

# *City of Douglasville*

## Alcohol License Application Checklist

**All pages of application must be typed or neatly and clearly printed. Each page must contain all necessary attachments, and fees must be in the form of a cashier's check(s).**

**Zoning Dept.: 678-449-3054      Business License: 678-449-3078      Alcohol License: 678-449-3086**

- Application (City of Douglasville)

**Contact the State Department of Revenue: 877-423-6711 for application requirements. To download application & information visit the State Department website: [gtc.dor.ga.gov](http://gtc.dor.ga.gov) to apply online.**

**Applications only accepted online.**

**Please note:** State Department license is contingent upon City of Douglasville alcohol beverage license approval. Pending approval from City council, the City of Douglasville will issue a copy of your alcoholic beverage license so that you may present it to the State Department. Upon State approval, and temporary state license issuance, the City of Douglasville will issue the original alcoholic beverage license for your business.

*Required documents:*

<b>Business</b>	<b>Agent Outlet Manager</b>	<b>Individuals w/20% or more ownership</b>
Ownership (articles) if applicable	Clear, color photocopy of Georgia Driver's License/I.D./w/current address	Clear, color photocopy of Georgia Driver's License/I.D./w/current address
Lease or deed	If not a US Citizen, proof of citizenship Refer to O.C.G.A. Sec. 10-10	If not a US Citizen, proof of citizenship Refer to O.C.G.A. Sec. 10-10
Complete Occupational tax Registration Application	List of residence addresses for previous seven years & five personal references.	List of residence addresses for previous seven years & five personal references.
Retail Package Only: surveyor's Certificate	Complete application	Please photocopy pages 5,6,7,8,9 of application for individuals with 20% or more ownership- Page 5: PD investigation report Page 6: Notary page Page 7 & 8: Information about the applicant Page 9: Notary page
	Attended 2 scheduled council meetings	

***Portions of the license fees are refundable in the event the application is denied; the background investigation fee(s) and advertisement fees are non-refundable.***

\$5,000.00	Spiruous Liquors-Consumption on Premises or Retail Package
\$500.00	Wine & Malt Beverages-Consumption on Premises/Retail Package
\$250.00	Live Entertainment
\$1,000.00	Brewpub
\$250.00	Police Investigation Report for Agent Outlet and each person with 20% or more ownership in the business.
\$250.00	Sign/Advertisement

- Overall review/explanation of alcohol application for consumption on premises only: \_\_\_\_\_AOM initials

City of Douglasville

Year \_\_\_\_\_

1. APPLICATION FOR LICENSE TO: (Check Applicable Category)

CONSUMPTION ON PREMISES ONLY:

WHOLESALE DISTRIBUTOR:

RETAIL PACKAGE ONLY:

_____ Sell Spirituous Liquors	_____ Malt Beverages	_____ Sell Spirituous Liquors
_____ Sell Wine & Malt Beverages	_____ Spirituous Liquors	_____ Sell Wine & Malt Beverages
_____ Live Entertainment		

\_\_\_\_\_ MALT BEVERAGE MANUFACTURER

\_\_\_\_\_ BREWPUB

2. BUSINESS ESTABLISHMENT: (Please Print)

- a. Trade Name (Actual Business Name): \_\_\_\_\_
- b. Location of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_
- c. Square Footage of the building: \_\_\_\_\_ Secondary #: \_\_\_\_\_
- d. Is this establishment  Existing  To be Built Smoking  Non-smoking

3. DISTANCE REQUIREMENT RETAIL PACKAGE ONLY:

- a. Is the business within 600 feet of a college or school campus?  Yes  No
- b. Is the business within 300 feet of a church?  Yes  No
- c. For retail package sale of spirituous liquors, is this location at least 2,500 feet of any other retail package store for selling spirituous liquors?  Yes  No

IF THIS IS AN ORIGINAL APPLICATION, A CERTIFIED SURVEY MUST BE SUBMITTED SHOWING DISTANCE REQUIREMENTS. (REQUIRED FOR RETAIL PACKAGE ONLY)

4. CONSUMPTION ON PREMISES ONLY:

- a. Will the business have a minimum of 25 seating capacity, not including bar stools?  
 Yes  No  
For Office Use Only \_\_\_\_\_ (Building/ Fire Ins. Sign off)  
\_\_\_\_\_ (Comments)

5. AGENT OUTLET MANAGER

- a. If the license is granted, who will be the active manager of the business?  
\_\_\_\_\_  
Full Name

6. OWNERSHIP OF BUSINESS PROPERTY:

- a. Do you own the property? \_\_\_\_\_ Date of Purchase: \_\_\_\_\_  
Seller's Name: \_\_\_\_\_ Purchase Price: \_\_\_\_\_
- b. Is property rented? \_\_\_\_\_ Agent or Owner: \_\_\_\_\_
- c. Manner, which rent is determined? \_\_\_\_\_
- d. Amount paid per month? \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Annually \_\_\_\_\_
- e. Submit document such as lease agreement, etc.  Yes  No
- f. How is the proposed location zoned? (Contact Zoning Dept. 678-715-6085) \_\_\_\_\_

7. IS THIS BUSINESS A SOLE PROPRIETOR, PARTNERSHIP, OR CORPORATION? \_\_\_\_\_

- a. **If operating as a corporation, list all of the officers and directors, (separate page if needed), and attach copy of the Articles of Incorporation or certificate of Good Standing.**

Name and Office	Address	DOB
_____	_____	_____
_____	_____	_____

If operating as a corporation, list the stockholder and the amount of interest of each stockholder.

_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

- b. If operating as a partnership, list the following information and provide a copy of partnership agreement

Name and Office	Address	DOB
_____	_____	_____ %
_____	_____	_____ %

When and where was the partnership organized? \_\_\_\_\_

- c. List any other individual or firms owing any interest or receiving any funds from the operation of this business.

Name	Address
_____	_____
_____	_____
_____	_____

*\*\*\* If additional space is needed to fully complete answers on the application, additional sheets may be attached. Each entry should be numbered to correspond with the question number. \*\*\**

*City of Douglasville*

**APPLICATION FOR AGENT/OUTLET MANAGER**

Application is being made for the following business for the active agent/outlet manger:

**BUSINESS ESTABLISHMENT:**

Actual Business Name: \_\_\_\_\_

Owner/Licensee: \_\_\_\_\_

Location of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

TYPE OF LICENSE: (Check Applicable Category) Alternate #: \_\_\_\_\_

**CONSUMPTION ON PREMISES ONLY:**

**WHOLESALE DISTRUBUTOR:**

**RETAIL PACKAGE ONLY:**

_____ Sell Spirituous Liquors	_____ Malt Beverages	_____ Sell Spirituous Liquors
_____ Sell Wine & Malt Beverages	_____ Spirituous Liquors	_____ Sell Wine & Malt Beverages
_____ Live Entertainment		
	_____ MALT BEVERAGE MANUFACTURER	_____ BREWPUB

**INFORMATION ABOUT THE APPLICANT:**

(1) Full Name of Applicant \_\_\_\_\_

(2) Full Name of Spouse, including maiden name \_\_\_\_\_

(3) Are you a citizen of the USA? [ ] Yes [ ] No  
If no, give green card number & provide a copy: \_\_\_\_\_

(4) Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

(5) Home Address: \_\_\_\_\_  
Street # Street Name Apt # City State Zip Code

Resident of Georgia: [ ] Yes [ ] No Number of Years \_\_\_\_\_

Current County of Residence: \_\_\_\_\_ Number of Years \_\_\_\_\_

(6) Give name, address, and date of birth of ALL children, stepchildren, adopted children, and foster children:

_____	DOB _____	Relationship _____
_____	DOB _____	Relationship _____
_____	DOB _____	Relationship _____
_____	DOB _____	Relationship _____

(7) Occupation for the past seven years in chronological order. State name of company, immediate supervisor and dates of employment.

Company	Supervisor	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

(8) Has the applicant ever been convicted or entered a plea of nolo contendere within five years immediately prior to the filing of this application of any felony or misdemeanor? [ ] Yes [ ] No  
If the answer is yes, fill in below:

Date	Offense	Location (city/state)	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

(9) Do you, your spouse, or any business partner have any financial interest in any wholesale liquor business? If so, give details: \_\_\_\_\_

(10) Have you, your spouse or any business partner received any financial aid or assistance to include land, fixtures, or equipment from any manufacturer or wholesale or alcoholic beverage, if yes, explain: \_\_\_\_\_

(11) State whether or not you're an owner, licensee, or agent on any other alcoholic beverage license in any other jurisdiction. If yes, give name and address of business; and name and address if licensee: \_\_\_\_\_

(12) Have you ever applied for any alcoholic beverage license and been:  
\_\_\_\_\_ Denied \_\_\_\_\_ Suspended \_\_\_\_\_ Revoked If yes, give name and address if licensee: \_\_\_\_\_

(13) Do you, your spouse, any family member, or business partner have an interest on any liquor stores? [ ] Yes [ ] No If yes, provide the name(s) of interested party(ies), and name any location of all liquor stores.

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

(14) Are you or any member of your family, or business partner, the owner, leaser, and sub leaser of any real estate which is occupied by a retail store? If so, give the location, information to any lease or rental agreement, amounts of rents received and to whom rented or leased: \_\_\_\_\_

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

(15) Have you ever filed bankruptcy? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

(16) Are you familiar with the City of Douglasville Ordinances, State Laws, and Regulations governing the operation of this type of business? [ ] Yes [ ] No

(17) Do you agree to abide by such ordinances, laws and regulations? [ ] Yes [ ] No

\*\*\* If additional space is needed to fully complete answers on the application, additional sheets may be attached. Each entry should be numbered to correspond with the question number. \*\*\*

*City of Douglasville*  
*Police Department Investigation Report*

INVESTIGATION CONDUCTED FOR: \_\_\_\_\_

Name: \_\_\_\_\_ Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN #: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Position: \_\_\_\_\_

**PRESENT RESIDENCE ADDRESS:**

Do Not Write In Space Below:

\_\_\_\_\_  
Street # Street Name

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

Dates at this address

**PREVIOUS RESIDENCE ADDRESS:**

\_\_\_\_\_  
Street # Street Name

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

Dates at this address

LIST RESIDENCE ADDRESS FOR PREVIOUS SEVEN

YEARS, IF NEEDED ATTACH A SEPARATE SHEET.

Have you ever been arrested or convicted of a felony?

[ ] Yes [ ] No if yes, explain; \_\_\_\_\_

Type of Business: \_\_\_\_\_ Business Address: \_\_\_\_\_

About Location: (answer yes or no) \_\_\_\_\_ Owned \_\_\_\_\_ Rented \_\_\_\_\_ Leased

List any members or members of your immediate family or any other person or persons who shall have an interest in such alcoholic lease for which this application is made:

\_\_\_\_\_  
Name Address Phone #

**Attach names, addresses, and daytime (8-5pm) phone numbers of five personal references of applicant. (Not former employers or relatives); include length of time each has known applicant.**

I hereby authorize the City of Douglasville Police Department to receive any criminal history record information pertaining to me, which may be in files of any State or Local Criminal Justice Agency in Georgia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and subscribe before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, before me appeared \_\_\_\_\_, personally know to me, or produced identification representing to the person(s) signing the above.

\_\_\_\_\_  
Notary Public

State of \_\_\_\_\_ County of \_\_\_\_\_

(Seal)

Commission Expires: \_\_\_\_\_

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn according to law do swear that the facts and information stated by me in the above and foregoing answers to questions are true, and no false or fraudulent statements is made herein and such answers were made in order to procure the granting of such a license.

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

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

If person other than Applicant is filling out this application, complete the information below:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

Witness as to above signature(s):

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_;

\_\_\_\_\_  
Notary Public

State of \_\_\_\_\_ County of \_\_\_\_\_

(Seal)

Commission Expires: \_\_\_\_\_

*City of Douglasville*

Year \_\_\_\_\_

**INFORMATION ABOUT THE APPLICANT- This application and the Police Department Investigation Report to be completed by ALL individual stockholders owning 20 percent or more of the corporate stock. Refer to Sec. 10-1. Definitions (Please make additional copies of each form as needed.)**

- a. Full Name of Applicant \_\_\_\_\_
- b. Full Name of Spouse, including maiden name \_\_\_\_\_
- c. Are you a Citizen of the USA? [ ] Yes [ ] No

If no, give green card number & provide a copy: \_\_\_\_\_

- d. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

- e. Home Address: \_\_\_\_\_

	Street #	Street Name	Apt#	City	State	Zip
Resident of Georgia:	[ ] Yes [ ] No			Number of Years	_____	
Current County of Residence:	_____			Number of Years	_____	

- f. Give name, address, date of birth, and SSN of ALL children, stepchildren, adopted children, and foster children:

	DOB	Relationship	
	DOB	Relationship	
	DOB	Relationship	
	DOB	Relationship	

- g. Has the applicant, spouse, or any individual having any interest either as owner, partner or stockholder ever been convicted or entered a plea of nolo contendere within five years immediately prior to the filling of this application for any felony or misdemeanor?  
[ ] Yes [ ] No If the answer is YES, fill in below:

DATE	PERSON CHARGED OFFENSE	LOCATION (City/State)	DISPOSITION

- h. Occupation for the past seven years in chronological order. State name of company and immediate supervisors and dates of employment.

COMPANY	SUPERVISOR	DATES

- i. Do you, your spouse, any partner, or stockholder have any financial interest in any wholesale liquor business? If so, give details: \_\_\_\_\_

- j. Has the applicant or spouse received any financial aid assistance to include land, fixtures, or equipment from any manufacturer or wholesaler of alcoholic beverages? If yes, explain: \_\_\_\_\_



- k. List any persons, corporation, partnerships or associations, who presently receive or will receive financial gain from the operations of this business (Financial gain or payment of gain from any interest in the land or fixtures- to include juke boxes, cigarette machines, etc. – building, stock, and other asset of the proposed operation under the license). If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- l. 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: \_\_\_\_\_  
\_\_\_\_\_
- m. State whether or not applicant, partner, corporation officer, or stockholder holds and alcoholic beverage license in any other jurisdiction. If answer is YES, give name and address of business and name and address of licensee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- n. Has any of the above ever applied for an alcoholic beverage license and been:  
\_\_\_\_ Denied \_\_\_\_ Suspended \_\_\_\_ Revoked If yes, give name and address of applicant:  
\_\_\_\_\_  

Name	Address	City	State	Zip
- o. Do you, your spouse, or any of the other owners, partners, or stockholders have an interest in any liquor stores? [ ] Yes [ ] No If yes, provide the name(s) of the interested party, and name of location of all liquor stores and give details: \_\_\_\_\_  
\_\_\_\_\_
- p. Are you or any member of your family, the owner, leaser, sub-leaser, or any real estate, which is occupied by a retail liquor store? If so, give the location, to any lease or rental agreement, amounts of rents received, and to whom rented or leased: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- q. Do you propose to operate this store solely as a package store? If not, explain: \_\_\_\_\_  
\_\_\_\_\_
- r. Are you or any member of your family the executor or administrator of beneficiary or heir of any estate having any interest in a retail liquor store? If so, give the location, amount of interest and your capacity with the estate: \_\_\_\_\_  
\_\_\_\_\_
- s. Are your or any member of your family the beneficiary or trustee of any trust fund having any interest in a retail liquor store? If so, give the location, amount of interest and your capacity with the estate: \_\_\_\_\_  
\_\_\_\_\_
- t. Has your interest or the interest of your partner, corporation member, or stockholder in this establishment been assigned, pledged, or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest or the interest of a partner, corporation member, or stockholder is to be assigned, pledged, or sold in part or in whole to any person, firm, or corporation? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- u. Have you, any partner, corporation member, or stock holder ever filled bankruptcy?  
[ ] Yes [ ] No if yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- v. List below the names and addresses of any persons, firms, or corporations, which either have or will advance monies to you or to any partner, corporation member, or stockholder to assist in financing your investment in this enterprise. Also note if the party was related to applicant.

Name & Address	Amount of Loan	Relationship
_____	_____	_____
_____	_____	_____

- w. Are you familiar with the City of Douglasville Ordinances, State Laws, and Regulations governing the operations of this type of business? [  ] Yes [  ] No
- x. Do you agree to abide by such ordinances, laws and regulations? [  ] Yes [  ] No

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn according to law do swear that the facts and information stated by me in the above and foregoing answers to questions are true, and no false or fraudulent statements is made herein and such answers were made in order to procure the granting of such a license.

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

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

If person other than Applicant is filling out this application, complete the information below:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

Witness as to above signature(s):

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_;

\_\_\_\_\_  
Notary Public

State of \_\_\_\_\_ County of \_\_\_\_\_

(Seal)

Commission Expires: \_\_\_\_\_

ALCOHOLIC BEVERAGES ORDINANCE ACKNOWLEDGEMENT

I hereby certify that I understand that it is my responsibility to ensure that employees in my restaurant do not sell or serve alcoholic beverages to anyone under the age of 21-years of age. (To be completed and signed by Agent Outlet Manager)

I hereby certify that I understand that it is my responsibility to ensure that my restaurants files monthly food and beverage reports with the City of Douglasville.

I hereby certify that I understand that it is my responsibility to ensure that my restaurants' gross revenue includes at least 51% food sales.

I acknowledge that if any of these regulations are violated in my restaurant, all alcoholic beverages license for my restaurant may be revoked.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_  
Agent Printed Name

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

Payment and any forms requiring a Public Notary and/or Witness still must be submitted before application can be processed.  
Please contact Mandy Pope at 678.449.3086 or [popea@douglasvillega.gov](mailto:popea@douglasvillega.gov) with any questions.