



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

ALCOHOL LICENSE APPLICATION

New Application & Ad Fee, \$700

DISTILLED SPIRITS \$5000/yr
Plus monthly excise tax

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

MALT BEVERAGE \$1000/yr

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

WINE \$1000/yr

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

Sunday Sales (Consumption only), \$500

Ancillary Tasting, no fee Circle all that apply: MALT BEVERAGE WINE DISTILLED SPIRITS*
*for manufacturing only

Ancillary Package, no fee Circle all that apply: MALT BEVERAGE WINE

Brown-Bagging, \$100 Circle all that apply: MALT BEVERAGE WINE DISTILLED SPIRITS

Special Event Facility License – separate application with applicable fees required

Change of Registered Agent, \$100

BUSINESS INFORMATION - If Business Owner is Different from Applicant – Fingerprint and Consent Form required for each

Sole Proprietorship Partnership Corporation LLC

Full Name of Business: _____

D/B/A: _____

Street Address of Business: _____

Location Phone Number: _____

Name of Business Owner: _____

Mailing Address: _____

FEDERAL TAX ID#: _____ GA SALES & USE TAX #: _____

Owner Phone Number: _____ Fax Number: _____



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PROPERTY INFORMATION - Renting/Leasing Owner If renting or leasing – attach copy of agreement.

Name of Current Property Owner: _____
(Owner/applicant provide a copy of the lease agreement)

Tax Map/Parcel Number: _____ Current Zoning: _____

Previous Owner/Occupant: _____

If On-Premise Consumption – give dining/service area square footage: _____

APPLICANT INFORMATION - Fingerprinting and Consent Form Required

Full Name: _____

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

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

Previous Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Applicant's Birthplace: _____ Date of Birth: _____

Are you a U.S. Citizen: Yes No If not, where are you a citizen? _____

Applicant's Current Position with Business: _____

Percent of Ownership or Interest in this Business: _____% Number of Years with this Business: _____

Occupation for Last Five Years: _____

Does the applicant own any property within the corporate boundaries of the City of Woodstock? Yes No

If yes, please give property tax map and parcel number and street address:

Tax Map: _____ Parcel: _____ Street Address: _____



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Are you married? Yes No If yes, please answer the following:

Spouse's Name: _____

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

Does Spouse Have 10% or More Interest in this Business? Yes No

Have you or your spouse ever 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: _____

Are there any pending charges or citations against you by any law enforcement entity? Yes No If yes, please explain: _____

Are you or your spouse related to any distributor or wholesaler of malt beverages or employees 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

OWNERSHIP INFORMATION - *Fingerprint and Consent Form required for each*

For corporations or LLC, complete the following:

Name of corporation: _____

Date Incorporated: _____ Place of Incorporation: _____

Address: _____

City: _____ State: _____ Zip: _____

Complete the following for any partners, officers, directors and/or stockholders. If anyone listed has 10% or more interest in the business, an Owner Information Form for each is required:

Name: _____ Percent of Interest: _____ %

Name: _____ Percent of Interest: _____ %

Name: _____ Percent of Interest: _____ %

Name: _____ Percent of Interest: _____ %

Name: _____ Percent of Interest: _____ %

Name: _____ Percent of Interest: _____ %



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Fingerprint and Consent Form Required (duplicate as needed for additional Partners)

Partner #1 Name: _____

Social Security Number: _____ Drivers License #: _____ State _____

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

Previous Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Birthplace: _____ Date of Birth _____

Are you a U.S. Citizen: Yes No If not, where are you a citizen? _____

Percentage or Interest of Ownership: _____

Occupation for Last Five Years: _____

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: _____

Are there any pending charges or citations against you by any law enforcement entity? Yes No If yes, please explain: _____

Does this person own any property within the corporate boundaries of the City of Woodstock? Yes No

If yes, please give property tax map and parcel number and street address:

Tax Map/Parcel: _____ Street Address: _____



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ACTIVE MANAGER'S INFORMATION - *Fingerprint and Consent Form Required*

This is not the same as a MANAGER'S PERMIT, which is required by law & only obtainable through the City of Woodstock Police Department.

