



www.johnscreekga.gov
 678-512-3242 ~ (fax) 678-512-3245
 11360 Lakefield Drive, Johns Creek, GA 30097

**Renewal
 Application Due
 Annually by
 November 15th**

ALCOHOLIC BEVERAGE LICENSE RENEWAL

BUSINESS NAME: _____ **CONTROL #:** _____ **LICENSE #:** _____

DOING BUSINESS AS: _____

LOCATION ADDRESS: _____ **SUITE/UNIT:** _____ **ZIP CODE:** _____

APPLICANT/LICENSEE NAME*: _____

** Licensee must be an owner, stockholder, or fulltime employee of the licensed business and present on the licensed premises a minimum of ten hours per week.*

PHONE: _____ **FAX:** _____ **EMAIL ADDRESS:** _____

MAILING ADDRESS: _____ **SUITE/UNIT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TYPE OF LICENSE & ASSOCIATED FEES: (CHECK ALL THAT APPLY)

<u>LICENSE(S)/FEE</u>	<u>LICENSE FEES</u>
APPLICATION FEE – RENEWAL	\$100.00
_____ <i>PRINT TYPE OF LICENSE</i>	\$ _____
ADDITIONAL BARS - _____ \$1,000.00 PER BAR	\$ _____
SUBTOTAL - APPLICATION & LICENSE FEES DUE	\$ _____
LATE FILING FEE – 10% OF SUBTOTAL IF FILED AFTER NOVEMBER 15	\$ _____
TOTAL AMOUNT DUE	\$ _____

ALCOHOLIC BEVERAGE LICENSE RENEWAL APPLICATIONS AND PAYMENTS ARE DUE ON OR BEFORE NOVEMBER 15TH EVERY YEAR. MAKE CHECKS PAYABLE TO THE CITY OF JOHNS CREEK. RENEWAL APPLICATIONS AND PAYMENTS RECEIVED BETWEEN NOVEMBER 16TH AND DECEMBER 15TH ARE SUBJECT TO 10% LATE FILING FEE. BUSINESSES FAILING TO RENEW THEIR ALCOHOLIC BEVERAGE LICENSE PRIOR TO DECEMBER 15TH MUST REAPPLY FOR AN ALCOHOLIC BEVERAGE LICENSE.

1. LIST THE ACTIVE MANAGER(S) OF THE BUSINESS WHO WILL BE ONSITE AT THE ESTABLISHMENT: (ATTACH ADDITIONAL SHEET IF NECESSARY)

COMPLETE NAME ADDRESS JOHNS CREEK POURING PERMIT NUMBER (REQUIRED)

2. IF OPERATING AS A CORPORATION OR PARTNERSHIP, LIST ALL PARTNERS, OFFICERS OR DIRECTORS, AND ALL SHAREHOLDERS HOLDING MORE THAN 20% OF ANY CLASS OF CORPORATE STOCK: ****ATTACH SEPARATE LIST IF NECESSARY****

NAME (FIRST, MI, LAST) HOME ADDRESS CITY, ST & ZIP % OF SHARES

STAFF USE: Initials: _____ Amount Due: _____ Amount Paid: _____

Balance Due: _____ Receipt #: _____

3. **BACKGROUND INVESTIGATIONS:** EACH APPLICANT AND LICENSEE SHALL CONSENT TO AND AUTHORIZE A FINGERPRINT ANALYSIS AND INVESTIGATION. IF OPERATING AS A CORPORATION OR PARTNERSHIP AND THERE IS A CHANGE IN THE NAMED APPLICANT/LICENSEE FROM THE PREVIOUS YEAR, WITH **NO** CHANGE IN OWNERSHIP, THE NEW INDIVIDUAL MUST CONTACT THE REVENUE DIVISION TO SCHEDULE A FINGERPRINT ANALYSIS.
4. **EMPLOYEE ALCOHOL POURING PERMITS:** IN ACCORDANCE WITH THE CITY CODE, ANY EMPLOYEE OF A CONSUMPTION ON THE PREMISES LICENSEE WHO DISPENSES, SELLS, SERVES, TAKES ORDERS, MIXES ALCOHOLIC BEVERAGES, OR SERVES IN ANY MANAGERIAL POSITION MUST SUBMIT AN APPLICATION FOR AN ALCOHOL POURING PERMIT AND COMPLETE A BACKGROUND INVESTIGATION FOR THE PREVIOUS FIVE (5) YEARS. POURING PERMITS MUST BE RENEWED ANNUALLY AND THE APPLICATION CAN BE FOUND ON THE CITY'S WEBSITE AT WWW.JOHNSCREEKGA.GOV.

GEORGIA, FULTON COUNTY

I, _____, BEING DULY SWORN TO LAW, DO SWEAR THAT THE STATEMENTS MADE BY ME IN THE ABOVE AND FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE, OR FRAUDULENT STATEMENT IS MADE HEREIN AND SUCH STATEMENTS WERE MADE IN ORDER TO PROCURE THE GRANTING OF SUCH A LICENSE. I CERTIFY THERE HAVE BEEN NO MATERIAL CHANGES IN ANY OF THE INFORMATION CONTAINED IN THE ORIGINAL APPLICATION. I HEREBY AUTHORIZE THE CITY OF JOHNS CREEK OR ITS DESIGNATED AGENT TO OBTAIN AND REVIEW COPIES OF ANY CRIMINAL AND/OR DRIVER'S HISTORIES IN MY NAME OR ANY ALIAS USED BY ME IN THE PAST OR AT THE PRESENT. I UNDERSTAND THAT THIS INFORMATION MAY BE USED AGAINST ME DURING THE COURSE OF THE CITY OF JOHNS CREEK'S INVESTIGATION. I FURTHER CERTIFY THAT I WILL NOTIFY THE CITY OF JOHNS CREEK OFFICE OF THE CITY MANAGER OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

PRINT NAME AND TITLE OF APPLICANT

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS THE _____ DAY OF _____, 20_____

CLERK/NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



Johns Creek

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678-512-3200 ~ (fax) 678-512-3245

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REGISTERED AGENT INFORMATION FORM

I, _____, DO HEREBY CONSENT TO SERVE AS THE REGISTERED AGENT FOR THE LICENSEE, OWNERS, OFFICERS, AND/OR DIRECTORS OF AND TO PERFORM ALL OBLIGATIONS OF SUCH AGENCY UNDER THE ALCOHOLIC BEVERAGE ORDINANCE OF THE CITY OF JOHNS CREEK, GEORGIA. I UNDERSTAND THE BASIC PURPOSE IS TO HAVE AND CONTINUOUSLY MAINTAIN A REGISTERED AGENT UPON, WHICH ANY PROCESS, NOTICE, OR DEMAND REQUIRED OR PERMITTED BY LAW OR UNDER SAID ORDINANCE TO BE SERVED UPON THE LICENSEE OR OWNER MAY BE SERVED UPON THE LICENSEE OR OWNER MAY BE SERVED. I UNDERSTAND THAT THE REGISTERED AGENT MUST BE A CITIZEN OF THE UNITED STATES AND A RESIDENT OF FULTON COUNTY. I FURTHER CERTIFY THAT I WILL NOTIFY THE CITY OF JOHNS CREEK OFFICE OF THE CITY MANAGER OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

SIGNATURE OF AGENT

PRINT NAME OF AGENT

AGENT'S HOME ADDRESS

CITY, STATE, AND ZIP CODE

AREA CODE AND TELEPHONE NUMBER

DATE MOVED INTO THE ABOVE ADDRESS

DRIVER'S LICENSE NUMBER & STATE ISSUED

DATE OF BIRTH

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS THE _____ DAY OF _____, 20____

CLERK/NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

**Consumption on
the Premises
Applicants ONLY**



www.johnscreekga.gov
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FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT: _____ SUNDAY SALES?: YES OR NO

ADDRESS OF ESTABLISHMENT: _____

LICENSEE'S NAME: _____ 2009 ALCOHOL LICENSE #: _____

I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. FINAL REPORTS MUST BE ATTACHED TO SUPPORT THE REPORTED SALES TOTALS OR CPA CERTIFICATION MUST BE COMPLETED ATTESTING TO THE REPORTED SALES TOTALS. THIS INFORMATION MUST BE PROVIDED FROM THE FINANCIAL RECORDS OF THE ABOVE ESTABLISHMENT FOR THE 12-MONTH PERIOD IMMEDIATELY PRECEDING SUBMITTAL OF THIS FORM, OR SUCH PERIOD DURING WHICH THE ESTABLISHMENT HAS BEEN OPEN.

