



Small town. Big difference.

## Alcoholic Beverage License Information

Businesses that sell and serve beer, wine, distilled spirits, or any other alcoholic beverages in the City of Lilburn are required to obtain a City of Lilburn alcohol license through the office of the City Clerk, located at Lilburn City Hall, 76 Main Street, Lilburn, GA 30047. Licenses are issued for calendar years, from January 1 through December 31, and must be renewed each year.

City of Lilburn Alcoholic Beverage Licenses are issued in accordance with regulations and requirements outline in Chapter 6 of the City of Lilburn Code of Ordinances.

In all cases, businesses must also obtain a State Alcohol License through the Georgia Department of Revenue. All retail businesses are required to purchase alcohol from wholesale distributors.

For more information, contact City Clerk Melissa Penate at [mpenate@cityoflilburn.com](mailto:mpenate@cityoflilburn.com) or 770-921-2210.

### New Licenses

#### How to apply for an Alcohol License

1. All businesses must first obtain an Occupational Tax Certificate from the City of Lilburn.
2. Applicant must complete the Alcohol Application and submit to the City Clerk's office, completed and notarized, with payment of application fee.
3. The Business will undergo verification of Occupational Tax (business license) as well as status of any fees or taxes due to the City.
4. A background investigation is required on all owners and managers by the Lilburn Police Department, as well as fingerprints at an authorized GAPS location.
5. Alcohol Server Permits are required on all employees who serve, sell or handle alcohol.
6. The completed application is reviewed by the City Clerk or his/her designee and, in most cases, is then sent to the Alcohol Review Board for approval or denial. The Alcohol Review Board normally meets on the third Thursday of each month, when there is business.

#### New location, distilled spirits – Package Store

Must be granted Special Use Permit for the property through the Planning Commission/City Council. Applications must be turned in three weeks prior to Alcohol Review Board Meeting (third Thursday of each month). Dates/times/locations of ARB and City Council hearings must be advertised once a week for two weeks in the legal organ prior to being heard by ARB. Property location must have a sign posted on the property noticing the Alcohol Review Board/City Council hearing dates, etc. These applications are approved/denied by the City Council taking into account the ARB recommendation.

#### New location, distilled spirits – Restaurant

Applications must be turned in three weeks prior to Alcohol Review Board Meeting (third Thursday of each month). Dates/times/locations of ARB and City Council hearings must be advertised once a week for two weeks in the legal organ prior to being heard by ARB. These applications are approved/denied by the City Council taking into account the ARB recommendation.

### **New Location, no distilled spirits**

Must be turned in three weeks prior to Alcohol Review Board Meeting (third Thursday of each month). The City Council must also hear and approve or deny these applications (meets second Monday of the month). These applications are approved/denied by the City Council taking into account the ARB recommendation.

### **First Year license fee pro-rated based on application date**

After April 1

– 75% of the full license fee is due

After July 1

– 50% of the full license fee is due

After October 1

– 25% of the full license fee is due.

### **Change of name or ownership (beer, wine and distilled spirits)**

Changes must be filed with the Alcohol Review Board within 30 days after the change is made, and a new license issued. Licenses are non-transferable. Application must be turned in at least two weeks prior to the Alcohol Review Board meeting. These applications are heard by the Alcohol Review Board.

## **Renewing your Alcohol License**

LICENSES MUST BE RENEWED ANNUALLY. If you already have a City of Lilburn Alcohol License, you will receive renewal paperwork in the mail about the middle of October to renew for the following year. Paperwork is due back to the City by November 30, to be approved or denied by the Alcohol Review Board. Renewal applications treated as new application after January 1.

## **Alcohol Server Permits**

Every employee who serves alcohol will be required to obtain an alcohol server permit from the Lilburn Police Department, located at 76 Main Street. Please call Police Lieutenant Chris Dusik at 770-638-2187 to make an appointment for issuance of the server permit, for a charge of \$25. Server permits are valid for one year.

No person shall be employed to dispense, sell, serve, take orders, mix alcoholic beverages, or in any managerial position until such person has been fingerprinted or cleared by the public safety director or his designee, indicating that the person is eligible for such permit.

It shall be the duty of all persons holding any license to sell alcoholic beverages to file with the director of public safety the name of the establishment, the license number and a list of all employees, with their home addresses and home telephone numbers twice annually on or before June 1, and again on or before December 1.

In the event that any permit holder leaves the employ of a licensed establishment, the licensee shall immediately surrender the permit to the department of public safety. Each licensed eating establishment is required to have a minimum of 75%, at all times, of servers to be certified as “alcohol awareness servers”. Each eating establishment will be granted a maximum of 60 days from receipt of license to allow time for servers to complete the training course and receive certification.

## **Excise Taxes (due monthly)**

Businesses licensed to sell liquor by the drink on their premises (restaurants) shall pay a per drink excise tax at the rate of 3% for the retail price or charge for each drink and must file a monthly return with the City of Lilburn for collection/reporting of excise taxes. See Excise Tax Form for details.

**Restaurants:** (Those serving distilled spirits) Excise taxes are due on or before the 10<sup>th</sup> of the succeeding month. Taxes received prior to or on the 10<sup>th</sup> will receive a 3% reduction in fees paid. Excise taxes received between the 11<sup>th</sup> and the 20<sup>th</sup> of the month shall be paid at full price. Excise taxes received after the 20<sup>th</sup> of the month shall be charged a 10% penalty.

**Wholesalers:** Excise taxes are due by the 10<sup>th</sup> of the month next succeeding the calendar month in which such sales were made. Alcohol Licensing Information

## **Violations**

### **Hearings**

Once a decision is made by the Chief of Police and either the chairman or vicechairman of the board to suspend a license, it shall be suspended immediately. Within five (5) days of the decision to suspend a license, there will be an evidentiary emergency review hearing by the board. Within 24 hours of the hearing, the board shall issue a show cause order notifying the licensee and the Chief of Police of the review hearing date, time and place. Within 72 hours of the emergency review hearing, the board shall provide written notice of the decision to the licensee and the Chief of Police. Appeals of the decision to the City Council must be received within 15 days after the final order of the board in the office of the City Clerk.

### **Revocations**

If the state revokes a permit or license to sell alcohol, the city license is automatically revoked.



# CITY OF LILBURN

76 Main Street \* Lilburn, Georgia 30047 \* (770) 921-2210  
Alcohol License Department

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

1. TYPE OF APPLICATION (Check One):  New  Renewal  Amendment

2. ADMINISTRATIVE AND INVESTIGATION FEES (does not apply to renewals)

\$250 – Packaged Beer and Wine Sales  \$500 – All Other Applications

3. TYPE OF BUSINESS (Check One):

- Bona Fide Eating Establishment  Supermarket  Convenience Store
- Indoor Comm. Recreational Estab.  Package Store  Hotel Minibar
- Banquet/Event Hall  Other Retail Business \_\_\_\_\_

4. CHECK APPLICABLE LICENSE(S) APPLYING FOR:

**RETAIL PACKAGE:**

- Beer (Includes Sunday Sales) - \$850  Wine (Includes Sunday Sales) - \$850
- Beer and Wine (Includes Sunday Sales) - \$1,700
- Distilled Spirits, Beer and Wine (Includes Sunday Sales) - \$6,000
- Hotel Minibar – Beer and Wine (Includes Sunday Sales) - \$320
- Hotel Minibar – Distilled Spirits, Beer and Wine (Includes Sunday Sales) - \$1,390

**RETAIL CONSUMPTION ON PREMISES:**

- Beer (Includes Sunday Sales) - \$850  Wine (Includes Sunday Sales) - \$850
- Beer and Wine (Includes Sunday Sales) - \$1,700
- Beer, Wine & Distilled Spirits (Includes Sunday Sales) - \$7,200
- Banquet Hall – Beer (Includes Sunday Sales) - \$850
- Banquet Hall – Wine (Includes Sunday Sales) - \$850
- Banquet Hall – Beer & Wine (Includes Sunday Sales) - \$1,700
- Banquet Hall – Beer, Wine & Dist. Spirits (Includes Sunday Sales) - \$7,200

(NOTE: ¾ of fee after April 1<sup>st</sup>, ½ of fee after July 1<sup>st</sup>, ¼ of fee after October 1<sup>st</sup>)

5. BUSINESS:

(a) FULL NAME: \_\_\_\_\_

(b) LOCATION: \_\_\_\_\_  
Street No. Street Name

\_\_\_\_\_  
City State Zip Phone Number

(c) MAILING ADDRESS (If Different): \_\_\_\_\_  
\_\_\_\_\_

(d) FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

(e) STATE WITHHOLDING NUMBER: \_\_\_\_\_

(f) STATE SALES TAX NUMBER: \_\_\_\_\_

(g) OTHER CITY OF LILBURN OR GWINNETT COUNTY LICENSE (Specify type of license, issuer and number): \_\_\_\_\_

6. OWNER:

(a) FULL NAME: \_\_\_\_\_  
Social Security #

(b) HOME ADDRESS: \_\_\_\_\_  
Street No. Street Name

\_\_\_\_\_  
City State Zip Phone Number

(c) MAILING ADDRESS (If Different): \_\_\_\_\_  
\_\_\_\_\_

(d) OTHER CITY OF LILBURN OR GWINNETT COUNTY LICENSE (Specify type of license, issuer and number): \_\_\_\_\_

7. REGISTERED AGENT (MUST BE A RESIDENT OF GWINNETT COUNTY):

(a) FULL NAME: \_\_\_\_\_

(b) LOCATION: \_\_\_\_\_  
Street No. Street Name

\_\_\_\_\_  
City State Zip Phone Number

(c) MAILING ADDRESS: \_\_\_\_\_  
Street No. Street Name

\_\_\_\_\_  
City State Zip Phone Number

(d) OTHER CITY OF LILBURN OR GWINNETT COUNTY LICENSE (Specify type of license, issuer and number): \_\_\_\_\_

8. TYPE OF OWNERSHIP:
- ( ) Sole Ownership ( ) Public Held Corporation Subject to S.E.C. Regulations
- ( ) Partnership ( ) Limited Liability Company
- ( ) Private Held Corporation ( ) Other \_\_\_\_\_

9. FOR PARTNERSHIP ONLY:

(a) STATE DATE THE PARTNERSHIP WAS FORMED: \_\_\_\_\_

(b) ATTACH PARTNERSHIP AGREEMENT

(c) LIST PARTNERS:

NAME	SOCIAL SECURITY NUMBER	G-GENERAL L-LIMITED S-SILENT	INTEREST INVESTMENT \$	PARTICIPATION %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FOR CORPORATION ONLY:

(a) DATE OF INCORPORATION: \_\_\_\_\_

(b) PLACE OF INCORPORATION: \_\_\_\_\_

(c) STATE PARENT CORPORATION, IF APPLICABLE: \_\_\_\_\_

(d) NUMBER OF SHARES OF CAPITAL STOCK AUTHORIZED: \_\_\_\_\_

(e) NUMBER OF SHARES OF OUTSTANDING STOCK: \_\_\_\_\_

(f) IS THE CORPORATION OWNED BY A PARENT CORPORATION OR HELD BY A HOLDING COMPANY? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

(g) FOR CORPORATIONS OTHER THAN PUBLIC HELD CORPORATION SUBJECT TO S.E.C. REGULATIONS – LIST OFFICERS, DIRECTORS, AND PRINCIPAL SHAREHOLDERS WITH 20% OR MORE OF THE STOCK:

NAME	SOCIAL SECURITY NUMBER	POSITION	INTEREST %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. FINANCING

(a) BANK TO BE USED BY BUSINESS, INCLUDE BRANCH: \_\_\_\_\_

\_\_\_\_\_

(b) STATE TOTAL AMOUNT OF CAPITAL THAT IS OR WILL BE INVESTED IN BUSINESS BY ANY PARTY OR PARTIES: \_\_\_\_\_

(c) STATE TOTAL AMOUNT OF FUNDS INVESTED BY THE OWNER: \_\_\_\_\_

(d) STATE TOTAL AMOUNT OF FUNDS INVESTED BY PARTY OR PARTIES OTHER THAN OWNER: \_\_\_\_\_

(e) IF ANY CAPITAL IS BORROWED:

NAME OF LENDER	DATE	AMOUNT	EFFECTIVE ANNUAL INTEREST RATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. (a) HAS OWNER AND/OR INDIVIDUAL PARTNER, SHAREHOLDER, DIRECTOR, OR OFFICER ANY FINANCIAL INTEREST IN ANY MANUFACTURER OR WHOLESALER OF ALCOHOLIC BEVERAGE? \_\_\_\_\_

(b) HAS OWNER AND/OR INDIVIDUAL PARTNER, SHAREHOLDER, DIRECTOR, OR OFFICER RECEIVED ANY FINANCIAL AID OR ASSISTANCE FROM ANY MANUFACTURER OF ALCOHOLIC BEVERAGE? \_\_\_\_\_

(c) IF ANSWER IS "YES" TO EITHER OF THE IMMEDIATE FOREGOING, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

12. SHOW HEREUNDER ANY AND ALL PERSONS, CORPORATION, PARTNERSHIPS, OR ASSOCIATIONS (OTHER THAN PERSONS STATED HEREIN AS OWNER(S), DIRECTORS, OR OFFICERS) WHO HAVE RECEIVED OR WILL RECEIVE, AS A RESULT OF YOUR OPERATION UNDER THE REQUESTED LICENSE, ANY FINANCIAL GAIN OR PAYMENT DERIVED FROM ANY INTEREST OR INCOME FROM THE OPERATION. (FINANCIAL GAIN OR PAYMENT SHALL INCLUDE PAYMENT OR GAIN FROM ANY INTEREST IN THE LAND, FIXTURES, BUILDING, STOCK, AND ANY OTHER ASSET OF THE PROPOSED OPERATION UNDER THE LICENSE). IN THE EVENT ANY CORPORATION IS LISTED AS RECEIVING AN INTEREST OR INCOME FROM THIS OPERATION, SHOW THE NAMES OF THE OFFICERS AND DIRECTORS OF SAID CORPORATION TOGETHER WITH THE NAMES OF THE PRINCIPAL STOCKHOLDERS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. LIST ALL OTHER BUSINESSES ENGAGED IN SALE OF ALCOHOLIC BEVERAGES THAT YOU ARE THE OWNER, OR ANY INDIVIDUAL, PARTNER, SHAREHOLDER, ORRIDER OR DIRECTOR ARE INTERESTED IN, EMPLOYED BY OR ASSOCIATED WITH IN ANY WAY WHATSOEVER, OR HAVE BEEN INTERESTED IN, EMPLOYED BY, OR ASSOCIATED WITH IN THE PAST.

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NOTE: 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, AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.

STATE OF GEORGIA, \_\_\_\_\_ COUNTY

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 PERSONNEL STATEMENT ARE TRUE AND CORRECT.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT DAIS STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

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IMPORTANT:

THIS APPLICATION WILL BE HEARD BY THE:

ALCOHOL REVIEW BOARD: \_\_\_\_\_  
Date Time

LILBURN CITY COUNCIL: \_\_\_\_\_  
Date Time

EITHER THE APPLICANT OR HIS REPRESENTATIVE MUST BE IN ATTENDANCE AT THIS MEETING.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

REGISTERED AGENT FORM

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Location

\_\_\_\_\_  
City/State/Zip Code

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the provisions of the Ordinances of Lilburn, Georgia. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of Gwinnett County, Georgia.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Agent Social Security Number

\_\_\_\_\_  
Type or Print Name of Agent

\_\_\_\_\_  
Birthdate

Agent Home Address: \_\_\_\_\_

Street No.

Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

SWORN TO AND SUBSCRIBED BEFORE ME

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

APPROVED:

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Officer or Director (Title)

STORE/RESTAURANT MANAGER

CONSENT FORM – FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION

I, \_\_\_\_\_, do hereby authorize the City of Lilburn to receive all records which may 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



City Hall (770) 921-2210 ▪ Fax (770) 921-8942
Police Department (770) 921-2211 ▪ Fax (770) 923-6871
Court Services (770) 921-2505 ▪ Fax (770) 921-7723
Planning (770) 279-3710 ▪ Fax (770) 921-9822

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

By executing this affidavit under oath in the presence of a Notary Public, and as an applicant for an Alcoholic Beverage License, a public benefit as referenced in O.C.G.A. § 36-60-6(d), from the City of Lilburn, Georgia, 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 between July 1, 2012, and June 30, 2013.

(a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm or corporation employed one hundred (100) or more employees.

(b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm or corporation employed less than one hundred (100) employees.

If the employer selected 1(a) please fill out Section 3 below.

2. Fill out this section on or 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 2(a) please fill out Section 3 below.

3. 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 (E-VERIFY 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 of 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:  
\_\_\_\_\_



8.     SINGLE     MARRIED     WIDOWED     DIVORCED     SEPARATED

IF MARRIED OR SEPARATED, PLEASE COMPLETE BELOW REQUESTED INFORMATION ON SPOUSE:

FULL NAME OF SPOUSE: \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ NAME AND ADDRESS OF SPOUSE'S

EMPLOYER: \_\_\_\_\_

9.    STATE ANY OTHER NAMES WHICH YOU HAVE USED: MAIDEN NAME, NAMES BY FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, NICKNAMES, ETC. SPECIFY WHICH, SHOW DATES, ETC. \_\_\_\_\_

\_\_\_\_\_

10.    GIVE NAME AND ADDRESSES OF ALL CHILDREN AND STEPCHILDREN (regardless of age):

FULL NAME	ADDRESS	AGE	PLACE OF BIRTH
-----------	---------	-----	----------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11.    GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES:

NAME	ADDRESS	AGE	PLACE OF BIRTH
------	---------	-----	----------------

A. Father \_\_\_\_\_

B. Mother \_\_\_\_\_

C. Brother/Sister \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Father-in-Law \_\_\_\_\_

E. Mother-in-Law \_\_\_\_\_

12. EMPLOYMENT RECORD FOR THE PAST TEN YEARS (Give the most recent first):

From		To		Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
Month	Year	Month	Year				

13. LIST IN REVERSE CHRONOLOGICAL ORDER ALL OF YOUR RESIDENCES FOR THE PAST 10 YEARS:

Dates		Street	City	State
From	To			

14. DO YOU HAVE ANY FINANCIAL INTEREST, OR ARE YOU EMPLOYED IN ANY OTHER WHOLESALE OR RETAIL BUSINESS ENGAGED IN DISTILLING, BOTTLING, RECTIFYING OR SELLING ALCOHOLIC BEVERAGES? \_\_\_\_\_

IF YES, GIVE NAMES AND LOCATIONS AND AMOUNT OF INTEREST IN EACH:

\_\_\_\_\_

\_\_\_\_\_

15. HAVE YOU EVER HAD ANY FINANCIAL INTEREST IN ANY ALCOHOLIC BEVERAGE BUSINESS WHICH WAS DENIED A LICENSE? \_\_\_\_\_ IF SO, GIVE DETAILS:

\_\_\_\_\_

\_\_\_\_\_

16. HAS ANY ALCOHOL BEVERAGE BUSINESS IN WHICH YOU HOLD, OR HAVE HELD, ANY FINANCIAL INTEREST OR ARE EMPLOYED, OR HAVE BEEN EMPLOYED, EVER BEEN CITED FOR ANY VIOLATION OF THE RULES AND REGULATIONS OF THE STATE REVENUE COMMISSIONER RELATING T THE SALE AND DISTRIBUTION OF ALCOHOLIC BEVERAGES? \_\_\_\_\_ IF SO, GIVE DETAILS \_\_\_\_\_
- 
17. IF DURING THE PAST TEN YEARS YOU HAVE BOUGHT AND SOLD ANY ALCOHOLIC BEVERAGE BUSINESS GIVE DETAILS (Date, License Number, Persons and Considerations Involved): \_\_\_\_\_
- 
18. HAVE YOU EVER BEEN DENIED BOND BY COMMERCIAL SECURITY COMPANY? \_\_\_\_\_  
IF SO, GIVE DETAILS: \_\_\_\_\_
- 
19. ARE YOU A REGISTERED VOTER? \_\_\_\_\_  
IN WHAT STATE? \_\_\_\_\_ IN WHAT COUNTY? \_\_\_\_\_
20. HAVE YOU EVER BEEN ARRESTED, OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCES? (Do not include traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest.)
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
21. HAVE YOU EVER HAD ANY LICENSE ISSUED UNDER THE REGULATORY POWERS OF GWINNETT COUNTY OF CITY OF LILBURN DENIED, SUSPENDED OR REVOKED WITHIN TWO (2) YEARS PRIOR TO THE FILING OF THE APPLICATION? \_\_\_\_\_  
IF SO, GIVE DETAILS: \_\_\_\_\_
- 
-

22. LIST BELOW FOUR REFERENCES (PERSONAL AND BUSINESS). GIVE COMPLETE ADDRESS AND PHONE NUMBER INCLUDING AREA CODE. IF GIVING A BUSINESS REFERENCE, NAME A PERSON AT THAT LOCATION TO BE CONTACTED. DO NOT INCLUDE RELATIVES OR EMPLOYERS OR FELLOW EMPLOYEES OF PARTICULAR BUSINESS. ALSO INDICATE NUMBER OF YEARS REFERENCE YOU HAVE KNOWN REFERENCE.

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. ATTACH PHOTOGRAPH (FRONT VIEW) TAKEN WITHIN THE PAST YEAR

(ATTACH HERE)

NOTE: 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, AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.

STATE OF GEORGIA, \_\_\_\_\_ COUNTY

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 PERSONNEL STATEMENT ARE TRUE AND CORRECT.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT DAIS STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

CONSENT FORM – FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION

I, \_\_\_\_\_, do hereby authorize the City of Lilburn to receive all records which may 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



# CITY OF LILBURN

76 Main Street \* Lilburn, Georgia 30047 \* (770) 921-2210  
Alcohol License Department

## PREMISE AND STRUCTURE

INSTRUCTIONS: THIS STATEMENT MUST BE TYPED AND EXECUTED, UNDER OATH. EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

1. TYPE OF BUSINESS

- Bona Fide Eating Establishment       Supermarket       Convenience Store
- Indoor Comm. Recreational Estab.       Package Store       Hotel Minibar
- Banquet/Event Hall       Other Retail Business \_\_\_\_\_

2. TRADE NAME OF BUSINESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

Street No.

Street Name

City

State

Zip

Phone Number

District

Land Lot

Parcel

3. IS THIS LOCATION WITHING A COMMERCIAL ZONING DISTRICT? \_\_\_\_\_  
IF NO, SPECIFY THE PRESENT ZONING AND EXPLAIN PLANS FOR REZONING, ETC.:

\_\_\_\_\_  
\_\_\_\_\_

4. DOES THE COMPLETED BUILDING OR THE PROPOSED BUILDING COMPLY WITH THE ORDINANCES OF THE CITY OF LILBURN, REGULATIONS OF THE STATE REVENUE COMMISSIONER, AND THE LAWS OF THE STATE OF GEORGIA? \_\_\_\_\_  
IF NO, EXPLAIN NON-COMPLIANCE AND PROPOSED MEHTODS TO RECTIFY SAME:

\_\_\_\_\_  
\_\_\_\_\_

5. (a) DOES THE BUILDING IN WHICH THE BUSINESS IS TO BE LOCATED CONTAIN SUFFICIENT LIGHING SO THAT THE BUILDING ITSELF AND THE PREMISES ON ALL SIDES OF THE BUILDING ARE READILY VISIBLE AT ALL TIMES FROM THE FRONT OF THE STREET ON WHICH THE BUILDING IS LOCATED SO AS TO REVEAL ALL OF THE OUTSIDE PREMISES OF SUCH BUILDING? \_\_\_\_\_

(b) IS THE INTERIOR SO ILLUMINATED SO THAT ALL HALLWAYS, PASSAGE WAYS AND OPEN AREAS MAY BE CLEARLY SEEN BY THE CUSTOMER THEREIN? \_\_\_\_\_

IF THE ANSWER IS NO TO EITHER OR BOTH (a) AND (b) ABOVE, PLEASE EXPLAIN PROPOSED METHODS TO RECTIFY THE INSUFFICIENT LIGHTING:

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6. **FOR BONA FIDE EATING ESTABLISHMENTS AND BANQUET/EVENT HALLS ONLY**

- (a) NUMBER OF SQUARE FEET OF TOTAL FLOOR AREA: \_\_\_\_\_
- (b) NUMBER OF SQUARE FEET DEVOTED TO DINING/SEATING AREA: \_\_\_\_\_
- (c) STATE SEATING CAPACITY EXCLUDING BAR AREA: \_\_\_\_\_
- (d) DO YOU HAVE A FULL SERVICE KITCHEN? \_\_\_\_\_  
INDICATE WHETHER THE FULL SERVICE KITCHEN CONTAINS: FOUR (4) COMPARTMENT SINK \_\_\_\_\_; STOVE AND/OR GRILL PERMANENTLY INSTALLED \_\_\_\_\_; REFRIGERATOR APPROVED BY THE HEALTH AND FIRE DEPARTMENT \_\_\_\_\_. IF ANSWER TO ANY OF THE IMMEDIATE FOREGOING IS NO, PLEASE EXPLAIN: \_\_\_\_\_

- (e) WILL THE ESTABLISHMENT COMPLY WITH THE ADVERTISEMENT PROHIBITION (“NO OUTDOOR ADVERTISING OR SIGNS WITH RESPECT TO THE PROMOTION OF THE SALE OF ALCOHOLIC BEVERAGES, OR THE PRICES OF SUCH BEVERAGE, SHALL BE PERMITTED ON THE EXTERIOR OF ANY RETAIL, OUTLET, OR IN THE WINDOWS OR ELSEWHERE, IN THE OUTLET THAT MAY BE VIEWED FROM THE OUTSIDE”)? \_\_\_\_\_

**FOR BONA FIDE EATING ESTABLISHMENTS ONLY**

- (a) STATE HOURS PREPARED MEALS OR FOOD ARE SERVED: \_\_\_\_\_
- (b) STATE MAXIMUM NUMBER OF EMPLOYEES ON HIGHEST SHIFT: \_\_\_\_\_
- (c) STATE NUMBER OF PARKING SPACES: \_\_\_\_\_
- (d) STATE NUMBER OF PARKING SPACES DEVOTED TO HANDICAPPED: \_\_\_\_\_

**FOR SUPERMARKET/CONVENIENCE STORE, PACKAGE STORE ONLY**

- (a) STATE NUMBER OF SQUARE FEET OF FLOOR AREA: \_\_\_\_\_
- (b) STATE NUMBER OF SQUARE FEET OF FLOOR AREA DEVOTED TO THE SALE OF GROCERIES AND FOOD PRODUCTS: \_\_\_\_\_
- (c) IS THE ESTABLISHMENT DEVOTED PRINCIPALLY TO THE RETAIL SALE OF GROCERIES AND FOOD PRODUCTS? \_\_\_\_\_  
IF NO, EXPLAIN \_\_\_\_\_

- (d) STATE NUMBER OF PARKING SPACES: \_\_\_\_\_
- (e) STATE NUMBER OF PARKING SPACES DEVOTED TO HANDICAPPED: \_\_\_\_\_

(f) WILL THE ESTABLISHMENT COMPLY WITH THE ADVERTISEMENT PROHIBITION (“NO SIGNS SHALL BE ERECTED ANYWHERE WITHIN THE COUNTY ADVERTISING OR PROMOTING THE SALE OF BEER OR WINE EXCEPT THAT A RETAIL FOOD STORE DISPLAYING ITS MERCHANDISE MAY, IN THE SAME MANNER AS SUCH OTHER MERCHANDISE IS DISPLAYED, ERECT A SIGN OR SIGNS INDICATING THE COUNTER ON WHICH BEER OR WINE IS SOLD; PROVIDING THE LETTERING ON SUCH SIGNS DOES NOT EXCEED IN SIZE THE LETTERING OF SIGNS ON OTHER COUNTERS WHERE OTHER PRODUCTS ARE SOLD”)? \_\_\_\_\_

