

DEKALB COUNTY PRIVILEGE LICENSE APPLICATION

INSTRUCTIONS: Every question must be answered fully and correctly. 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 by the licensee and notarized. The application and all requested documents shall be filed with the Finance Department, Division of Internal Audit and Licensing, at 330 W. Ponce De Leon Ave., 2nd Floor, Decatur, Georgia 30030. (If mailed, remit to: P.O. Box 100020, Decatur, Georgia 30031-7020.) In 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 not an individual, the license shall be issued jointly to the corporation and the local manager. In the case of a partnership, the license shall be issued to one of the partners. The license fees shall be paid with a cashiers check or money for the exact amount due. **Do not send business or personal checks.**

Check One: () New Location () New Licensee () New Ownership () Other – Specify Type of Changes
Administrative Fees: () Beer and/or Wine **\$100.00** () Liquor **\$200.00**

Type of Business:
 () Convenience/Grocery () Restaurant () Country Club () American Legion Post
 () Grocery with Gas () Nightclub/Bar () VFW () BPOE (Elks Club)
 () Supermarket () Package / Liquor Store () Other

Type of License: () Consumption () Retail Package () Importer () Wholesaler
 Licenses are issued only for the remaining months in the calendar year and partial months are counted as a full month.

	Monthly Fees		Number of Months	=	License Fee Due
() Beer Only	\$ 50.00	x	_____	=	_____
() Wine Only	\$ 50.00	x	_____	=	_____
() Beer & Wine Combination	\$ 75.00	x	_____	=	_____
() Liquor – Package or C.O.P.	\$333.33	x	_____	=	_____
() Additional Fixed Bar(s)	\$ 50.00	x	_____	=	_____
() Additional Movable Bar(s)	\$ 25.00	x	_____	=	_____
() Sunday Sales	\$ 91.66	x	_____	=	_____

Sunday Sales Permits are only issued to eating establishments. New establishments are given up to six (6) months to comply with the minimum food sales requirements. **Food sales must be at least 60 % of total annual food & alcohol sales.**

Licensee's Full Name (must be a person) _____ Date of Birth _____ Social Security # _____ Home Telephone Number _____

Licensee's Home Address _____ City, State and Zip Code _____ County _____

Business Name _____ Business Location _____ City, State & Zip Code _____ Business Telephone # _____

Mailing Name and Complete Address _____

Type of Ownership: () Single Proprietor () Partnership () Association () Corporation or LLC

Corporate Name: _____ Date Inc. _____ State where Inc. _____

Corporate Officers or Partners _____ Home Address _____ City, State & Zip Code _____ % of Interest _____ Social Security # _____

This application must be executed under oath and the applicant is subject to criminal penalties for false swearing. The application includes all attachments and forms that are required for processing of this application. I, _____, the licensee, do solemnly swear that the answers and statement on this application are true and correct and that no false or fraudulent statements are made herein to obtain an alcoholic beverage license.

Signature of Applicant / Licensee _____ Date _____ Signature of Notary Public _____ Date _____

1. Will you have entertainment? _____ 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 of that person, name of business and complete address of business. _____

3. List the full name, address and other pertinent information for each person having any ownership interest in this business:

Name	Home Address	City – State – Zip	Social Security #	Date of Birth	Interest %
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4. List name and address of the owners of the building and land and the name and address of the lessor or sub-lessor:

	Name	Street Address	City – State – Zip	Amount of Rent Due
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Owner Building _____

Owner of Land _____

Lessor _____

Sub-Lessor _____

5. How much money is being invested in the business and by whom? Total amount of money paid _____

Name of person	Home Address	City-State-Zip Code	Amount for each person
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6. How much of the money being invested is borrowed and from whom? Show total amount borrowed _____

Name of bank, business or person	Street Address	City-State-Zip Code	
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7. Name and home address of the manager of this business: _____

8. Have you attached a copy of the floor plans of this business showing inside layout of the store, including entrance(s) and exit(s). Nightclubs and restaurants needs to show kitchen, bathrooms, dining areas, entertainment area and any offices. Yes _____

9. If this is a corporation, Limited Liability Company or a partnership, please attach copies of the state Certificate of Incorporation along with copies of your corporate, LLC or partnership papers showing the officers.

10. Have you attached two (2) registered agent forms with pictures of the agent? _____

11. Have you received a copy of the DeKalb County Alcoholic Beverage Ordinance? _____ No application can be processed until you acknowledge receipt of the County Ordinance (rules and regulations).

Print name of applicant / licensee

Signature of applicant / licensee

Date