



**Alcohol License Application Checklist
Change in agent outlet manager**

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) or money order .

Zoning Dept.: 678-449-3054 Business License: 678-449-3078 Alcohol License: 678-449-3244

- Application for change in agent outlet manager (City of Douglasville)

Required documents:

Business	Agent Outlet Manager	
Ownership (articles) if applicable	Clear, color photocopy of Georgia Driver's License/I.D./w/current address.	
City of Douglasville Occupational Tax (Business License) Registration Certificate	List of residence addresses for previous seven years & Five personal references. Application will not be accepted without the references.	
Complete pages 2-3 of application	Complete agent outlet manager application pages 4-11 and initial page 1	

The administration fee and the police investigation fee are non- refundable if the application is denied.

\$250.00	Police Investigation Report for Agent Outlet Manager
\$75.00	Administration Fee

- Overall review/explanation of alcohol application for consumption on premises only: _____ AOM initials



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

1. BUSINESS ESTABLISHMENT: (Please Print)

- a. Trade Name (Actual Business Name):
- b. Owner/Licensee:
- c. Location of Business: Phone #:
- d. Square Footage of the building: Secondary #:
- e. Is this establishment

Existing	To be Built	Smoking	Non-smoking
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2. 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)

3. 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)

4. AGENT OUTLET MANAGER

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

Full Name

5. 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. 678-449-3054) _____

6. 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. ****



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:

Sell Spirituous Liquors

Sell Wine & Malt Beverages

Live Entertainment

WHOLESALE DISTRUBUTOR:

Malt Beverages

Spirituous Liquors

Malt Beverage Manufacturer

RETAIL PACKAGE ONLY:

Sell Spirituous Liquors

Sell Wine & Malt Beverages

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

(4) Date of Birth: If no, give green card number & provide a copy:
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
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(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 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 in any liquor stores?
 Yes No If yes, provide the name(s) of interested party(ies), and name and location of all liquor stores.

(14) Are you or any member of your family, or business partner, the owner, lessee, 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) Have you read and understood 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. ***



Police Department Investigation Report

INVESTIGATION CONDUCTED F O R : _____

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 person's 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

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 are 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/Zip

Witness as to above signature(s):

Printed Name of Witness

Signature of Witness

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

_____ State of _____ County of _____

Notary Public

Commission Expires : _____

(seal)



GCIC Criminal History Consent Form

I hereby authorize the Douglasville Police Department or any other Federal, State or Local agency to conduct an investigation on the criminal history record of criminal history pertaining to the undersigned which may be found in the files of any Federal, State or Local Criminal Justice Agency as maintained by the Georgia Bureau of Investigation's Georgia Crime Information Center or similar agency.

Full name-print

Address

Sex

Race

Date of Birth

Social Security Number

Signature

DO NOT WRITE BELOW THIS LINE- FOR OFFICIAL USE ONLY

Meets Criteria

Has Not Met Criteria

Search conducted by: _____ Date: _____

Signed before me the _____ day of _____, 20____ BY: _____

Copy of identification attached.

SEAL

Notary Public, State of Georgia



STATE OF GEORGIA

COUNTY OF _____

I, _____, have submitted fingerprints to the Georgia Bureau of Investigation (GBI) through GAPS in compliance with O.C.G.A 3-3-2, 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 _____

Commission Expires: _____

(Seal)



FIVE REFERENCES FOR THE PROPOSED AGENT OUTLET MANAGER
NAME ADDRESS AND PHONE NUMBER AND HOW LONG THE APPLICANT
HAS KNOWN THE REFERENCE.

1. _____

2. _____

3. _____

4. _____

5. _____



ALCOHOLIC BEVERAGES ORDINANCE ACKNOWLEDGEMENT FOR RESTAURANTS ONLY

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



Sec. 2-77. – Criminal background investigations.

(a) Whenever a criminal background investigation is required by any ordinance of the City Code or the Personnel Policies and Procedures Ordinance for an applicant for a permit or license or for employment, this process shall include but not be limited to a search of the database for the Georgia Crime Information Center (GCIC) and that for the Federal Bureau of Investigation (FBI) to obtain criminal history record information (CHRI). The applicant shall supply to the City all necessary information and consents for such investigations and complete such forms as the City may require.

(b) GCIC and FBI records investigations shall be conducted in accordance with O.C.G.A. § 35-3-35(a)(1.2), and the applicant shall submit to fingerprinting. Information obtained and handled for any purposes pursuant to this subsection shall comply with all Georgia laws and the Federal Privacy Act. No information given as part of the request for a criminal history and no record obtained pursuant to this section may be entered on any database. No information given or obtained pursuant to this section shall be subject to the provisions of the Georgia Open Records Act.

(c) The applicant shall provide his fingerprints in the manner directed by the City.

(d) The applicant shall bear the cost of the charge by the GBI and the FBI for the CHRI history at their latest rate and shall arrange for fingerprinting through the Georgia Applicant Processing Service (GAPS).

(e) Upon receipt of the fingerprints, the CHRI's and the appropriate fees, the City will transmit said CHRI reports to the Chief of Police and the City's Finance Director, who shall render a "fitness determination," concerning whether the record applicant has been convicted or is under pending indictment for specified disqualifiers.

(g) A person who has consented to the City for a CHRI based on fingerprinting record may request and receive a copy of the criminal history record report from the City at no additional charge. Should the person seek to amend or correct the record, he or she shall be responsible for contacting the GCIC as to Georgia records or the FBI concerning records from other jurisdictions maintained in its file.

City of Douglasville
Alcohol Beverage Applicants
Fingerprint Requirements

GCIC has contract with Gemalto to provide the Georgia Applicant Processing Services (GAPS) to perform electronic submission of all licensees' fingerprint regarding Alcohol Licensing. Registration must be completed online.

To begin scheduling go to <https://www.fieldprintgeorgia.com>

1. Create a user profile by clicking sign up.
2. Read over and E-sign Act Disclosure and Consent ("Consent Agreement") and click I AGREE
3. The next page will prompt you to create your account. Enter all required fields and click continue to move forward.
4. An email will be sent to your provided email address, check your email for verification code and enter to the next page.
5. Enter the code from the email and click Complete Registration to move forward. You will receive an email confirming that your email address has been verified: Once your account has been verified you will be able to log in to the Fieldprint scheduling site using your credentials.
6. **New Applicant Registration: YOU WILL NOT have a Fieldprint code. You WILL select the CITY/COUNTY GOVERNMENT & LAW ENFORCEMENT AGENICIES.**
7. **REASON:** In the drop-down menu for **REASON**, select **ALCOHOL LICENSE**
8. **Reviewing Agency ID* GA923369Z then click continue.**
9. Fill in the required **PERSONAL** and **ADDRESS INFORMATION**, click the continue button to advance to the next section.
10. Review the **TRANSACTION, PERSONAL, and ADDRESS INFORMATION** for accuracy
11. You will next review the GA Privacy Statements, Click the box next to "I acknowledge that I have read, understand, and agree to the about statements." Click Continue
12. Send Request to review, Submit request. You will be notified once the organization or agency has reviewed and approved your request via email.
13. When you log back in, the system will prompt you to **continue scheduling**. Next you will select a location, date, and time for your Livescan fingerprint capture. Once you choose a site click **Find availability**.
14. Once you have scheduled, you will be prompted to payment \$51.50. After scheduling and payment, you will receive a confirmation screen. Please review the confirmation page and bring the appropriate documents for identification to the scheduled appointment.
15. Gather the following documents:
 - Registration receipt listing your registration confirmation number and your valid and unexpired picture identification document, such as.
 - State Issued Driver's License or Identification Card with Photo
 - US Passport with Photo
 - US Active Duty/Retiree/ Reservist Military ID Card with Photo
 - Government Issued Employee Identification Card with Photo
16. Visit the **PRINT SITE LOCATION** you chose and electronically scan your fingerprints.

Note: Your results will be transferred to the agency electronically for review

You **MUST** submit your Alcohol License Application to the City of Douglasville Finance Department before fingerprinting. If you have any questions regarding fingerprinting, contact Fieldprint.

Telephone inquiries please call: 1-888-472-8918