

City of Senoia
Alcoholic Beverage License
Instructions/Checklist

- _____ 1. **Application Form and Fee:** \$1500 (non-refundable, if accepted can be applied to licensing fee)

- _____ 2. **Scale drawing** - In order to demonstrate that the location meets all distance prohibitions imposed by State law, all applications must be accompanied by a scale drawing showing all streets within 600 feet in every direction. The drawing shall depict each church building, educational building, school ground, college campus, governmentally owned and operated alcohol treatment center and housing authority property.

- _____ 3. **Deed or Lease** - A copy of a deed showing the applicant to be the owner of the premises for which the license is sought or a copy of a lease showing any interest the owner of the premises has in the business for which the license is sought. No license shall be issued to an applicant who leases premises under a variable rent system whereby the landlord shares in the profits from the sale of alcoholic beverages.

- _____ 4. **Notarized Affidavit and Criminal History Investigation Form:**
Applicants cannot have been convicted of, nor entered a pleas of nolo contendere to, any felony or misdemeanor relating to the sale or use of alcoholic beverages, gambling, narcotics, or sexually based offense within five years or twice within ten years prior to the date of this application: Applicants must read and understand the City of Senoia Ordinance regarding the rules and regulations of the sale of alcoholic beverages

- _____ 5. **On Premise Consumption Only** - Is your business a : (check one)
 restaurant hotel private club Bed and Breakfast

- _____ 6. **License Fee** - must be paid within 15 days prior to the issuance of the license (refundable if unable to secure State of GA license) See rates in application.

- _____ 7. **Provide a Copy of State License** - to the City Clerk within 90 days of receiving City License. The phone number to obtain a State License is (404) 417-4490.

- _____ 8. **Beginning Balance Sheet** - Each application shall contain a beginning balance sheet showing the proposed original capitalization of the business and its source.

City of Senoia

Alcoholic Beverage License Application

80 Main Street
 Senoia, Georgia 30276
 (770) 599-3679
 Fax (770) 599-0855

Beer	Wine	Distilled Spirits
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Retail	<input type="checkbox"/> Retail	
<input type="checkbox"/> Consumption on Premise	<input type="checkbox"/> Consumption on Premise	<input type="checkbox"/> Consumption on Premise
<input type="checkbox"/> Wholesale: malt beverages/wine		\$1000
<input type="checkbox"/> Wholesale: distilled spirits		\$5,000
<input type="checkbox"/> On-premise consumption: malt beverages		\$500
<input type="checkbox"/> On-premise consumption: wine		\$500
<input type="checkbox"/> On-premise consumption: distilled spirits		\$4,000
<input type="checkbox"/> Retail package: malt beverages/wine		\$5,000
<input type="checkbox"/> Private Club: malt beverages/wine		\$2,500
<input type="checkbox"/> Private Club: distilled spirits		\$2,500

Legal Name of Business: _____

Address of Business: _____

Phone Number of Business: _____

Zoning District of Business Location: _____

Applicant is: Sole Proprietorship Partnership Corporation

Name of Applicant _____

Local Mailing Address _____

City _____ State _____ Zip Code _____

Local Phone Number _____

Are you a resident of the United States? ___ Yes ___ No

If no, are you a resident legal alien? ___ Yes ___ No

(For Partnerships only)

Partnership or LLP Name _____

Name of Partner/Member: _____

Title: _____

Date of Birth: _____ Percentage of Ownership: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Name of Partner/Member: _____

Title: _____

Date of Birth: _____ Percentage of Ownership: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Include additional partners/members on separate attachment

(For Corporations only)

Primary Stockholder

Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Additional Stockholders

Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Include additional partners/members on separate attachment

City of Senoia
Affidavit and Criminal History Consent Form for
Alcoholic Beverage License Application with the City of Senoia

I, _____ (**Print full name**), swear that I am at least 21 years of age and am competent to provide this affidavit.

My address is: _____. I have resided at this address for _____ years and _____ months. My previous addresses for the last 10 years are as follows:

Social Security # _____ Driver's License # / State _____
Date of Birth _____

I **have** / **have not** (circle one), within 5 years or twice within 10 years prior to this application, been convicted of (nor entered a plea of nolo contemre to) any felony relating to the sale/use of alcoholic beverages, illegal drugs, gambling or sexually based offense.

I **have** / **have not** (circle one) ever been arrested for a crime. If so, details and the disposition of the arrest are listed below. I understand that failure to disclose any arrest (including DUI) may result in denial of the application.

(Attach separate sheet if necessary.)

I **have** / **have not ever** had beneficial interest in any other alcoholic beverage business in this or any other state in which the alcohol license was denied, revoked or other disciplinary action taken. (**Beneficial interest here means when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives any economic benefit from, or has control over a business.**) If so, please describe in detail.

I **am** / **am not** the applicant for license representative. If so, I swear that I am a manager of the business and a resident of the State of Georgia.

I have read the City of Senoia Ordinance regarding the sale of alcoholic beverages and I understand and will comply with the rules and regulations. I hereby authorize the Police Department of the City of Senoia to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency. I 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 city license for sale of alcoholic beverages are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Signature of Applicant

Notary Public: _____ **This** _____ **day of** _____,

City of Senoia
Mixed Drink Tax Report

P.O. Box 310
Senoia, Georgia 30276

Business Name: _____ Phone Number: _____

Month of Report: _____ (due the 20th day of the following month)

Gross Receipts from Spirituous Liquor: \$ _____

3% Local Sales Tax Collected \$ _____

Total Tax Remitted \$ _____

I certify under penalty of perjury that this is a true and correct report of all spirituous liquors by the drink sold in the City of Senoia during the month shown on this report.

Signature of Person Preparing Report

Printed Name of Person Preparing Report:

Telephone Number of Person Preparing Report:
