



Johns Creek

www.johnscreekga.gov

678-512-3242 ~ (fax) 678-512-3245

10700 Abbotts Bridge Road, Suite 190, Johns Creek, GA 30097

Staff Use Only

Control #: _____

License#: _____

ALCOHOLIC BEVERAGE LICENSE APPLICATION

INSTRUCTIONS: PLEASE PRINT OR TYPE APPLICATION AND ANSWER ALL QUESTIONS.

Please fill out entire application leaving no sections blank; please mark sections that do not apply N/A.

TYPE OF LICENSE: (Check appropriate spaces)

- | | | | |
|---------------------|-----|---------------------------------|--|
| NEW | () | () RETAIL/PACKAGE | () Malt Beverage |
| CHANGE OF OWNERSHIP | () | () CONSUMPTION ON THE PREMISES | () Wine |
| | | () WHOLESALER | () Distilled Spirits |
| | | | () Brew Pub (on premise)
<i>(must submit wholesale excise)</i> |

- | | | | | | |
|----------------|-----|------------------|-----|--------------------|-----|
| a. Restaurant | () | b. Bar or Lounge | () | c. Liquor Store | () |
| d. Private | () | e. Food Store | () | f. Service Station | () |
| g. Hotel/Motel | () | h. Sunday Sales | () | i. Other | () |
| | | | | Specify: _____ | |

1. Full Name of Business _____

Under what name is the Business to be operated? _____

Is the business a proprietorship, partnership or corporation? Domestic or foreign? _____

2. Address: a) Physical: _____

b) Mailing: _____

3. Phone _____ Beginning Date of Business in City of Johns Creek _____

4. [] New business _____ [] Existing business purchase _____

If change of ownership, effective date of this change _____

If change of ownership, enclose a copy of the sales contract and closing statement.

5. Federal Tax ID Number _____ Georgia Sales Tax Number _____

6. Is business within the designated distance of any of the following:

CHURCH, SCHOOL GROUNDS, COLLEGE CAMPUS (See Land Survey Requirements)

	YES	NO
Beer and Wine	100 Yards ()	()
Liquor	100 Yards (Church) or 200 Yards (School) ()	()

Staff Use Only:

Amount Due: \$ _____ Balance Due: \$ _____ Staff Initials: _____

1

Amount Paid: \$ _____ Receipt #: _____

7. Full name of Applicant _____
Social Security Number _____ Date of Birth _____
Full name of Spouse, if Married _____
Are you a Citizen of the United States or Alien Lawfully Admitted for Permanent Resident? _____
Birthplace _____
Current Address _____ City _____ St _____ Zip _____
Home Telephone _____
Number of years at present address _____
Do you reside in Fulton County? _____ If yes, how long? _____
Previous address _____
Number of years at previous address _____
Driver's License Number & State _____
What has been your occupation for the past five (5) years? Give detailed list (use additional page if necessary):

8. Applicant's employment date with present business _____
If new business, date business will begin in Johns Creek _____
If transfer or change of ownership, effective date of this change _____
If transfer or change of ownership, enclose a copy of the sales contract, closing statement, and check here. _____

Previous Applicant _____
D/B/A _____

Any holder of any license under this chapter who shall for a period of three consecutive months after the license has been issued cease to operate the business and sale of the product or products authorized shall, after the three-month period, automatically forfeit the license without the necessity of any further action. Initial here _____.

9. What is the name of the person who, if the license is granted, will be the active manager of the business and on the job at the business? List address, occupation, phone number, and employer.

10. Has the applicant, spouse, or any individual having an interest either as owner, partner, or stockholder, been arrested, convicted or entered a plea of nolo contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States, or any municipal ordinance except traffic violations? If yes, describe in detail and give dates. _____

11. Do you own the land and building on which this business is to be operated? _____
Date purchased _____ Amount _____
If not, give amount paid for such land and building, the manner in which the rent is determined, to whom and at what intervals it is paid. Give the name of the owner and agent, if any.

Attach a copy of the lease and any other pertinent documents.

12. How is the proposed location zoned? _____

13. Does this establishment have a patio/open area intended to be used for consumption of alcoholic beverages?
(check one) [] **Yes** or [] **No**
If yes, provide a site plan indicating the location of the patio in relation to the building, the height of the fence and any entrances or exits. Reviewed by Zoning Administrator _____

14. If operating as a corporation, state name and address of corporation, when and where incorporated, and the names and addresses of the officers and directors, social security numbers and the office held by each.

15. If operating as a corporation, list the stockholders (20% or more) complete addresses, area code and telephone numbers, residential and business, and the amount of interest of each stockholder in the corporation.

16. If operating as a partnership, list the partners with complete addresses, area code and telephone numbers, residential and business, and the amount of interest or percent of ownership of each partner.

17. If partnership or individual, state names of any other persons or firms owning any interest or receiving any funds from the corporation.

18. Does applicant or spouse received any financial aid or assistance from any manufacturer or wholesaler of alcoholic beverages? If yes, please explain.
-
-
19. Does applicant or spouse any financial interest in any manufacturer or wholesaler of alcoholic beverages? If yes, please explain.
-
-
20. List any and all persons, corporations, partnerships, or associations who have received or will receive, as a result of your operations under the requested license, any financial gain or payment derived from any interest or income from the operation. (Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation under the license.) In the event that any corporation is listed as receiving and interest or income from this operation, show the names of the officers and director of said corporation together with the names of the principal stockholders.
-
-
21. State whether or not applicant, partner, corporation officer, or stockholder holds any alcoholic beverage license in other jurisdiction or has ever applied for a license and been denied. (Submit full details)
-
-
22. Do you or your spouse or any of the other owners, partners, or stockholders have an interest in other liquor stores? If so, state in how many stores each is interested and where stores are located. Explain fully. Attach a list of all your brothers, sisters, children, grandchildren, father-in-law, mother-in-law, etc.
-
-
-
23. Are you or any member of your family the owner, lessor and/or sublessor of any real estate which is occupied by a retail liquor store? If so, give the location information as to any lease or agreement, amounts of rents, received to whom and whether rented or leased.
-
-
-
24. Are you or any member of your family the executor or administrator or beneficiary or heir of any estate having any interest in a retail liquor store? If so, give the location, amount of interest, and your capacity with the estate.
-
-
25. Are you or any member of your family the beneficiary or trustee of any trust fund having any interest in a retail liquor store? If so, give your position, the name of the trust and the amount of income you receive.
-
-

26. Do you, your spouse, any partner or any stockholder have any financial interest in any wholesale liquor business? If so give details.
- _____
- _____
27. Give the amount of gross sales of each of the retail liquor, beer, and wine stores at the above location for the previous twelve (12) months and state the dates used in computing the gross sales. Indicate gross sales for beer, wine and liquor separately.
- _____
- _____
- Projected Annual Sales: Food _____ Beer _____ Wine _____ Liquor _____
 Total Sales _____
28. All beer, wine and liquor retailers shall only purchase alcoholic beverages from a State of Georgia Licensed Wholesaler as per Georgia Alcoholic Beverage Laws and Regulations, 1996 Edition, as now or hereafter amended, Chapter 560-2-2.04. Initial _____
29. Property Owner for Proposed Business Location _____
 Address _____
 City, State and Zip _____ Telephone (____) _____
 Name of Agent or Person Responsible _____
 Address and Telephone _____
30. Real Estate Firm for Proposed Business Location _____
 Address and Telephone _____
- _____
31. Property Management Company for Proposed Business Location _____
 Address and Telephone _____
32. Do you have any questions or comments regarding the ordinances, laws, regulations or application?
 () Yes () No
33. Are you familiar with the City of Johns Creek ordinances, state laws and, regulations, federal laws and regulations governing the operation of this type of business? () Yes () No
34. Have you made application for a State license? () Yes () No
35. Have you answered all questions? () Yes () No

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 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 of Applicant

Signature of Applicant

Print Name and Title

Signature and Title of Person other than Applicant Completing this Application

Phone Number _____ Work
_____ Home

Subscribed and sworn to before me

This _____ **day of** _____, **20**_____.

