



www.johnscreekga.gov

678-512-3242

11360 Lakefield Drive, Johns Creek, GA 30097

**Renewal
Application Due
Annually by
November 15th**

ALCOHOLIC BEVERAGE LICENSE RENEWAL

BUSINESS NAME: _____ **CONTROL #:** _____ **LICENSE #:** _____

DOING BUSINESS AS: _____

LOCATION ADDRESS: _____ **SUITE/UNIT:** _____ **ZIP CODE:** _____

APPLICANT/LICENSEE NAME*: _____

** Licensee must be an owner, stockholder, or fulltime employee of the licensed business and present on the licensed premises a minimum of ten hours per week.*

PHONE: _____ **FAX:** _____ **EMAIL ADDRESS:** _____

MAILING ADDRESS: _____ **SUITE/UNIT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TYPE OF LICENSE & ASSOCIATED FEES: (CHECK ALL THAT APPLY)

<u>LICENSE(S)/FEE</u>	<u>LICENSE FEES</u>
APPLICATION FEE – RENEWAL	\$100.00
<u>PRINT TYPE OF LICENSE</u>	\$ _____
ADDITIONAL BARS - _____ \$1,000.00 PER BAR	\$ _____
SUBTOTAL - APPLICATION & LICENSE FEES DUE	\$ _____
LATE FILING FEE – 10% OF SUBTOTAL IF FILED AFTER NOVEMBER 15	\$ _____
TOTAL AMOUNT DUE	\$ _____

ALCOHOLIC BEVERAGE LICENSE RENEWAL APPLICATIONS AND PAYMENTS ARE DUE ON OR BEFORE NOVEMBER 15TH EVERY YEAR. MAKE CHECKS PAYABLE TO THE CITY OF JOHNS CREEK. RENEWAL APPLICATIONS AND PAYMENTS RECEIVED BETWEEN NOVEMBER 16TH AND DECEMBER 15TH ARE SUBJECT TO 10% LATE FILING FEE. BUSINESSES FAILING TO RENEW THEIR ALCOHOLIC BEVERAGE LICENSE PRIOR TO DECEMBER 15TH MUST REAPPLY FOR AN ALCOHOLIC BEVERAGE LICENSE.

1. LIST THE ACTIVE MANAGER(S) OF THE BUSINESS WHO WILL BE ONSITE AT THE ESTABLISHMENT: (ATTACH ADDITIONAL SHEET IF NECESSARY)

COMPLETE NAME ADDRESS JOHNS CREEK POURING PERMIT NUMBER (REQUIRED)

2. IF OPERATING AS A CORPORATION OR PARTNERSHIP, LIST ALL PARTNERS, OFFICERS OR DIRECTORS, AND ALL SHAREHOLDERS HOLDING MORE THAN 20% OF ANY CLASS OF CORPORATE STOCK: ****ATTACH SEPARATE LIST IF NECESSARY****

NAME (FIRST, MI, LAST) HOME ADDRESS CITY, ST & ZIP % OF SHARES

STAFF USE: Initials: _____ Amount Due: _____ Amount Paid: _____
Balance Due: _____ Receipt #: _____

3. **BACKGROUND INVESTIGATIONS:** EACH APPLICANT AND LICENSEE SHALL CONSENT TO AND AUTHORIZE A FINGERPRINT ANALYSIS AND INVESTIGATION. IF OPERATING AS A CORPORATION OR PARTNERSHIP AND THERE IS A CHANGE IN THE NAMED APPLICANT/LICENSEE FROM THE PREVIOUS YEAR, WITH **NO** CHANGE IN OWNERSHIP, THE NEW INDIVIDUAL MUST CONTACT THE REVENUE DIVISION TO SCHEDULE A FINGERPRINT ANALYSIS.
4. **EMPLOYEE ALCOHOL POURING PERMITS:** IN ACCORDANCE WITH THE CITY CODE, ANY EMPLOYEE OF A CONSUMPTION ON THE PREMISES LICENSEE WHO DISPENSES, SELLS, SERVES, TAKES ORDERS, MIXES ALCOHOLIC BEVERAGES, OR SERVES IN ANY MANAGERIAL POSITION MUST SUBMIT AN APPLICATION FOR AN ALCOHOL POURING PERMIT AND COMPLETE A BACKGROUND INVESTIGATION FOR THE PREVIOUS FIVE (5) YEARS. POURING PERMITS MUST BE RENEWED ANNUALLY AND THE APPLICATION CAN BE FOUND ON THE CITY'S WEBSITE AT WWW.JOHNSCREEKGA.GOV.

