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COMMISSIONER

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



PATRICK EJIKE
DIRECTOR

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

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

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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 # | |
| Email: | | | Email: | | |
| Business Name | | Business Ownership Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (explain) | | | |

Description/type of alcohol license (check one)

| Business | Type of License | Annual Fee |
|--|--|------------|
| <input type="checkbox"/> Private Club | Retail Consumption | \$1,000.00 |
| <input type="checkbox"/> Sports Club | Retail Consumption | \$1,000.00 |
| <input type="checkbox"/> Restaurant | Retail Consumption (Beer/Wine/Distilled) | \$4,000.00 |
| <input type="checkbox"/> Restaurant | Retail Consumption (Beer & Wine Only) | \$4,000.00 |
| <input type="checkbox"/> Hotel/Motel Restaurant/Lounge | Retail Consumption | \$4,000.00 |
| <input type="checkbox"/> Retail Dealer/Sales | Beer and Wine Only | \$4,000.00 |
| <input type="checkbox"/> Distributor | Wholesale | \$1,000.00 |

Type of alcohol sold

| | | |
|--|-------------------------------|---|
| <input type="checkbox"/> Malt Beverages (Beer) | <input type="checkbox"/> Wine | <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain: | |

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Alcohol License Application

Corporation

| | |
|---|-------------------------|
| Does the business operation or, where applicable, corporation have any interest in a wholesale license, retail license or retail consumption? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | |
| <input type="checkbox"/> | 100 yards from church | <input type="checkbox"/> | 100 yards from a church |
| <input type="checkbox"/> | 100 yards from school (building or grounds), educational building or college campus | <input type="checkbox"/> | 200 yards from a school (building or grounds), educational building or college campus |
| <input type="checkbox"/> | 100 yards from an alcoholic treatment center | <input type="checkbox"/> | 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Purchase Date: | Purchase Amount: |
| Do you rent or lease the land and building on which this business is located? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Attach a copy of the lease and/or pertinent documents. | | |

Date of Operation

| |
|--|
| Tentative opening date of business: |
|--|

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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: <input type="checkbox"/> Owner <input type="checkbox"/> Co-Owner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Other _____ | | | | |
| Indicate percent of ownership: % _____ | | | | |
| Are you a citizen of the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, are you a permanent registered alien? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you have any interest in any wholesale dealer license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you have any interest in any retail dealer license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, explain: | | |
| Do you have any interest in any retail consumption license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, explain: | | |
| Are you an elected or appointed officer, agent or employee of Clayton County? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Licensee Information

| | | | | |
|---|--------------|---|--------------------|-------------|
| Full Name: | | Address | | |
| City | State | Zip | Unit/Suite# | Apt# |
| Business Phone# | Home# | Mobile# | Email: | |
| Indicate whether you are: <input type="checkbox"/> Owner <input type="checkbox"/> Co-Owner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Other _____ | | | | |
| Indicate percent of ownership: % _____ | | | | |
| Are you a citizen of the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, are you a permanent registered alien? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| List in reverse chronological order the name and the address for the past 10 years of each licensee: | | | | |
| From | To | Name | Address | |
| | | | | |
| | | | | |
| | | | | |

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have any interest in any wholesale dealer license? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have any interest in any retail dealer license? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Do you have any interest in any retail consumption license? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Are you an elected or appointed officer, agent or employee of Clayton County? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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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

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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:

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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:



Clayton County Community Development Department
 121 South McDonough Street, Annex 2 Jonesboro, GA 30236

CONSENT FORM FOR CRIMINAL BACKGROUND CHECK

This form must be completely filled out in order to be accepted for processing.

BACKGROUND CHECK FOR: Pawn Shop Massage Parlor Taxi Owner (Type): _____
 Alcohol License Solicitor Employee Other: _____

NAME OF BUSINESS: _____
 LOCATION ADDRESS: _____
 CITY, STATE, ZIP: _____ BUSINESS #: _____

NAME: _____
 (Last) (First) (Middle) (Maiden)
 HOME ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE #: HOME: _____ CELL: _____
 EMAIL ADDRESS: _____

RACE: _____ SEX: _____ DATE OF BIRTH: _____
 EYE COLOR: _____ HAIR COLOR: _____ PLACE OF BIRTH: _____
 HEIGHT: _____ WEIGHT: _____ SOCIAL SECURITY #: _____

ATTACH A COPY OF THE GOVERNMENT ISSUED IDENTIFICATION REFERENCED BELOW

DRIVERS LICENSE #: _____ EXPIRES: _____ STATE ISSUED: _____

Within the past ten (10) years in regard to any violation of the law, have you entered a plea of guilty, been found guilty by a court, had accepted a plea of *nolo contendere* or been given first offender treatment by a court? YES _____ NO _____

If yes, list below the offense(s) and date(s):

NOTE: A "YES" above may not necessarily be a bar to a license. **However, failure to disclose such information may be grounds for disqualification.** Licensee should carefully disclose ALL information concerning violations in the space above. I do hereby swear that the above information is true and correct under the penalty of Georgia State Law, 16-10-71 for false swearing and 16-10-20 for false statements. I hereby authorize the Clayton County Police Department and the Clayton County Community Development Department to receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

 Signature Date

Sworn to and subscribed before me this _____ Day of _____, Year _____

 Notary