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires: _____



Johns Creek

www.johnscreekga.gov

678-512-3242 ~ (fax) 678-512-3245

10700 Abbotts Bridge Road, Suite 190, Johns Creek, GA 30097

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 of at least 21 years of age 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

Type or Print Name of Agent

Type or Print Agent's Home Address

Type or Print City, State, and Zip Code

Type or Print Area Code and Telephone Number

Type or Print Date Moved into the Above Address

Type or Print Driver's License Number

Type or Print Date of Birth

Subscribed and sworn to before me

This _____ day of _____, 20_____.

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires: _____



Johns Creek

www.johnscreekga.gov

678-512-3242 ~ (fax) 678-512-3245

10700 Abbotts Bridge Road, Suite 190, Johns Creek, GA 30097

ALCOHOLIC BEVERAGES - HOURS SALES ARE ALLOWED

PACKAGE - BEER AND WINE

Monday through Saturday	8:00 a.m. - 11:45 p.m.
Sunday	12:30 p.m. - 11:30 p.m.

PACKAGE - LIQUOR

Monday through Saturday	8:00 a.m. - 11:45 p.m.
Sunday	12:30 p.m. - 11:30 p.m.

CONSUMPTION ON THE PREMISES – BEER, WINE AND LIQUOR

Eating Establishment ONLY – establishment which is licensed to sell alcoholic beverages and which derives at least 50 percent (50%) of its total annual gross food and beverage sales from the sale of prepared meals or food.

Monday	9:00 a.m. – 2:00 a.m.
Tuesday	9:00 a.m. – 2:00 a.m.
Wednesday	9:00 a.m. – 2:00 a.m.
Thursday	9:00 a.m. – 2:00 a.m.
Friday	9:00 a.m. – 2:00 a.m.
Saturday	9:00 a.m. – 2:00 a.m.
Sunday*	12:30 p.m. – 2:00 a.m.

* Sunday sales may ONLY be made after paying the Sunday sales fee and obtaining authorization from the City.



Johns Creek

www.johnscreekga.gov

678-512-3242 ~ (fax) 678-512-3245

10700 Abbotts Bridge Road, Suite 190, Johns Creek, GA 30097

FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

LICENSEE'S NAME _____ BUSINESS LICENSE #: _____

I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. The projected information below can be provided from the financial records of the above establishment on a calendar-year basis or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED: _____

(New businesses must provide a 12-month estimate)

Gross Receipts from Food Sales this period: \$ _____ (_____ %)

Gross Receipts from Alcoholic Beverage Sales this period: \$ _____ (_____ %)

Total Food Sales and Alcoholic Beverage Sales this period: \$ _____ (_____ %)

Briefly describe the method by which receipts will be segregated daily into food sales and alcoholic beverage sales:

SUNDAY SALES AFFIDAVIT

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 50% 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

Sworn under oath this _____ day of _____, 20_____.

Clerk/Notary Public Signature

My commission expires: _____

NOTARY SEAL



Johns Creek

www.johnscreekga.gov

678-512-3242 ~ (fax) 678-512-3245

10700 Abbotts Bridge Road, Suite 190, Johns Creek, GA 30097

LAND SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

For the purpose of the Alcoholic Beverage Ordinance, distance means the measurement in yards, from the front entrance of the proposed location, to the main entrance of the church building or to the nearest portion of the school grounds, along the nearest practical street route, measured as described in Article IV, Section 6 of the Alcoholic Beverage Ordinance.

