



# Community Development Department

121 South McDonough Street, Jonesboro, GA 30236

Office: (770) 477-3569

<https://www.claytoncountygga.gov/government/community-development>

## 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.

**Remit by November 15**

### 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) | \$ 4,000.00 | <b>Late Penalty:</b><br>(remitted after December 31 <sup>st</sup> )<br>License Fee: \$ _____<br>10% Penalty: \$ _____<br>1.5% Interest: \$ _____<br>Amount Due: \$ _____ |
| <input type="checkbox"/> Restaurant – Retail Consumption (Beer/Wine Distilled) | \$ 4,000.00 |  |
| <input type="checkbox"/> Restaurant – Retail Consumption (Beer/Wine)           | \$ 4,000.00 |  |
| <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                               | \$ 1,000.00 |  |
| Total Fees (Must be in Money Order, VISA, Master Card or Cashier's Check)      |             |  |

### Ownership

|  |
|--|
| <b>Check Applicable Type:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> 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)

|  |   |
|--|---|
| <b>Retail Consumption:</b> List your current seating capacity (not including any seating located in a lounge, bar, or other area designated primarily for serving alcoholic beverages.)<br># of Seats: _____ | <b>Retail Dealer:</b> List total amount of inventory including food, tobacco products, household supplies, and periodicals (alcohol and automotive supplies shall not be included.)<br>Amount of Inventory: _____ |
|--|---|

I \_\_\_\_\_, do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that I have read and understand the alcohol beverage ordinance of Clayton County, Georgia 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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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