



Community Development Department

121 South McDonough Street, Jonesboro, GA 30236

Office: (770) 477-3569

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

Alcohol License Application

Alcohol License Application Checklist

<input type="checkbox"/>	Completed and notarized application.
<input type="checkbox"/>	Ownership information page (anyone owning 5% or more interest in business).
<input type="checkbox"/>	Notarized consent form and S.A.V.E affidavit with a copy of driver's license for owner(s) & licensee.
<input type="checkbox"/>	Licensee information page for the person who will hold the alcohol license for the business.
<input type="checkbox"/>	Certificate of residency form for the licensee
<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 the Certificate of Corporation & articles of Incorporation.
<input type="checkbox"/>	Copy of lease agreement, if property is leased or warranty deed.
<input type="checkbox"/>	Survey with two radii/radiuses showing the requirements below and the surrounding facilities.
<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 – money order/certified cashier's check).
<input type="checkbox"/>	Fingerprinting required for new alcohol license only.
<input type="checkbox"/>	Commercial Business License application; Alcohol License Applications can be applied for after Business License Issuance.
<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).
<input type="checkbox"/>	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.)

Checklist does not apply for wholesale dealers

- 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.
- Only the non-refundable \$250 is due at the time of applying. After the application is approved the license fee will be due.
- Please allow up to four weeks for processing. After the associated license fees are paid, the alcohol license will be issued within two (2) business days.