Active Manager Name: _____

Social Security Number: _____ Drivers License # _____ State: _____

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

Previous Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Place of Birth: _____ Date of Birth: _____

Are you a U.S. Citizen? Yes No If not, where are you a citizen? _____

Percent of Ownership or Interest in this Business: _____% Number of Years with this Business _____

List Responsibilities as Manager: (Attach another sheet, if more room is needed). _____

Occupation for Last Five Years: _____

Does the manager own any property within the corporate boundaries of the City of Woodstock? Yes No

If yes, please give property tax map and parcel number and street address:

Tax Map/Parcel: _____ Street Address _____

Have you ever 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: _____

Are there any pending charges or citations against you by any law enforcement entity? Yes No If yes, please explain: _____



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Are you married: Yes No **If yes, please answer the following:**

Spouse's Name: _____

Social Security Number: _____ Driver's License # _____

Does Spouse have 10% or more interest in this business? Yes No

REGISTERED AGENT INFORMATION - *Fingerprint and Consent Form required*

Registered Agent/Officer: _____

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

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

Previous Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Birthplace: _____ Date of Birth _____

Are you a U.S. Citizen: Yes No If not, where are you a citizen? _____

Current Position: _____ # of Years w/business: _____

Does the agent own any property within the corporate boundaries of the City of Woodstock? Yes No

If yes: Tax Map/Parcel: _____ Street Address: _____

Has the agent/officer 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: _____

Are there any pending charges or citations against you by any law enforcement entity? Yes No If yes, please explain: _____

Date the Officer registered with the Secretary of State: _____



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ATTACH A LIST OF:

- Corporation Officers and Directors, their social security numbers, addresses, and the office held by each.
- Stockholders with at least 10% financial interest, their addresses, and the amount of interest of each stockholder in the corporation. (FINGERPRINT/BACKGROUND CHECK IS REQUIRED).
- The names and addresses of any Corporation Officer, Director or Stockholder who owns property within the corporate boundaries of the City of Woodstock along with street address of property and tax map and parcel number(s).

GENERAL INFORMATION

1. Does the applicant, spouse of applicant, partner, registered agent/officer or stockholder hold any alcohol beverage license in any other jurisdiction? Yes No (Section 6-82)

If yes, please give person's name, business name, and jurisdiction:

2. Does the applicant, or any member of the family of the applicant, own, lease or sub-lease any real estate which is occupied by a retail alcohol beverage establishment? Yes No

If yes, please answer the following:

Name of owner: _____

Relationship to business: _____

Name of Renter/Lessee: _____

Location: _____

Amount of Rent: _____

3. Does the applicant or any member of the applicant's family, the executor, administrator, beneficiary, heir or trustee of any estate or trust fund have any interest in a retail alcohol beverage establishment?
 Yes No

If yes, please answer the following:

Capacity with Estate: _____

Name: _____

Relationship to Applicant: _____

Location: _____

Amount of Interest: _____ Amount of Income: \$ _____



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FOR SUNDAY SALES LICENSE ONLY
ON-PREMISE CONSUMPTION VERIFICATION

Business Name

Street Address

Total Yearly Sales: \$ _____
_____ Actual or _____ Estimated - only if opened less than 2 yrs.

Total Alcohol Sales: \$ _____ (include Beer/Wine/Distilled Spirits)

Food Sales: \$ _____ Ratio: _____ %
(50% of gross annual sales will be derived from the sale of food to qualify for Sunday Sales License)

*proof of above figures must be made available to the city upon request per Code Sec. 6-21 (e-2) (i)

Signature of Auditor/Accountant/Owner/Applicant

Date

Print Name

The foregoing instrument was acknowledged before me this _____ day of _____ 20____,

Signature of Notary Public

My Commission Expires



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Application Process Checklist:

- Applicant shall complete entire application by answering all questions, having signed all necessary forms, scheduling all fingerprint appointments necessary and having all signatures notarized where applicable and submitting **all applicable fees.**
- Applicant must obtain a survey plat for the affected location which shows detail dimensions of the site, distance to schools, churches, day care centers, hospitals, nursing homes and residential multi-family and single-family areas.
- Applicant shall bear the cost of advertisement for two (2) consecutive weeks and shall post a sign on property of business as per Section 6-9. The advertisements shall be placed by City staff when the application is ready to be forwarded to City Council.
- Applicant/Agent must provide a letter of clearance from Clerk of Federal Court in Atlanta, 2211 US Courthouse, 75 Ted Turner De SW or call (404) 215-1635 as per Section 6-12 & 6-13d. This document may be obtained by mailing your request with a self addressed stamped envelope or in person. You must contact the Clerk of Federal Court for applicable fee information.
- Applicant shall attach a partnership agreement or articles of incorporation.
- Applicant shall furnish plans and renderings of the proposed premises, and the applicant certifies that such plans and renderings are correct as per Section 6-8.
- Fingerprinting - Everyone on the application must be fingerprinted at the City of Woodstock Development Services Department located at 12453 Hwy 92, Woodstock, GA. (Appointment only--no same day appointments)**
For on premise serving, a Manager's Permit must be obtained from the Woodstock Police Dept. 770-592-6000 ext. 1151 Sec. 6-102: At least one manager shall be at the licensee's premises during all times that alcoholic beverages are being consumed.
- Applicant/Agent must submit a copy of the Georgia Department of Revenue Sales & Use Tax ID certificate.
- Applicant/Agent/Manager must provide proof of legal authorization to work in the United States. O.C.G.A 50-36-01
- Applicant/Agent must supply written proof of residency for past three years, i.e., property tax bill, mortgage bill, utility bill, Georgia driver's license, etc. Sec.6-13 (a)

The Alcohol Ordinance for the City of Woodstock is available for review at www.woodstockga.gov. Please read carefully and follow the instructions accordingly.

Applicant Initials: _____



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Affidavit Verifying Status for a City Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Woodstock, Georgia Business License or Occupation Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for the City of Woodstock, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit for _____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) **I am a United States citizen**

OR

2) **I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.***

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A §16-10-20.

Signature of Applicant: _____ Date: _____

Print Name: _____

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

* _____
Alien Registration number for non-citizens

Notary Public _____

My Commission Expires: _____

*Note: O.C.G.A. §50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C, as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number.



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OFFICIAL OATH

I (We), hereby swear or affirm the information disclosed in this application is true and correct, and further provide, that I (We), as the Applicant, Registered Agent/Officer, and/or Owner of the business will abide by, observe and conduct this business according to the rules and regulations prescribed by the City of Woodstock, the acts of the General Assembly of the State of Georgia, known as the Georgia Alcoholic Beverage Code, as now or hereafter amended, and the rules and regulations of the Georgia State Department of Revenue in respect thereto.

Applicant Date: _____

Notary Public My Commission Expires

Registered Officer Date: _____

Notary Public My Commission Expires

Business Owner Date: _____

Notary Public My Commission Expires

Business Owner Date: _____

Notary Public My Commission Expires



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ALCOHOL LICENSE APPLICATION (For office use only)

Business Name: _____

Street Location: _____

OFFICE USE ONLY: Date Received _____ Payment \$ _____

Method of Payment Received: _____ **Fingerprint appointment:** _____

Note: Office recommendation: Any office recommending denial shall attach written justification and any documents necessary to support the recommendation then forward to the next office for review.

_____ Requirements met Recommend denial
 Development Srv Rep Signature Date
 Comment _____

_____ Requirements met Recommend denial
 Community Development Signature Date
 Comment _____

_____ Requirements met Recommend denial
 Records Clerk Signature Date
 Comment _____

_____ Requirements met Recommend denial
 Police Signature Date
 Comment _____

AD E-MAILED TO CHEROKEE TRIBUNE, DATE: _____ TO RUN ON THE FOLLOWING DATES: _____

COMPLETED SIGNS; NOTIFIED APPLICANT OF HEARING AND TO PLACE SIGNS AT LOCATION.

VERIFIED PUBLIC NOTICE SIGN IS PROPERLY POSTED BY: _____ DATE: _____

COMPLETE AGENDA REQUEST AND FORWARD WITH APPLICATION TO LICENSE ADMINISTRATOR.

CITY COUNCIL ACTION: APPROVED DENIED DATE: _____