Clayton County Community Development Department

121 South McDonough Street, Jonesboro, Georgia 30236
Office: (770) 477-3569 Fax: (770) 473-5467
Website: www.claytoncountyga.gov/departments/community-development

Alcohol Beverage License Application Instructions & Checklist

- Please read the Clayton County Alcoholic Beverage Code Chapter ***before*** completing this application.
- Terms and phrases used in this application have the meaning assigned to them by regulations.
- Print or type the requested information and complete each section entirely. If there is inadequate space provided, attach a separate sheet with the additional information. Applications will not be processed until all required documentation is submitted.
- There is a non-refundable investigation fee of $250.00 per application. (Payment methods include: cash, money order, or cashier's checks only.)
- Please allow up to four weeks for processing. After fees are processed the alcohol license will be issued within two business days.
- Section 6-63 of the Clayton County Alcoholic Beverage code states:
  - Any untrue or misleading information contained in or material omission left out of an original or renewal application for an alcoholic beverage license shall be cause sufficient for the denial thereof.
  - Any information, which changes or otherwise becomes obsolete, shall be reported immediately.
  - When any license is issued on the basis of an application containing misleading or untrue information or omitted or unreported changed material information, such circumstances shall be cause for revocation of same.

Alcohol License Application Checklist

☐	**Application completed and notarized.**
☐	**Ownership information form (anyone owning 5% or more interest in business).**
☐	**Notarized consent form with a copy of driver's license on owners & licensee.**
☐	**License information form for person who will hold the license for the business.**
☐	**Certificate of residency form for the licensee (form provided).**
☐	**Notarized acknowledgement of County Code (form provided).**
☐	**If owner/licensee not born in U.S. attach a copy of your registered alien card.**
☐	**Certificate of Citizenship for individuals not born in U.S., but have become a citizen.**
☐	**If Corporation, attach a copy of certificate of corporation & articles.**
☐	**Copy of lease agreement, if property is leased or warranty deed.**
☐	**Survey (for all new alcohol license applications except current alcohol licensed locations).**
☐	**Blue print/Scale Drawing of the interior of the business facility (NO "free-hand" drawings).**
☐	**$250.00 Investigation Fee (Non-refundable – cash/money order/certified cashier's check).**
☐	**Commercial Business License application (w/ approvals from fire/health, or agriculture dept./building/zoning.**
☐	**Provide a copy of State Alcohol License upon receipt from State (no later than six weeks).**
☐	**List of distributors delivering alcohol to licensed location (no later than six weeks).**

JEFFREY E. TURNER
CHAIRMAN
SHANA M. ROOKS
VICE CHAIRMAN
SONNA SINGLETON-GREGORY
COMMISSIONER
GAIL B. HAMBRICK
COMMISSIONER
MICHAEL L. EDMONDSON
COMMISSIONER

Community Development Department

121 South McDonough Street Annex-2 Jonesboro, GA 30236
Office: (770) 477-3569 Fax: (770) 473-5467
www.claytoncountyga.gov/departments/community-development

PATRICK EJIKE
DIRECTOR

Alcohol License Application

Business Address **[Shaded areas for office use only]**

Business License-#:					
Business Location:	**City**	**State**	**Zip**	**Unit/Suite#**	**Apt. No.**

Owner/Applicant Information

Owner/Applicant Name			**Corporation Name**		
Address			**Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
Tel#	**Mobile #**		**Tel#**	**Mobile #**	
Fax #	**Email:**		**Fax #**	**Email:**	
Business Name	**Business Ownership Type** ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other (explain)				

Description/type of alcohol license (check one)

	Business	Type of License	Annual Fee
☐	Private Club	Retail Consumption	$1,000.00
☐	Sports Club	Retail Consumption	$1,000.00
☐	Restaurant	Retail Consumption (Beer/Wine/Distilled)	$5,000.00
☐	Restaurant	Retail Consumption (Beer & Wine Only)	$3,000.00
☐	Hotel/Motel Restaurant/Lounge	Retail Consumption	$8,000.00
☐	Retail Dealer/Sales	Beer and Wine Only	$2,000.00
☐	Distributor	Wholesale	$100.00

Type of alcohol sold

☐ Malt Beverages (Beer) ☐ Wine ☐ Liquor (Distilled Spirits)

Ownership/Interest in business (Indicate percentage of ownership)

Owner:	**Owner:**	**Owner:**
Address	**Address**	**Address**
Percentage	**Percentage**	**Percentage**
DL#	**DL#**	**DL#**

Incorporation

Is corporation incorporated in the State of Georgia? ☐ Yes ☐ No				
Corporation's registered agent name:	**Address**	**City**	**State**	**Zip**
Unit/Suite# / **Apt#**	**Business Phone#**	**Mobile#**		
Email:				
Have any stockholders owning 5% or more of the corporation's stock been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude? ☐ Yes ☐ No	If yes, please explain:			