GEORGIA, FULTON COUNTY

I, _____, BEING DULY SWORN TO LAW, DO SWEAR THAT THE STATEMENTS MADE BY ME IN THE ABOVE AND FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE, OR FRAUDULENT STATEMENT IS MADE HEREIN AND SUCH STATEMENTS WERE MADE IN ORDER TO PROCURE THE GRANTING OF SUCH A LICENSE. I CERTIFY THERE HAVE BEEN NO MATERIAL CHANGES IN ANY OF THE INFORMATION CONTAINED IN THE ORIGINAL APPLICATION. I HEREBY AUTHORIZE THE CITY OF JOHNS CREEK OR ITS DESIGNATED AGENT TO OBTAIN AND REVIEW COPIES OF ANY CRIMINAL AND/OR DRIVER'S HISTORIES IN MY NAME OR ANY ALIAS USED BY ME IN THE PAST OR AT THE PRESENT. I UNDERSTAND THAT THIS INFORMATION MAY BE USED AGAINST ME DURING THE COURSE OF THE CITY OF JOHNS CREEK'S INVESTIGATION. I FURTHER CERTIFY THAT I WILL NOTIFY THE CITY OF JOHNS CREEK OFFICE OF THE CITY MANAGER OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

PRINT NAME AND TITLE OF APPLICANT

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS THE _____ DAY OF _____, 20_____

CLERK/NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



Johns Creek

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REGISTERED AGENT INFORMATION FORM

I, _____, DO HEREBY CONSENT TO SERVE AS THE REGISTERED AGENT FOR THE LICENSEE, OWNERS, OFFICERS, AND/OR DIRECTORS OF AND TO PERFORM ALL OBLIGATIONS OF SUCH AGENCY UNDER THE ALCOHOLIC BEVERAGE ORDINANCE OF THE CITY OF JOHNS CREEK, GEORGIA. I UNDERSTAND THE BASIC PURPOSE IS TO HAVE AND CONTINUOUSLY MAINTAIN A REGISTERED AGENT UPON, WHICH ANY PROCESS, NOTICE, OR DEMAND REQUIRED OR PERMITTED BY LAW OR UNDER SAID ORDINANCE TO BE SERVED UPON THE LICENSEE OR OWNER MAY BE SERVED UPON THE LICENSEE OR OWNER MAY BE SERVED. I UNDERSTAND THAT THE REGISTERED AGENT MUST BE A CITIZEN OF THE UNITED STATES AND A RESIDENT OF FULTON COUNTY. I FURTHER CERTIFY THAT I WILL NOTIFY THE CITY OF JOHNS CREEK OFFICE OF THE CITY MANAGER OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

SIGNATURE OF AGENT

PRINT NAME OF AGENT

AGENT'S HOME ADDRESS

CITY, STATE, AND ZIP CODE

AREA CODE AND TELEPHONE NUMBER

DATE MOVED INTO THE ABOVE ADDRESS

DRIVER'S LICENSE NUMBER & STATE ISSUED

DATE OF BIRTH

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS THE _____ DAY OF _____, 20____

CLERK/NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

**Consumption on
the Premises
Applicants ONLY**



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FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT: _____ SUNDAY SALES?: YES OR NO

ADDRESS OF ESTABLISHMENT: _____

LICENSEE'S NAME: _____ ALCOHOL LICENSE #: _____

I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. FINAL REPORTS MUST BE ATTACHED TO SUPPORT THE REPORTED SALES TOTALS OR CPA CERTIFICATION MUST BE COMPLETED ATTESTING TO THE REPORTED SALES TOTALS. THIS INFORMATION MUST BE PROVIDED FROM THE FINANCIAL RECORDS OF THE ABOVE ESTABLISHMENT FOR THE 12-MONTH PERIOD IMMEDIATELY PRECEDING SUBMITTAL OF THIS FORM, OR SUCH PERIOD DURING WHICH THE ESTABLISHMENT HAS BEEN OPEN.