Per Article IV, Sec 6(e), unless otherwise provided by law, all measurements to determine the distances referred to in this section shall be measured by the most direct route of travel on the ground and shall be measured in the following manner:

- 1) In a straight line from the front door of the structure from which beverage alcohol is sold or offered for sale;
- 2) To the front door of the building of a church, government-owned treatment center or retail package store; or
- 3) To the nearest property line of the real property being used for school or educational purposes.

A scaled drawing of the location of the proposed premises, showing the distances described below, shall be prepared by a Georgia Registered Land Surveyor. The following information shall be required on the survey:

1. Building location, shown in relation to the nearest road and nearest intersecting road(s).
2. Indicate location of main/front entrance of building used to determine appropriate distance requirements.
3. Name, address, telephone number of applicant.
4. Date of survey, graphic scale and north arrow.
5. Location of tract (land district and land lot).
6. Signature and certification statement(s) as listed below, on survey for related alcoholic beverage use.
7. Include one or both of the certification statements as listed below, on survey for related alcoholic beverage use:

_____ Sales of **DISTILLED SPIRITS** is not located within 100 yards of a church building or within 200 yards of any school building, school grounds, educational building, or college campus, or within 100 yards of any alcoholic treatment center owned and operated by the State of Georgia or any county or municipal government therein.

_____ Sales of **BEER and WINE** is not located within 100 yards of any school building, school grounds, or college campus, or within 100 yards of any alcoholic treatment center owned and operated by the State of Georgia or any county or municipal government therein.

In my opinion, the premises meets the distance requirements listed above:

Surveyor Signature

Registration Number

Date



**AUTHORIZATION FOR
BACKGROUND INVESTIGATION**
(Alcoholic Beverage Licensee)

By signature below, I hereby authorize the City of Johns Creek and/or their designee, Business Consulting & Investigations, Inc. (BCI), 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.

Last Name First Name Middle Social Security Number

Have you ever used or are you known by any other names? (Including: maiden, married, alias, etc.) YES/NO

(Circle One)

If yes, provide all full names used: _____

Employment information over the past ten (10) years: (If more space is needed, please attach on a separate sheet)

Employer Phone Number Supervisor

Dates of Employment Street Address City State Zip

Employer Phone Number Supervisor

Dates of Employment Street Address City State Zip

List all home addresses over the past ten (10) years: (If more space is needed, please attach on a separate sheet)

Current Street Address City State Zip Phone Number

Previous Street Address City State Zip Phone Number

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

Signature below also releases the *City of Johns Creek and/or Business Consulting & Investigation, Inc. (BCI)* and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

Applicant Signature Date

Date Witness Signature

CITY OF JOHNS CREEK ALCOHOLIC BEVERAGE LICENSE FEES

✓ **APPLICATION FEE:** \$ 1130.00

✓ **TYPE OF LICENSE:** **LICENSE FEE:**

_____ CONSUMPTION ON THE PREMISES:

_____	Wine	\$ 650.00
_____	Malt Beverages	\$ 650.00
_____	Distilled Spirit	\$3200.00
_____	Additional Bar _____@	\$1000.00 (Each)
_____	Sunday Sales	\$250.00
_____	Brewpub	\$500.00
_____	Farm Winery Tasting	\$250.00

_____ PACKAGE:

_____	Wine	\$ 400.00
_____	Malt Beverages	\$ 400.00
_____	Distilled Spirits	\$3000.00

_____ WHOLESALE:

		<u>Outside</u>	<u>Within</u>
		<u>CITY LIMITS</u>	<u>CITY LIMITS</u>
_____	Wine	\$ 100.00	\$500.00
_____	Malt Beverages	\$ 100.00	\$500.00
_____	Distilled Spirits	\$ 100.00	\$3500.00

✓ **TEMPORARY LICENSE ONLY** **LICENSE FEE:**

_____ CONSUMPTION ON THE PREMISES:

_____	Wine and Malt Beverages	\$ 250.00
_____	Distilled Spirits	\$ 500.00

_____ PACKAGE:

_____	Wine and Malt Beverages	\$ 200.00
_____	Distilled Spirits	

No Temporary License Permitted