7. ATTACH A CERTIFIED SCALE DRAWING OF THE PROPOSED PREMISES BY A REGISTERED LAND SURVEYOR OR PROFESSIONAL ENGINEER SHOWING THE DISTANCES FROM CHURCHES AND SCHOOLS, CERTIFYING THAT THE LOCATION COMPLIES WITH THE DISTANCE REQUIREMENT FROM CHURCHES, SCHOOLS, AND IN THE CASE OF PACKAGE STORES, FROM OTHER PACKAGE STORES AS REQUIRED BY STATE LAW.
8. ATTACH EVIDENCE OF OWNERSHIP OF THE BUILDING OR PROPOSED BUILDING OR A COPY OF THE LEASE IF THE APPLICANT IS LEASING THE BUILDING.
9. IF THE APPLICANT IS A FRANCHISE, ATTACH A COPY OF THE FRANCHISE AGREEMENT OR CONTRACT.
10. IF BONA FIDE EATING ESTABLISHMENT, ATTACH A COPY OF THE MENU(S).
11. (a) IF BUILDING IS COMPLETE, ATTACH COPIES OF DETAILED PLANS OF SAID BUILDING AND OUTSIDE PREMISES.  
(b) IF BUILDING IS PROPOSED, ATTACH COPIES OF PROPOSED PLANS AND SPECIFICATIONS AND A BUILDING PERMIT OF THE PROPOSED BUILDING TO BE BUILT.
12. ATTACH A CERTIFICATE OF OCCUPANCY FROM THE FIRE MARSHAL OF GWINNETT COUNTY. (678-518-6100)
13. IF A BONA FIDE EATING ESTABLISHMENT OR A BANQUET/EVENT HALL, ATTACH A COPY OF YOUR FOOD SERVICE PERMIT FROM THE GWINNETT COUNTY HEALTH DEPARTMENT. (770-963-5132)
14. ATTACH A CERTIFICATE OF OCCUPANCY FROM THE PLANNING AND ZONING DEPARTMENT OF THE CITY OF LILBURN.

NOTE: 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, AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.

STATE OF GEORGIA, \_\_\_\_\_ COUNTY

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 PERSONNEL STATEMENT ARE TRUE AND CORRECT.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT DAIS STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)



City Hall (770) 921-2210 ▪ Fax (770) 921-8942  
Police Department (770) 921-2211 ▪ Fax (770) 923-6871  
Court Services (770) 921-2505 ▪ Fax (770) 921-7723  
Planning (770) 279-3710 ▪ Fax (770) 921-9822

### Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath in the presence of a Notary Public, and as an applicant for an Alcoholic Beverage License, a public benefit as referenced in O.C.G.A. §50-36-1, from the City of Lilburn, Georgia, 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.<sup>1</sup>

My Alien Registration 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). A front and back copy from the attached list of documents **must** be attached to the 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 this the \_\_\_\_\_ day of \_\_\_\_\_, 2012 in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Name of Business and Title of Applicant

\_\_\_\_\_  
Seal



**Small town. Big difference.**

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#### ACCEPTABLE SECURE AND VERIFIABLE DOCUMENTS

U. S. Passport – Valid, unexpired

U. S. Military Identification Card – with photo

Valid Drivers License or State Issued Identification Card – with photo

Tribal Identification Card – with photo

U. S. Permanent Resident Card or Alien Registration Card

Employment Authorization Document – with photo

Passport from a foreign government – valid, unexpired

Merchant Marine Document (Z Card) or Merchant Marine Credential

FAST Card (Free And Secure Trade)

NEXUS Card

SENTRI Card

Canadian Drivers License – with photo

Certificate of U. S. Citizenship, issued by USCIS

Certificate of Naturalization, issued by USCIS

#### UNACCEPTABLE DOCUMENTS FOR IDENTIFICATION

Matricula Consular de Alta Seguridad

Matricula Consular Card

Consular Matriculation Card

Consular Identification Card