any such personal statement shall not only constitute false swearing under the criminal law of this State, but shall also constitute cause for revocation of any license issued pursuant to this application. Indicate the number of personal statements attached #\_\_\_\_\_.
- k. As to the applicant, if an individual, and as to the managing officer or partner, if a corporation or partnership, there must be attached to this application as Exhibit B, an **affidavit by some person having knowledge of the facts concerning the residence** of such applicant, managing officer or partner for the past ten (10) years.
- l. If you acquired this business or propose to acquire it from some previous licensee, give name and state license number of the previous licensee and the date acquired or to be acquired and state briefly the consideration involved. (Page 6 of application packet).

## Important Information regarding Packaged Retail Distilled Spirits License

As provided in subsection (c), all license fees for existing license holders of licenses for retail sale of distilled spirits (Sec. 3-37) wishing to continue the license into a succeeding year shall be due by the close of business on December 31 of the then-current year. If said license fees are not received on or before the close of business on that date, such licensee shall immediately cease the sale of alcohol on January 1 at 12:01 a.m. of the succeeding year. Thereafter, if any licensee shall wish to continue to sell alcoholic beverages it must submit a new application for a license. Such new application must be approved by the city before the sale of alcohol may resume. Such application shall be treated as a new application and shall be approved only if the applicant can comply with all ordinances and statutes in effect at the time of submission of the application. If December 31 falls on a day in which the city is not open for business, including weekends or holidays, the due date for license fees shall be the immediately preceding business day. (c) If a business for which a license for the retail sale of distilled spirits (Sec.3-37).

Have you received, read, and understand the City of College Park Alcoholic Beverage License Ordinance?

Yes       No    Licensee's Initials \_\_\_\_\_  
 Yes       No    Lic. Rep.'s Initials \_\_\_\_\_

### Alcoholic Beverage Calculation Chart

1 <sup>st</sup> quarter (Jan 1 – Mar 31	
2 <sup>nd</sup> quarter (Apr 1 – Jun 30	¾ of initial fee
3 <sup>rd</sup> quarter (Jul 1 – Sept 30	½ of initial fee
4 <sup>th</sup> quarter (Oct 1 – Dec 30	¼ of initial fee

For additional information:  
Shavala Moore, City Clerk  
City of College Park  
404-669-3754