JEFFREY E. TURNER
CHAIRMAN
SHANA M. ROOKS
VICE CHAIRMAN
SONNA SINGLETON-GREGORY
COMMISSIONER
GAIL B. HAMBRICK
COMMISSIONER
MICHAEL L. EDMONDSON
COMMISSIONER

Community Development Department
121 South McDonough Street Annex-2 Jonesboro, GA 30236
Office: (770) 477-3569 Fax: (770) 473-5467
www.claytoncountyga.gov/departments/community-development

PATRICK EJIKE
DIRECTOR

Alcohol License Application

Corporation

Does the business operation or, where applicable, corporation have any interest in a wholesale license, retail license or retail consumption? Yes No	If yes, please explain:
Has any person, partnership, or corporation, which would have an interest in the license ever violated a Federal, State, County, or City law, statute or ordinance or any regulation regarding alcoholic beverages, their sale distribution or manufacture? Yes No	If yes, please explain:
Has any person, partnership, or corporation, which would have an interest in the license ever had an alcoholic beverage or business license suspended or revoked by the State of Georgia or any political subdivision thereof? Yes No	If yes, please explain:

Business Operation

Describe the business operation:
If the application is for a retail consumption license, indicate the seating capacity of the premises. # _____
If the application is for a retail consumption license, provide a list of all employees' names, addresses, dates of birth, and contact numbers that work at the business location. (Attach sheet separately.)
***If the application is for a retail dealer license, indicate the monetary amount of inventory of food, tobacco products, household supplies and periodicals. (Do not include automotive or alcohol related inventory.) $_____**

*Note: Section 6-5 (b) of the Clayton County Alcoholic Beverage Code says: "No retail license shall be issued to any applicant whose business does not have at least $15,000 inventory of food, tobacco products, household supplies and periodicals. Automotive supplies shall not be considered in determining inventory."

Survey

A survey indicating the location of the business and the distances of the facilities described below and as described in Clayton County Ordinance Section 6-7:

Retail Dealer		Retail Consumption	
☐	100 yards from church	☐	100 yards from a church
☐	100 yards from school (building or grounds), educational building or college campus	☐	200 yards from a school (building or grounds), educational building or college campus
☐	100 yards from an alcoholic treatment center	☐	100 yards from an alcoholic treatment center

A blueprint or scale drawing of the business interior is required.

Land Owner

Do you own the land and building on which this business is located? Yes No	**Purchase Date:**	**Purchase Amount:**
Do you rent or lease the land and building on which this business is located? Yes No		
Attach a copy of the lease and/or pertinent documents.		

Date of Operation

Tentative opening date of business:

JEFFREY E. TURNER
CHAIRMAN
SHANA M. ROOKS
VICE CHAIRMAN
SONNA SINGLETON-GREGORY
COMMISSIONER
GAIL B. HAMBRICK
COMMISSIONER
MICHAEL L. EDMONDSON
COMMISSIONER

Community Development Department
121 South McDonough Street Annex-2 Jonesboro, GA 30236
Office: (770) 477-3569 Fax: (770) 473-5467
www.claytoncountyga.gov/departments/community-development

PATRICK EJIKE
DIRECTOR

Alcohol License Application

Ownership/Interest

Name and address of each applicant and each person who have a beneficial interest in the license; however, including only those stockholders owning five percent or more of the corporation's stock. Additional owners must complete a separate Part II, Ownership/Interest Information Sheet.

Full Name:		**Address**		
City	**State**	**Zip**	**Unit/Suite#**	**Apt#**
Business Phone#	**Home#**	**Mobile#**	**Email:**	

Indicate whether you are: ☐ Owner ☐ Co-Owner ☐ Corporate Officer ☐ Other _____
Indicate percent of ownership: % _____

Are you a citizen of the U.S.A.? ☐ Yes ☐ No	**If no, are you a permanent registered alien?** ☐ Yes ☐ No Registration number _____ Native Country _____

Within the ten years immediately preceding the date of the application, have you been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude? ☐ Yes ☐ No

Do you have any interest in any wholesale dealer license? ☐ Yes ☐ No

Do you have any interest in any retail dealer license? ☐ Yes ☐ No	If yes, explain:
Do you have any interest in any retail consumption license? ☐ Yes ☐ No	If yes, explain:

Are you an elected or appointed officer, agent or employee of Clayton County? ☐ Yes ☐ No

Licensee Information

Full Name:		**Address**		
City	**State**	**Zip**	**Unit/Suite#**	**Apt#**
Business Phone#	**Home#**	**Mobile#**	**Email:**	

Indicate whether you are: ☐ Owner ☐ Co-Owner ☐ Corporate Officer ☐ Other _____
Indicate percent of ownership: % _____

Are you a citizen of the U.S.A.? ☐ Yes ☐ No	**If no, are you a permanent registered alien?** ☐ Yes ☐ No Registration number _____ Native Country _____

Are you, and have you been a resident of the State of Georgia for one year preceding the date of the application? ☐ Yes ☐ No

List in reverse chronological order the name and the address for the past 10 years of each licensee:

From	To	Name	Address

JEFFREY E. TURNER
CHAIRMAN
SHANA M. ROOKS
VICE CHAIRMAN
SONNA SINGLETON-GREGORY
COMMISSIONER
GAIL B. HAMBRICK
COMMISSIONER
MICHAEL L. EDMONDSON
COMMISSIONER

Community Development Department
121 South McDonough Street Annex-2 Jonesboro, GA 30236
Office: (770) 477-3569 Fax: (770) 473-5467
www.claytoncountyga.gov/departments/community-development

PATRICK EJIKE
DIRECTOR

Alcohol License Application

Licensee Information

Within the ten years immediately preceding the date of the application, have you been convicted or entered a plea of nolo contendere for any felony or crime involving moral turpitude? ☐ Yes ☐ No	
Do you have any interest in any wholesale dealer license? ☐ Yes ☐ No	
Do you have any interest in any retail dealer license? ☐ Yes ☐ No	If yes, explain:
Do you have any interest in any retail consumption license? ☐ Yes ☐ No	If yes, explain:
Are you an elected or appointed officer, agent or employee of Clayton County? ☐ Yes ☐ No	

Verification
State of Georgia, County of Clayton

I _____, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that I have been furnished a copy of the alcoholic beverage regulations of Clayton County, Ga., and that I have read all parts of the Clayton County Alcohol Beverage License Application, and understand the regulations, and that the statements, answers, and information given by me as the applicant/licensee are true and correct.

_____
Applicant Signature

Sworn to and subscribed before me this _____ day of _____, 20 _____.

_____
Notary Public Signature and Seal

Clayton County Community Development Department
121 South McDonough Street, Jonesboro, Georgia 30236
Office: (770) 477-3569 Fax: (770) 473-5467
Website: www.claytoncountyga.gov/departments/community-development

Certificate of Residency

Certificate of Residence for Wholesale and Retail License Applicants Only

State of Georgia, County of Clayton

I _____, Judge of the Probate Court for _____

County, Georgia, hereby certify that _____ is now and has been a bona fide

resident of the State of Georgia for one year and County of _____ for one year immediately preceding this date, based upon affidavit of applicant and the evidence submitted therewith.

In Witness thereof, I have hereunto set my hand and affixed the seal of said Probate Court, this

_____ Day of _____, 20 _____.

_____ _____ **County, Georgia**
Judge of the Probate Court

Certificate of Residence for Consumption on the Premises Applicants Only

State of Georgia, County of Clayton

I _____, Judge of the Probate Court for _____

County, Georgia, hereby certify that _____ is now and has been a bona fide

resident of the State of Georgia for one year and County of _____ for one year immediately preceding this date, based upon affidavit of applicant and the evidence submitted therewith.

In Witness thereof, I have hereunto set my hand and affixed the seal of said Probate Court, this

_____ Day of _____, 20 _____.

_____ _____ **County, Georgia**
Judge of the Probate Court

JEFFREY E. TURNER
CHAIRMAN
SHANA M. ROOKS
VICE CHAIRMAN
SONNA SINGLETON-GREGORY
COMMISSIONER
GAIL B. HAMBRICK
COMMISSIONER
MICHAEL L. EDMONDSON
COMMISSIONER

Community Development Department
121 South McDonough Street Annex-2 Jonesboro, GA 30236
Office: (770) 477-3569 Fax: (770) 473-5467
www.claytoncountyga.gov/departments/community-development

PATRICK EJIKE
DIRECTOR

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) Business License [*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from Clayton County, Ga. [*name of county or municipal corporation*], the undersigned applicant representing the private employer known as _____ [***printed name of private employer***] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section if the current date is after July 1, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

(b)_____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 1(a) please fill out Section 3 below.

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

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, and face criminal penalties allowed by such statute.

Executed on the ___date of _____, 201___ in _____ (city), _____(state)

_____
Signature of Authorized Officer or Agent

_____
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 201___.

_____
NOTARY PUBLIC
My Commission Expires:

JEFFREY E. TURNER
CHAIRMAN
SHANA M. ROOKS
VICE CHAIRMAN
SONNA SINGLETON-GREGORY
COMMISSIONER
GAIL B. HAMBRICK
COMMISSIONER
MICHAEL L. EDMONDSON
COMMISSIONER

Community Development Department
121 South McDonough Street Annex-2 Jonesboro, GA 30236
Office: (770) 477-3569 Fax: (770) 473-5467
www.claytoncountyga.gov/departments/community-development

PATRICK EJIKE
DIRECTOR

O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit

By executing this affidavit under oath, as an applicant for a(n) Business License [*type of public benefit*], as referenced in O.C.G.A. § 50 -36-1, from Clayton County, Ga. [*name of government entity*], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

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, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____(state).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

___ DAY OF _____, 20____

_____
NOTARY PUBLIC
My Commission Expires: