

CITY OF WOODSTOCK

12453 Highway 92, Woodstock, Georgia 30188
Attn: Development Services
email: businesslicense@woodstockga.gov
770.592.6054

**RENEWAL PAYMENTS
DELINQUENT AFTER
JANUARY 15, 2017
10% DELINQUENT PENALTY**

Check ALL that apply:

- Renewal No application fee
- Sunday Sales \$500 Annually
- Ancillary Wine Tasting \$100 Annually

DISTILLED SPIRITS

**\$5000 annually
(3% excise tax due monthly)**

- Restaurant
- Bar/Lounge
- Private Club
- Package Store
- Live Entertainment

MALT BEVERAGES

\$1000 annually

- Restaurant
- Bar/Lounge
- Private Club
- Package Store
- Live Entertainment
- Convenience Store
- Grocery/Super Store

WINE

\$1000 annually

- Restaurant
- Bar/Lounge
- Private Club
- Package Store
- Live Entertainment
- Convenience Store
- Grocery/Super Store

BUSINESS INFORMATION

If Business Owner is Different from Applicant – Fingerprinting ID and Consent Form Required

Full Name of Business: _____

D/B/A: _____

Street Address of Business: _____

Business Phone Number: _____

Name of Business Owner: _____

Mailing Address: _____

Business Phone Number: _____ Fax Number: _____

Web Site Address: _____

- Sole Proprietorship
- Partnership
- Corporation
- Domestic
- Foreign

**APPLICANT INFORMATION
ID & Consent Form Required**

Applicant Name: _____

Social Security Number: _____ Drivers License #: _____

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

ACTIVE MANAGER'S INFORMATION
ID & Consent Form Required

Name of Active Manager: _____

Manager's Home Address: _____

City/State/Zip: _____

Home Phone Number: _____ Cell Number: _____

Social Security Number: _____ Date of Birth: _____

Has this person been convicted of a felony within ten (10) years and/or misdemeanor within five (5) years immediately prior to filing this application relating to any Alcohol Beverage Business or any state law, county or municipal ordinance violation relating to any Alcohol Beverage business? Yes No

If yes, please give name, association with business, the year of conviction and the crime as charged: _____

REGISTERED AGENT/OFFICER INFORMATION
Registered Agent/Officer is Required if Business is Incorporated
ID & Consent Form Required

Registered Agent/Officer: _____

Social Security Number: _____ Drivers License #: _____

Current Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

GENERAL INFORMATION

- Applicant shall complete entire application by answering all questions, having signed and notarized, if applicable, all necessary forms, where applicable and submitting all applicable fees by certified check, cash or money order. PLEASE TYPE OR PRINT LEGIBLY.

- Is the Applicant, spouse of applicant, manager, business owner, registered agent/officer related to any distributor or wholesaler of malt beverages or employee thereof, within the first degree of constanguinity or affinity as computed according to the civil law so that there might be special concessions granted the license to give him a competitive advantage over others not similarly privileged? YES NO If yes, please attach a list of detailed information regarding the name and relationship.

- Are there any changes in the names, addresses, criminal history or other information of corporate officers, stockholders, partners, managers, business owners, other than those already reported, since your initial application was filed? YES NO If yes, please attach a list of the names, addresses, type of change and date of change.

- Does the licensee, corporation, owner, or any partner have interest in or control over any other beverage alcohol business in the State of Georgia? YES NO If yes please explain.

SIGNATURE SECTION

Before signing this application, check all answers and explanations to make sure that all questions are answered fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension, revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application, or any personnel statement which is made a part of this application, such change must be reported as an amendment to this application as specified by the Woodstock Code of Ordinances. Failure to make such amendment shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood. If there has been change in the information during the past year, do not complete this form, but call the Development Services Representative immediately at 770.592.6054 and request a complete application. It may be necessary for fingerprinting or background checks if personnel, officers, stockholders, ownership has changed. Your signature on this form indicates that there have been no changes, other than those previously reported since your initial application and that all information contained herein is true and correct.

I declare under penalty and perjury that this statement has been examined by me and to the best of my knowledge and belief it is true, correct and complete.

Signature of Licensee	Title	Date
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(Licensee may be the owner, manager, partner, or an authorized officer of the corporation)

I hereby certify that _____ is personally known to me, that said applicant signed the foregoing application after stating to me personal knowledge and understanding of all statements and answers made herein, and, under oath, actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20_____.

Notary Public	My Commission Expires
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THIS PAGE FOR OFFICE USE ONLY!

ALCOHOL RENEWAL APPLICATION

BUSINESS NAME _____

STREET ADDRESS _____

Application received _____

Amount paid \$ _____ **O Money Order#** _____ **O Check #** _____ **O CC approval #** _____

CONSENT FORM(S) ATTACHED O YES O NO

O Requirements met

O Recommend denial

Development Services Signature/Date

Comment _____

O Requirements met

O Recommend denial

Records Clerk Signature/Date

Comment _____

O Requirements met

O Recommend denial

Detective Signature/Date

Comment _____

Please Return to *Development Services*