



Development Services
12453 Highway 92, Woodstock, GA 30188
Office: (770) 592-6054
businesslicense@woodstockga.gov

2019 ALCOHOL RENEWAL APPLICATION
Payments delinquent after 01/15/2019
10% DELINQUENT PENALTY

Check **ALL** that apply:

- Sunday Sales (pouring only) - \$500 Annually Ancillary Wine Tasting- \$100 Annually Brown Bagging - \$100 Annually

DISTILLED SPIRITS

\$5000 annually
(excise tax due monthly)

- Restaurant
- Bar/Lounge
- Package Store
- Live Entertainment
- Manufacturer

MALT BEVERAGES

\$1000 annually

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

WINE

\$1000 annually

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

BUSINESS INFORMATION

If Business Owner is Different from Applicant –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



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APPLICANT INFORMATION
ID & Consent Form Required

Applicant Name: _____
Social Security Number: _____ Driver's License #: _____
Current Home Address: _____
City/State/Zip: _____
County: _____ # of Years: _____
Home Phone: _____ Cell Number: _____
E-Mail Address: _____

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 below:

Are there any pending charges or citations against you by any law enforcement entity? Yes No

If yes, please explain: _____

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 below:

Are there any pending charges or citations against you by any law enforcement entity? Yes No

If yes, please explain: _____



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REGISTERED AGENT/OFFICER INFORMATION

Registered Agent/Officer is required if business is Incorporated,
If registered agent is different from last year, \$100.00 additional charge
ID & Consent Form Required

Registered Agent/Officer: _____

Social Security Number: _____ Driver's License #: _____

Current Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

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 below:

Are there any pending charges or citations against you by any law enforcement entity? Yes No

If yes, please explain: _____

GENERAL INFORMATION

- Applicant shall complete entire packet by answering all questions, having signature notarized where required and submitting all applicable fees by check, cash or credit card. (We accept Visa, MasterCard or Discover. Additional fee assessed for all card payments)
- Is the Applicant, spouse of applicant, manager, business owner and/or registered agent/officer related to any distributor or wholesaler of malt beverages; or employee thereof, within the first degree of consanguinity, 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, partners, stockholders, managers and/or 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.
- Most Recent copy of the State Alcohol License **must** be attached with this packet.
- License #/Expiration: _____ Employee verified: _____



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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 and notarized, subject to the penalties of false information 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 packet. 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, 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 _____

Printed Name _____

*Licensee may be the owner, manager, partner or an authorized officer of the corporation

SUBSCRIBED AND SWORN
BEFORE ME ON THIS
____ DAY OF _____, 20____

Notary Public
My Commission Expires _____



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RESTAURANT (ONLY)

ON-PREMISE CONSUMPTION VERIFICATION

Business Name

Street Address

Total Yearly Sales: \$ _____ (all sales other than alcohol)
_____ Actual (or) _____ Estimated

Total Alcohol Sales: \$ _____ (beer/wine/distilled spirits)

Food Sales: _____ %
(50% of gross annual income will be derived from the sale of food to qualify for On-Premise Consumption)

Signature of Auditor/Accountant/Applicant/Owner

Date

Print Name



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THIS PAGE FOR OFFICE USE ONLY

ALCOHOL RENEWAL APPLICATION

BUSINESS NAME _____

STREET ADDRESS _____

Application received _____

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

CONSENT FORM(S) ATTACHED YES NO

_____ Requirements met Recommend denial

Development Services Signature/Date Comment _____

_____ Requirements met Recommend denial

Records Clerk Signature/Date Comment _____

_____ Requirements met Recommend denial

Detective Signature/Date Comment _____

**Please Return to Development Services*