



CITY OF
CONYERS
Celebration of Community

ALCOHOLIC BEVERAGE LICENSE CHECKLIST

**NOTE: NO APPLICATION WILL BE ACCEPTED WITHOUT A SIGNED
"ALCOHOL APPLICATION INTERVIEW".**

PLEASE READ EACH ITEM CAREFULLY. INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.

The City of Conyers shall require at least 30 days for processing all completed alcoholic beverage applications. All applications are considered by the City Council the first and third Wednesdays of each month.

Name and address of business _____

_____ Completed Application for Occupation Tax Registration, if applicable.

_____ * Completed Alcoholic Beverage Application sworn to by applicant before notary public or other officer authorized to administer oaths.

_____ The names, titles and residence addresses of all owners, partners and officers. The name and address of agent (for service of process). The name and address of manager. The names, addresses and percentage of all shareholders. List on separate sheet, if needed.

_____ * A fee of \$50.00 for processing, payable at the Planning and Inspections office. This fee is non-refundable. **The Police Dept. charges separate fees.** The Police Department investigates applicants, and processes fingerprints. Please contact the City of Conyers Police Department at (770) 483-6600.

_____ **For distilled spirits only:** The original full page of the newspaper advertisement indicating notice of intention to secure license for sale of alcoholic beverages, if applicable. This advertisement **must** be in **ALL CAPS (BOLD FACE TYPE)**. This ad must run at least once in the legal section of the newspaper that publishes legal advertisements of the county where the business will be located. **9-1-27** (*The Rockdale Citizen* – 770/483-7108).

_____ If on-premise consumption, a copy of the Food Service Establishment Inspection Report from the Health Department.

_____ Two copies of each person's (owner, manager, partner, officer, etc.) driver's license. The printing and picture on the copy of the license **must be legible**.

_____ A boundary line survey. (See page 2 of application.) Survey companies are listed in the Yellow Pages.

*** Completed Alcoholic Beverage License Application must be presented to the Planning & Inspection Services Department. The application must be completed for investigation and processing.**

PLEASE PROVIDE A COPY OF THIS CHECKLIST TO THE GEORGIA REGISTERED LAND SURVEYOR.

A boundary line survey shall be prepared by a Georgia Registered Land Surveyor. The following information shall be required on the survey:

1. Building location within boundaries of property.
2. Indicate location of main/front entrance of building to determine appropriate distance requirements.

Distance for the purposes of this chapter only shall be measured in lineal feet and shall be the most direct route of travel on the ground from the front entrance of the proposed location to the nearest property line of the parcel of property to which the distance is being measured.

3. Name, address, telephone number of applicant.
4. Date of survey, graphic scale and north arrow.
5. Location of tract (land district and land lot) and acreage.
6. Signature and certification number of land surveyor.
7. Include one (1) of the certification statements as listed below on survey for related alcoholic beverage use.

Distilled Spirits (Retail Liquor Store)

This is to certify that _____
located at _____
is not within 200 yards of any school property; or, within 100 yards of any Church building
or alcoholic treatment center owned and operated by the State or any county or municipal
government therein.

Beer and Wine (Retail Sales)

This is to certify that _____
located at _____
is not within 100 yards of any school property; or, within 100 yards of any alcoholic
treatment center owned and operated by the State or any county or municipal government
therein.

Consumption on the Premises (Restaurants and Other Food Service Establishments)

This is to certify that _____
located at _____
is not within 100 yards of an alcoholic treatment center owned and operated by the State or
any county or municipal government therein.

FOR CITY USE ONLY

FOR CITY USE ONLY

I do hereby certify that the following requirements for the issuance of an alcoholic beverage license have been met.

- (a) Distance requirements _____
- (b) Zoning requirements _____
- (c) For on-premise capacity requirement _____

Date

Director
Planning and Inspection Services Department



ALCOHOLIC BEVERAGE APPLICATION

Please type. Answer all questions fully.
If the space provided is not sufficient, provide separate sheet.

