

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 Renewal Application

Do not complete this renewal application if there has been a change of Licensee or ownership. Please contact the Permits/License Office. Renewal must be completed and notarized by the licensee on file.

Business

Business Name:		Bis Lic #	Alcohol License #
Business Address			
City	State	Zip	

Licensee

Licensee Full Name:			Licensee Home Address
City	State	Zip	Home#
Mobile#			Email:

License Fee (A nonrefundable \$250.00 investigation fee per application.)

<input type="checkbox"/> Hotel/Motel – Restaurant/Lounge (Beer/Wine/Distilled)	\$ 8,000.00	Late Penalty: (remitted after December 31 st) License Fee: \$ _____ 10% Penalty: \$ _____ 1.5% Interest: \$ _____ Amount Due: \$ _____
<input type="checkbox"/> Restaurant – Retail Consumption (Beer/Wine Distilled)	\$ 5,000.00	
<input type="checkbox"/> Restaurant – Retail Consumption (Beer/Wine)	\$ 3,000.00	
<input type="checkbox"/> Retail Package Dealer (Beer/Wine)	\$ 2,000.00	
<input type="checkbox"/> Private Club – Retail Consumption	\$ 1,000.00	
<input type="checkbox"/> Sports Club – Retail Consumption	\$ 1,000.00	
<input type="checkbox"/> Distributor - Wholesale	\$ 100.00	
Total Fees (Must be in Cash, Money Order, or Cashier's Check)		

Ownership

Check Applicable Type: Sole Proprietor Partnership Corporation

Corporation (If applicable) (Only list owners/officers who own 5% or more interest.)

Corporate Name:	Owner/Officer:		
Home Address	City	State	Zip
% of Ownership:	Social Security#:		

License Eligibility (Clayton County Code Part II, Chapter 6, Section 6-5)

Retail Consumption: List your current seating capacity (not including any seating located in a lounge, bar, or other area designated primarily for serving alcoholic beverages.) # of Seats: _____	Retail Dealer: List total amount of inventory including food, tobacco products, household supplies, and periodicals (alcohol and automotive supplies shall not be included.) Amount of Inventory: _____
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I _____, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that I have received the alcoholic beverage regulations of Clayton County, Georgia, that I have read and understand the regulations and that the statements, answers, and information given by me as the Licensee are true and correct.

Signature Date Notary Signature & Seal

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



PATRICK EJIKE
DIRECTOR

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:

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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: