2015 ALCOHOL LICENSE RENEWAL

The City of Lilburn would like to thank you for choosing our City to conduct your business. The City of Lilburn aims to meet the needs of our business community as they evolve.

1. **Read the City's Alcohol Ordinance!** Licensees are required to maintain a copy of the Ordinance on the premises of the business, and employees shall be familiar with the complete requirements of the ordinance. The ordinance can be found on the cities website, www.cityoflilburn.com. Many changes occurred in 2014.

2. **Submit a copy of 2014 State Alcohol License**.

3. Registered agent – agent MUST be a Gwinnett County resident and complete the agent form. Owner or manager must register as agent if filling that role.

4. Complete employee listing for on premises consumption locations only. Include copies of server cards. TIPS certification MUST be submitted with the application. 75% of servers must be certified. Application WILL NOT be accepted without this requirement. (You may need to print additional copies of page 3)

5. Provide an E-Verify number OR sign exemption form. Legal Permanent Residence must complete the Public Benefit Form and send a copy of Permanent Resident Card.

6. Review forms for completeness (NO BLANKS) and have notarized.

7. **Due by November 30th to avoid penalties.**

8. **ALL owners and managers are required to complete a background affidavit. Include a copy of current driver's license or state identification card for all owners and managers.
Applications cannot be processed without this information! ** (Make additional copies of page 4)

9. Questions may be directed to Kaleigh Frederick at kfrederick@cityoflilburn.com or by calling 770-279-3708.

10. Fees are due at time of application submittal.

Return application to:

City of Lilburn
Alcohol Licensing
Attn: Kaleigh Frederick
76 Main Street
Lilburn, GA 30047

2015 ALCOHOLIC BEVERAGE LICENSE RENEWAL

DUE BY NOVEMBER 30, 2014

RENEWALS RECEIVED AFTER NOVEMBER 30th WILL BE CHARGED A 20% LATE FEE AND MAY REQUIRE COMPLETION OF A NEW APPLICATION AND PAYMENT OF APPLICATION FEE.

Business Name:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____ Phone_____

Fax number:_____ E-mail Address_____

Mailing Address: (*if different*)_____

City:_____ State:_____ Zip Code:_____ Phone: _____

THIS APPLICATION MUST BE TYPED OR PRINTED LEGIBLY. EACH QUESTION MUST BE ANSWERED COMPLETELY.

TYPE OF BUSINESS (check all that apply)

- ☐ Eating Establishment
- ☐ Banquet/Event Hall
- ☐ Hotel Minibar
- ☐ Super Market
- ☐ Brewpub
- ☐ Convenience Store
- ☐ Indoor Comm. Recreational Establishment
- ☐ Package Store
- ☐ Growler

TYPE OF LICENSE (check all that apply)

Retail Package (off premises consumption)

- ☐ Distilled Spirits (Liquor), Beer & Wine- $6,000
- ☐ Beer and Wine- $1,700
- ☐ Beer only- $850
- ☐ Wine only- $850
- ☐ Growler - $850

Retail Consumption on Premises

- ☐ Distilled Spirits (Liquor, Beer & Wine)-$7,200
- ☐ Beer and Wine- $1,700
- ☐ Beer only- $850
- ☐ Brewpub-$300
- ☐ Wine only-$850
- ☐ Ancillary Growler Beverage Tasting License- $50.00

Does your establishment have "Patio Sales" ◯ No ◯ Yes

TYPE OF OWNERSHIP:

- ☐ Sole Owner
- ☐ Privately Held Corporation
- ( ) Partnership
- ☐ Public Held Corporation
- ☐ Public Held Corporation Subject to S.E.C. Regulations
- ☐ Limited Liability Company
- ☐ Other – (Please explain)_____

Please list all owners with 20% or more interest:

2015 ALCOHOLIC BEVERAGE LICENSE RENEWAL

OWNER(s) INFORMATION:

Owner(s) Name:_____ Percent of ownership: _____

Phone_____ Fax number:_____ E-mail address_____

Owner(s) Name:_____ Percent of ownership: _____

Phone_____ Fax number:_____ E-mail address_____

Owner(s) Name:_____ Percent of ownership: _____

Phone_____ Fax number:_____ E-mail address_____

STORE OR RESTAURANT MANAGER INFORMATION:

Manager(s) Name:_____

Street Address: _____

City_____State:_____ Zip Code:_____ Phone_____

Fax number:_____ E-mail address_____

ALL OWNERS AND MANAGERS MUST COMPLETE THE ENCLOSED CONSENT FORMS AND RETURN WITH APPLICATION

CURRENT REGISTERED AGENT: (*MUST BE A RESIDENT OF GWINNETT COUNTY*)

Full Name:_____ SSN #:_____

Street Address:_____

City:_____State:_____ Zip Code:_____ Phone:_____

Fax number:_____ E-mail Address:_____

It is the owner's responsibility to maintain a registered agent who lives in Gwinnett County. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license. I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of City of Lilburn Code Chapter 6.

This _____day of _____20_____. _____

Notary Public Signature

_____

My Commission Expires

2015 ALCOHOLIC BEVERAGE LICENSE RENEWAL

LIST OF ALL EMPLOYEES FOR RESTAURANTS AND OTHER ON-PREMISES CONSUMPTION

Name:_____ Sex:_____Race:_____
Residence Address:_____
City, State, Zip:_____
Home Telephone Number:_____
Date of Birth:_____Place of Birth:_____
Social Security Number:_____ Alien Registration Number:_____
Driver's License Number:_____State:_____
Job Position: Server_____ or Cashier/Cook/Busboy/Other_____

Name:_____ Sex:_____ Race:_____
Residence Address:_____
City, State, Zip: _____
Home Telephone Number:_____
Date of Birth:_____Place of Birth:_____
Social Security Number:_____Alien Registration Number:_____
Driver's License Number:_____State:_____
Job Position: Server _____or Cashier/Cook/Busboy/Other_____

Name:_____ Sex:_____ Race:_____
Residence Address:_____
City, State, Zip: _____
Home Telephone Number:_____
Date of Birth:_____Place of Birth:_____
Social Security Number:_____Alien Registration Number:_____
Driver's License Number:_____State:_____
Job Position: Server _____or Cashier/Cook/Busboy/Other_____

Name:_____ Sex:_____ Race:_____
Residence Address:_____
City, State, Zip: _____
Home Telephone Number:_____
Date of Birth:_____Place of Birth:_____
Social Security Number:_____Alien Registration Number:_____
Driver's License Number:_____State:_____
Job Position: Server _____or Cashier/Cook/Busboy/Other:_____

(If space provided is not sufficient, please list additional employees on a separate sheet)

2015 ALCOHOLIC BEVERAGE LICENSE RENEWAL

APPLICATION FOR ALCOHOL BEVERAGE LICENSE RENEWAL

Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, including any additional sheets submitted herewith.

Has any owner information changed? ☐ Yes ☐ No
If yes please explain: _____
_____

Has any manager information changed? ☐ Yes ☐ No
If yes please explain: _____
_____

New owners and managers must fill out a statement of personal history and complete the background check affidavit. These forms may be found at City Hall.

All owners and managers must complete a background check affidavit.

Have any corporation or partnership changes occurred? ☐ Yes ☐ No

If any corporation or partnership changes have occurred new paperwork must be provided.

I, _____do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing application are true and correct.

_____
Applicant's signature

_____
NOTARY PUBLIC SIGNATURE

(AFFIX SEAL HERE)

_____
Applicant's printed name

_____
DATE

2015 ALCOHOLIC BEVERAGE LICENSE RENEWAL

CONSENT FORM – FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION
OWNER **AND** MANAGER MUST COMPLETE

I, _____, do hereby authorize the City of Lilburn to receive all records which may
NAME, TITLE
be in the files of any state or local criminal justice agency (including criminal history) concerning myself, whether the said records are of a public, private or confidential nature.

