



RENEWAL APPLICATION FOR BEER/WINE/ALCOHOL LICENSE

For License Year **2024** (Expires December 31st)

INSTRUCTIONS: Every question shall be fully answered (typewritten, or printed in ink). If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed with the Police Department, together with all supporting papers and certified check, cashier's check, or cash, for the exact fee.

1. TRADE NAME OF BUSINESS:

Business Address: _____

Business Phone: _____ Owner Name: _____

Email Address: _____

Georgia Sales Tax No.: _____ Federal Employee ID No.: _____

2. APPLICANT/OWNER: License Holder's Name (No initials, spell out all names)

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____

If less than five years, list previous address: _____

Home phone #: _____ Work phone #: _____ Cell #: _____

3. MANAGER OF BUSINESS: (No initials, spell out all names)

Name: _____

Address: _____

Home phone #: _____ Work phone #: _____ Cell #: _____

Date of Birth: _____ SSN: _____

I hereby certify as the applicant that I have received, read, and understand the City of Flowery Branch's regulations controlling alcoholic beverages and herein make application for:

Package Sales

_____ Beer \$ 700.00
 _____ Wine \$ 700.00
 _____ Distilled Spirits \$5,000.00

Consumption on Premises

_____ Beer \$ 700.00
 _____ Wine \$ 700.00
 _____ Distilled Spirits \$4,000.00

Wholesale

_____ Beer \$ 150.00
 _____ Wine \$ 150.00
 _____ Distilled Spirits \$ 150.00

Caterer

_____ Beer \$300.00
 _____ Wine \$300.00
 _____ Distilled Spirits \$300.00

Tasting Permit

_____ Beer \$50.00
 _____ Wine \$50.00

Miscellaneous

_____ Brew Pub \$5,000.00
 _____ Wine Corkage \$ 150.00
 _____ Transfer Fee \$ 200.00
 _____ Amenities Fee \$ 100.00
 _____ Amenity Permit \$ 200.00

Total Due \$ _____

a. Has this place of business or anyone connected therewith been cited or charged at any time with any violation of State or Federal law or regulation, or any rule or regulation of the City of Flowery Branch, or Hall County since the last application? Yes _____ No _____
 (If yes, give details on separate sheet.)

b. Has anyone (including anyone having any interest in this application) been convicted of driving under the influence within the past five (5) years? Yes _____ No _____

c. Has anyone (including anyone having any interest in this application) had their license revoked by any municipality, county, state or federal government?

Yes _____ No _____

(If yes, give reason)

Reason: _____

d. List all pertinent information for each person, firm, or corporation having any interest in this application and the type and percent of that interest:

Name	Address	Birth date	S.S. #	% Interest

4. List full name and address and other pertinent information of the owner of the building and the name and address of the owner of the land and the name and address of all lessors and sub lessors. **(Attach a copy of the lease or deed if it has changed since the last submittal.)**

Owner, Lessor, Sub lessor	Address	Payments

5. List all other businesses engaged in the sale of alcoholic beverages that any person, firms, or corporations herein listed are interested in, employed by or associated with in any way whatsoever.
(Attach list if necessary).

Business Name	Address

OATH OF APPLICANT

I do solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or 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 which would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within five (5) days of the change. Failure to make such amendment shall be a cause for the suspension or revocation of any license issued.

A copy of the Alcoholic Beverage Ordinance is to be kept on the licensed premises at all times.
(If you are in need of a replacement copy please pick one up at the Police Department)

Applicant's Signature

Title

Name of Business

Sworn to and subscribed before me this _____ day of _____, 202__.

Notary Public

My Commission Expires:

Affidavit Verifying Status for City Public Benefits Application

By executing this affidavit under oath, as an applicant for a City of Flowery Branch, Ga. Business License, Alcoholic Beverage License, contract or other public benefit as referred in O.C.G.A. Section 50-36-1, I am Stating that the following with respect to my application for a City of Flowery Branch Business License, Alcoholic Beverage License, contract or other (circle one) 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 representative under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

Alien Registration number for non-citizens*

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public Signature

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. Qualified aliens that do not have an alien registration number may supply another indentifying number below



FLOWERY BRANCH POLICE DEPARTMENT
5270 RAILROAD AVE
FLOWERY BRANCH, GA 30542
770 967-6336

CONSENT FORM FOR OWNER

PURPOSE: ALCOHOL LICENSE - include a copy of the drivers license

I hereby authorize the Flowery Branch Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT INFORMATION

FIRST MIDDLE LAST (MAIDEN)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP

SEX RACE

DATE OF BIRTH SOCIAL SECURITY

SIGNATURE

NOTARY

DATE

RECORD ON FILE

NO RECORD ON FILE

RECORDS CLERK
(AGENCY USE ONLY)

DATE COMPLETED
(AGENCY USE ONLY)

Special Conditions

If an adverse employment or licensing decision is made against the person whose record was obtained under this law, the person shall be informed. That a record was obtained, the specific contents of the record and the effect the record has upon the decision.

Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.



FLOWERY BRANCH POLICE DEPARTMENT
5270 RAILROAD AVE
FLOWERY BRANCH, GA 30542
770 967-6336
CONSENT FORM FOR MANAGER

PURPOSE: ALCOHOL LICENSE - include a copy of the drivers license

I hereby authorize the Flowery Branch Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT INFORMATION

FIRST MIDDLE LAST (MAIDEN)

STREET ADDRESS (NO P.O. BOX)

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What is the “registered agent?”

Section 8-179 – Must be a resident of Hall County

The registered agent is the “mailbox” for the business. He or she is the person or entity designated by the business to receive any lawsuit or other official communication on its behalf. The registered agent may or may not be an owner, shareholder or officer of the corporation. Many corporations/businesses use their attorney or a professional corporate service company for this service. The registered agent’s address must be a street address in Hall County, and the agent must be located at that address. Please review O.C.G.A. 14-2-501 (profit) or 14-3-501 (nonprofit). A post office box or “mail drop” may not be used as the registered agent address. **NOTE: Attach a copy of driver's license and proof of Hall County residency, ie; phone or utility bill, that reflects the address listed by the Registered Agent.**

I _____ representing _____ (Name & title)

(Business Name)

_____ appoint
(Address of business)

_____ as the resident agent.
(Name of person)

I authorize said agent to accept process notice or demand upon

_____ under the alcoholic beverage ordinance of Flowery Branch
(Business Name)

Signature

Notary Signature

Commission Expires



REGISTERED AGENT CERTIFICATION

Section 8-179 – Must be a resident of Hall County

Name _____

Physical Home Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell _____

E-mail address _____

Date of Birth: _____ SSN: _____

ADDITIONAL CONTACT INFORMATION

Place of employment _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I hereby certify that I am a permanent resident of **Hall County**, Georgia and agree to serve as a “registered agent” on behalf of _____
(Business Name)

located at _____, Flowery Branch, Hall County, Georgia until December 31, 2023. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Malt Beverage and Wine Code of Flowery Branch, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

If for any reason I am unable to serve as the “registered agent” on behalf of the above named business, I understand that it is my responsibility to contact the City of Flowery Branch Police Department advising that I will no longer serve as the “registered agent” for the above named business.

Sworn and subscribed before me this _____ Day of _____, 20____.

Notary Signature

Signature of Registered Agent

Date

LIST OF EMPLOYEES FOR ALCOHOL-LICENSED BUSINESS (NON-MANAGERS)

Business Name:

Alcohol License #:

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

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Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			

Employee Name:		Title:	
Date of Birth:		Phone:	
Alcohol Permit Exp:			