- (A) PERIOD FOR WHICH INFORMATION IS PROVIDED: _____
(IF EXISTING BUSINESS, MUST BE 12-MONTH PERIOD OR ACTUAL SALES FOR TIME OPEN IF LESS THAN 12 MONTHS)
- (B) GROSS RECEIPTS/SALES FROM FOOD SALES & SERVICES: \$ _____ (_____) %
- (C) GROSS RECEIPTS/SALES FROM ALCOHOLIC BEVERAGE SALES: \$ _____ (_____) %
- (D) TOTAL FOOD SALES AND ALCOHOLIC BEVERAGE SALES THIS PERIOD: \$ _____ (_____) %

BRIEFLY DESCRIBE THE METHOD BY WHICH RECEIPTS ARE SEGREGATED DAILY INTO FOOD SALES AND ALCOHOLIC BEVERAGE SALES:

I CERTIFY THAT I HAVE A WORKING KNOWLEDGE OF THE BOOKS AND RECORDS OF THE ESTABLISHMENT WHOSE NAME APPEARS ABOVE, AND THAT TO THE BEST OF MY KNOWLEDGE THE FIGURES PRESENTED ABOVE REPRESENT ACCURATE SALES TOTALS FOR THE PERIOD SPECIFIED.

CPA NAME (PRINTED)

NAME OF CPA FIRM

CPA SIGNATURE

BUSINESS ADDRESS

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

CLERK/NOTARY PUBLIC

SIGNATURE OF NAMED INDIVIDUAL

MY COMMISSION EXPIRES

II. I HEREBY AFFIRM THAT I UNDERSTAND THAT THE PRIVILEGE OF SELLING ALCOHOLIC BEVERAGES ON SUNDAYS FROM 12:30 P.M. UNTIL 2:00 A.M. (MONDAY) REQUIRES A VALID ALCOHOLIC BEVERAGE POURING LICENSE, VALID SUNDAY SALES POURING LICENSE, AND THAT AT LEAST 30% OF THE LICENSE ESTABLISHMENT'S ANNUAL GROSS FOOD AND ALCOHOLIC BEVERAGE SALES MUST BE DERIVED FROM THE SALE OF PREPARED MEALS AND FOOD.

I HEREBY AFFIRM THAT I UNDERSTAND THAT RECORDS OF FOOD SALES AND ALCOHOLIC BEVERAGE SALES MUST BE PREPARED AND MAINTAINED. FAILURE TO PREPARE AND MAINTAIN RECORDS OF FOOD SALES AND ALCOHOLIC BEVERAGE SALES IS CAUSE FOR DENIAL OR REVOCATION OF AN ALCOHOLIC BEVERAGE POURING LICENSE, INCLUDING A SUNDAY SALES POURING LICENSE. I FURTHER AFFIRM THAT I UNDERSTAND THAT THE CITY OF JOHNS CREEK REVENUE DIVISION MAY AUDIT OUR RECORDS TO VERIFY THE SAME AT ITS DISCRETION.

SIGNATURE, LICENSEE/OWNER

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

CLERK/NOTARY PUBLIC

SIGNATURE OF NAMED INDIVIDUAL

MY COMMISSION EXPIRES



AUTHORIZATION FORM

BACKGROUND INVESTIGATION

Last Name First Name Middle Social Security Number

Have you ever used or are you known by any other names? (Include maiden, married, alias, etc.) **YES/NO**
(Circle One)

If yes, provide all full name(s) used: _____

List Home Address:

Current Street Address City State Zip Phone Number

In the past 10 years have lived outside of the State of Georgia? **YES or NO**
(Circle One)

If Yes, list the previous state(s) of residence and dates below.

Previous Street Address City State Zip Date(s)

Previous Street Address City State Zip Date(s)

Sex: M/F Race / / Date of Birth Driver's License # & State Issued

Hair Color: _____ **Eye Color:** _____ **Height:** _____

Name of Establishment: _____

By my signature below, I hereby authorize the **City of Johns Creek Police Department and/or their designee, Guard One Security, Inc.**, to conduct background research and retrieve information including, but not limited to, my previous criminal history, ownership / rental records, location of residence and employment history. My signature below also releases the **City of Johns Creek Police Department and/or Guard One Security, Inc.** and any person or entity that provides information pursuant to this authorization, from any/all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

Applicant Signature

Date

Staff Use Only:	
Alcohol License	_____
Seller/Server	_____
Solicitor	_____
2 nd Hand Dealer	_____
Massage Work Permit	_____

Background Approved	YES	NO
	<i>(Please Circle)</i>	
Initials:	_____	



City of Johns Creek
Revenue
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Affidavit Verifying Lawful Presence Within the United States

I, (print name) _____, swear or affirm under penalty of perjury that (*check one*):

- I am a United States citizen or legal permanent resident 18 years of age or older;
or
- I am a qualified alien or nonimmigrant under the federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States;

I am applying for the following public benefit (*check one*):

- Alcoholic Beverage License for _____
Print Business Name
- Alcohol Employee Pouring Permit
- Occupation Tax Certificate _____
Print Business Name
- Door-to-Door Salesmen/Solicitors Permit
- Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Print Name of Applicant

Position Title (if applicable)

Signature of Applicant

Date