I further authorize release of this information under the Open Records Act, and certify that person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though a photocopy does not contain an original writing of my signature.

Signature_____ Date_____

Printed Name_____

Home Address_____

_____

Date of Birth_____ SS#_____

Sex_____ Race_____

_____
Notary Date

EXCISE TAX REPORTING FORM

MONTHLY PERIOD REPORTED _____ YEAR _____

Business Name: _____
Location: _____
State License Number_____

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A. INVENTORY REPORTING

List your inventory purchases of distilled spirits from licensed wholesaler for monthly period reported.

Wholesaler Name	Volume In Liters
1. Eagle Rock	_____
2. Empire Distr.	_____
3. Georgia Crown	_____
4. National Distr.	_____
5. United Distr.	_____
6. Classic City Bev.	_____
7. General Whls.	_____
8. Northeast Sale Distr.	_____
9. _____	_____
10._____	_____
11. TOTAL VOLUME PURCHASED	_____
12. BEG. INVENTORY	_____
13. END. INVENTORY	_____
14. LINES 11+12-13	_____

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MAKE CHECK PAYABLE TO CITY OF LILBURN AND MAIL TO: 76 Main Street Lilburn GA 30047

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Remit on or before the 10th day of the succeeding month. 10% penalty on all payments received after the 20th day of the month. See Section 6-27 of the City of Lilburn Alcoholic Beverage Ordinance.

B. EXCISE TAX REPORTING

1. Gross Distilled Spirits by the Drink Sales:_____

2. Distilled Spirits Excise Tax: 3% of Line 1:_____

3. Gross beer/malt produced in gallons: _____

4. Brewpub Excise. $6.00 per ½ barrel; $12.00 per barrel (15 ½ gallons = ½ barrel; 31 gallons = barrel)
_____

5. Less 3% of Line 2 and 4 **ONLY** on timely returns (by 10th): _____

4. Penalty- 10% times Line 2 and 4: _____

5. Total Amount due: _____

==========

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____
Signature of Licensee Date

_____
Signature of Individual Preparing Return Date

Phone Number: _____

ALL SECTIONS MUST BE COMPLETED AND SIGNED!

Incomplete applications will not be accepted.

ALCOHOL LICENSE TRAINING INFORMATION

City of Lilburn Alcoholic Beverage Ordinance, Sec. 6-85 "Employee Regulations" requires that all person who sell, serve, take orders, mix alcoholic beverage, or hold managerial positions must obtain a pouring permit from the City of Lilburn Police Department.

A minimum of seventy-five (75) percent of all servers must be certified as alcohol awareness servers.

(Pouring permits and "alcohol awareness training" do not apply to employees limited solely to busboy, cook **or** dishwasher. These employees must not handle alcohol as part of their duties in any way.)

YOU MUST PROVIDE COPIES OF ALL YOUR SERVERS' POURING PERMITS AS WELL AS T.I.P.S. CARDS OR TRAINING CERTIFICATE WITH THIS APPLICATION.

TRAINING CLASSES SCHEDULE AND LOCATIONS

DATE	TIME	LOCATION
October 25, 2014 Saturday	2:00 PM	Stoney River Steak House 5800 State Bridge Road Johns Creek, GA 30097
November 5, 2014 Wednesday	2:00 PM	Stoney River Steak House 5800 State Bridge Road Johns Creek, GA 30097
November 8, 2014 Saturday	10:00 AM	La Sabrosita Restaurant 4085 Lawrenceville Hwy.
November 12, 2014 Wednesday	3:00 PM	Messina's Mediterranean Rest. 4075 Lawrenceville Hwy.
November 15, 2014 Saturday	2:00 PM	Stoney River Steak House 5800 State Bridge Road Johns Creek, GA 30097
November 17, 2014 Monday	2:30PM	Oyster Barn 411 Beaver Ruin Road

Cost per server is $25.00. Please bring a pen with you to the class. There will be a test.

Your complete application must be received by November 30, 2014, to be reviewed and approved before your 2015 license can be issued.

Training after these dates will be charged an additional fee by the institute.