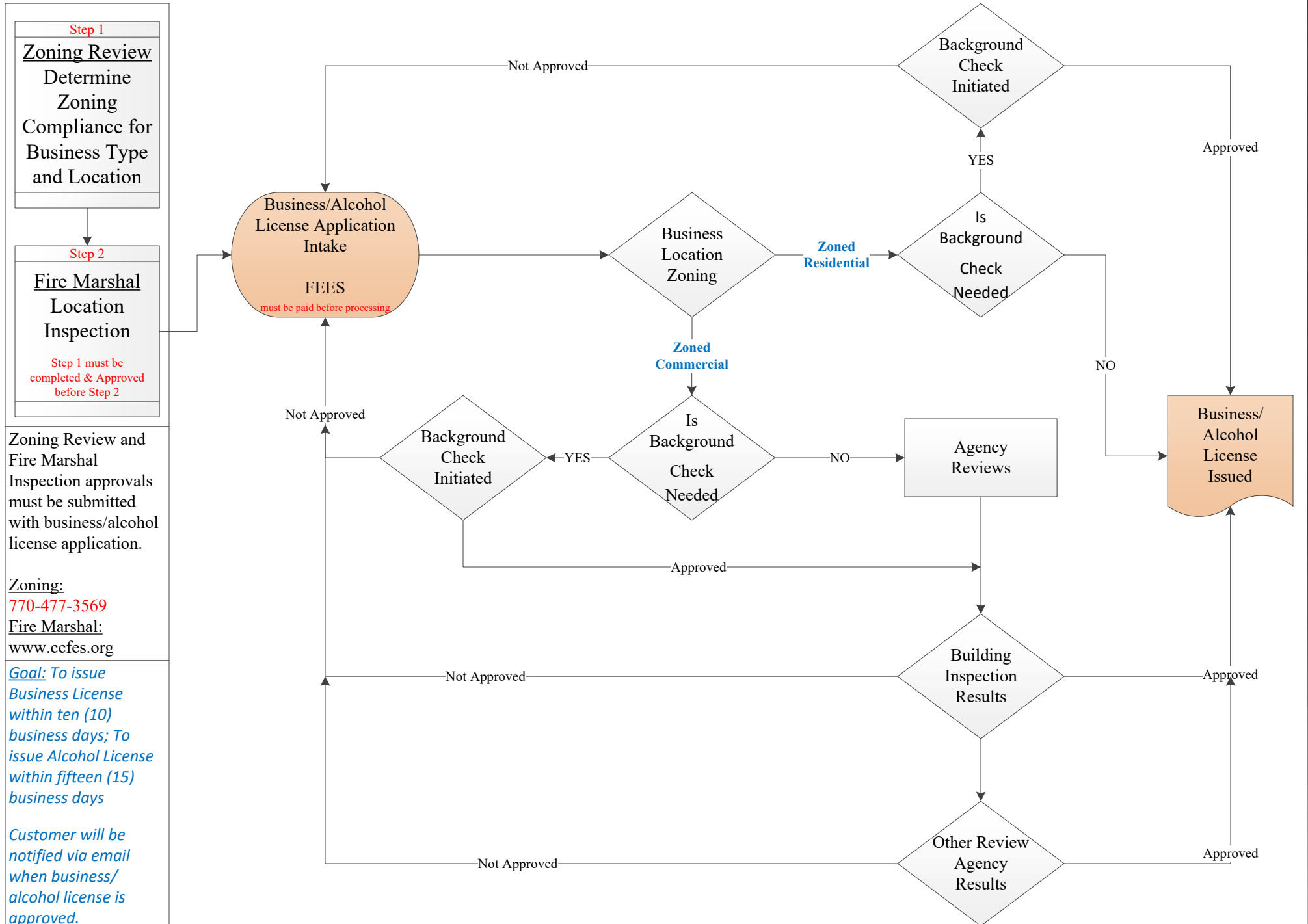
Survey Requirements

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

All surveys and blueprints must be signed and stamped/sealed

Business and Alcohol License Application Process





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Business Address

[Shaded areas for office use only]

Business License-#:				
Business Location:	City	State	Zip	Unit/Suite#

Owner/Applicant Information

Owner/Applicant Name			Business Name		
Address			Address		
City	State	Zip	City	State	Zip
Tel#	Mobile #		Tel#	Mobile #	
Email:			Email:		
Business Ownership Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (explain)			Tentative opening date of business:		

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	\$2,000.00
<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)
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Ownership/Interest in business (Attach separate sheet if necessary)

Owner's Name:					
Address		City	State	Zip	Apt/Unit
Percentage	Driver's License#		Driver's License State Issued		
Owner's Name:					
Address		City	State	Zip	Apt/Unit
Percentage	Driver's License#		Driver's License State Issued		
Owner's Name:					
Address		City	State	Zip	Apt/Unit
Percentage	Driver's License#		Driver's License State Issued		

***Any owner with five percent (5%) or more interest must complete, this page a consent form for background check AND S.A.V.E affidavit ***



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Corporation Information Page

Corporation Name:					
Is corporation incorporated in the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No				Mobile#	
Corporation's registered agent name:			Corporate Address		
City	State	Zip	Unit/Suite#	Apt	Mobile#
Email:					Business Phone#
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:		

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:
Retail Consumption License Only: Indicate the number of seats on the premises. Seat Count # _____ (Must be present on the blueprint submitted)
Retail Dealer License Only: Indicate the monetary amount of inventory of food, tobacco products, household supplies and periodicals. (Do not include automotive or alcohol related inventory.) \$ _____ (Inventory List required)

*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."

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.	



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Owner(s) Information Page

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					



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Licensee Information Page

Full Name:		Address		
City	State	Zip	Unit/Suite#	Apt#
Mobile Phone#		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	Address

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	



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Application Signature Page

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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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



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On-Premise Retail Consumption License Only Distilled Spirits by Drink Sales Tax Acknowledgement

I _____ licensee for _____, located at
Print Name Business Name

Business Address

City, Zip Code

Do hereby swear and affirm under oath, subject to the penalties of the State of Georgia for false swearing that I have received Section 6.191 of the Alcohol License Code Distilled spirits by the drink and I acknowledge that violation of this ordinance may result in initiating proceedings for license suspension or revocation per Section 2-90.4(3) *The licensee is found to have failed to pay any licensee fees, taxes or other fees due the county, after notices and 30 days to make payment in full.*

Applicant Signature

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

Notary Public Signature and Seal