Place a check beside each category for which you are applying.

<u>Retail License</u>		<u>Manufacturer's License</u>	
Liquor Fee	\$5,000.00	Liquor Fee	\$6,500.00
Beer and Wine Fee	750.00	Beer and Wine Fee	1,000.00
<u>Wholesale License</u>		<u>Consumption on Premise</u>	
Liquor Fee	\$2,000.00	Liquor Fee	\$3,000.00
Beer and Wine Fee	100.00	Beer and Wine Fee	750.00

Full Name of Person Making Application. (Use no initials.)

Social Security Number

Street Address of Legal Residence

Home Phone Number

City / State / Zip Code

Cell Phone Number

Date of Birth

County of Residence

Name of Business

Type of Business (restaurant, retail package sales, etc.)

Business Location Address

Business Phone Number

City / State / Zip Code

Mailing Address

Manager's Name

Manager's Residence Address

City / State / Zip Code

5. List the full name and address of owner of the building, full name and address of owner of the land, and name and address of all lessors and sublessors. (Attach separate sheet, if necessary.)

Name	Residence Address

NOTE: WHEN COMPLETED, APPLICATION MUST BE SIGNED AND VERIFIED UNDER OATH BY THE APPLICANT AND RETURNED, ALONG WITH ALL SUPPORTING PAPERS AND CASH OR CERTIFIED CHECK IN THE AMOUNT OF \$50.00 FOR THE PROCESSING FEE. BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS APPLICATION IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH. APPLICANT UNDERSTANDS THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION IS CONDITIONED UPON THE TRUTH OF THE ANSWERS AND STATEMENTS MADE HEREIN, AND ANY FALSE ANSWERS AND STATEMENTS HEREIN SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. SHOULD ANY CHANGE OCCUR DURING THE YEAR FOR WHICH A LICENSE IS ISSUED PURSUANT TO THE APPLICATION WHICH REQUIRE A DIFFERENT TO ANY QUESTION CONTAINED IN THE APPLICATION, OR ANY PERSONNEL STATEMENT WHICH IS MADE A PART OF THIS APPLICATION, CHANGE MUST BE REPORTED AS AN AMENDMENT TO THIS APPLICATION WITHIN 30 DAYS. THE FAILURE TO MAKE SUCH AMENDMENT SHALL BE CAUSE FOR THE REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. A CHANGE OF OWNERSHIP WILL REQUIRE A NEW LICENSE. INDICATE HERE THAT THIS IS FULLY UNDERSTOOD.

STATE OF GEORGIA, ROCKDALE COUNTY

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City of Conyers license as a dealer in alcoholic beverages and liquors are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license. Furthermore, I do solemnly swear that neither I nor any person whose name appears on this application as an officer, director, official, employee or of the partnership, association, corporation, or business applying for a license has been convicted, plead guilty to, or has entered a plea of nolo contendere to any crime involving moral turpitude, lottery, or other offense involving narcotics or liquor within a period of 10 years from the date hereof.

Date of Application

Applicant's signature (full name in ink)

I hereby certify that _____, applicant, signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and that said statements and answers are true.

This _____ day of _____, (year).

Notary Public



Business License Number _____

Affidavit Verifying Status for City Public Benefit Application

Name of Business: _____

Address: _____

By executing this affidavit under oath, as an applicant for a City of Conyers, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Conyers, Georgia Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (*circle one*) for _____.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

1) _____ I am a United States citizen.

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of applicant

Date

Printed name

* _____
Alien registration number for non-citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____

Notary Public

My commission expires: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



Business License Number _____

Affidavit Verifying Status for City Public Benefit Application

If item 2 on the previous page is checked you must provide one of the following documents. In addition to the Alien Registration Number

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card)
- I-766 (Refugee Travel Document)
- Certificate of Citizenship
- Naturalization Certificate
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94)
- Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
- Other – Give a copy of other qualified document

Date of Birth _____

This is required by the U.S. Citizenship and Immigrations Services.