- (A) PERIOD FOR WHICH INFORMATION IS PROVIDED: _____
(IF EXISTING BUSINESS, MUST BE 12-MONTH PERIOD OR ACTUAL SALES FOR TIME OPEN IF LESS THAN 12 MONTHS)
- (B) GROSS RECEIPTS/SALES FROM FOOD SALES & SERVICES: \$ _____ (_____) %
- (C) GROSS RECEIPTS/SALES FROM ALCOHOLIC BEVERAGE SALES: \$ _____ (_____) %
- (D) TOTAL FOOD SALES AND ALCOHOLIC BEVERAGE SALES THIS PERIOD: \$ _____ (_____) %

BRIEFLY DESCRIBE THE METHOD BY WHICH RECEIPTS ARE SEGREGATED DAILY INTO FOOD SALES AND ALCOHOLIC BEVERAGE SALES:

I CERTIFY THAT I HAVE A WORKING KNOWLEDGE OF THE BOOKS AND RECORDS OF THE ESTABLISHMENT WHOSE NAME APPEARS ABOVE, AND THAT TO THE BEST OF MY KNOWLEDGE THE FIGURES PRESENTED ABOVE REPRESENT ACCURATE SALES TOTALS FOR THE PERIOD SPECIFIED.

CPA NAME (PRINTED)

NAME OF CPA FIRM

CPA SIGNATURE

BUSINESS ADDRESS

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

CLERK/NOTARY PUBLIC

SIGNATURE OF NAMED INDIVIDUAL

MY COMMISSION EXPIRES

II. I HEREBY AFFIRM THAT I UNDERSTAND THAT THE PRIVILEGE OF SELLING ALCOHOLIC BEVERAGES ON SUNDAYS FROM 12:30 P.M. UNTIL 2:00 A.M. (MONDAY) REQUIRES A VALID ALCOHOLIC BEVERAGE POURING LICENSE, VALID SUNDAY SALES POURING LICENSE, AND THAT AT LEAST 30% OF THE LICENSE ESTABLISHMENT'S ANNUAL GROSS FOOD AND ALCOHOLIC BEVERAGE SALES MUST BE DERIVED FROM THE SALE OF PREPARED MEALS AND FOOD.

I HEREBY AFFIRM THAT I UNDERSTAND THAT RECORDS OF FOOD SALES AND ALCOHOLIC BEVERAGE SALES MUST BE PREPARED AND MAINTAINED. FAILURE TO PREPARE AND MAINTAIN RECORDS OF FOOD SALES AND ALCOHOLIC BEVERAGE SALES IS CAUSE FOR DENIAL OR REVOCATION OF AN ALCOHOLIC BEVERAGE POURING LICENSE, INCLUDING A SUNDAY SALES POURING LICENSE. I FURTHER AFFIRM THAT I UNDERSTAND THAT THE CITY OF JOHNS CREEK REVENUE DIVISION MAY AUDIT OUR RECORDS TO VERIFY THE SAME AT ITS DISCRETION.

SIGNATURE, LICENSEE/OWNER

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

CLERK/NOTARY PUBLIC

SIGNATURE OF NAMED INDIVIDUAL

MY COMMISSION EXPIRES



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AUTHORIZATION FOR BACKGROUND INVESTIGATION

(ALCOHOLIC BEVERAGE LICENSE)

BY SIGNATURE BELOW, I HEREBY AUTHORIZE THE CITY OF JOHNS CREEK AND/OR THEIR DESIGNEE, GUARD ONE SECURITY, INC. (GOS), TO CONDUCT BACKGROUND RESEARCH AND RETRIEVE INFORMATION INCLUDING, BUT NOT LIMITED TO, MY PREVIOUS CRIMINAL HISTORY, OWNERSHIP / RENTAL RECORDS, LOCATION OF RESIDENCE AND EMPLOYMENT HISTORY.

LAST NAME FIRST NAME MIDDLE SOCIAL SECURITY NUMBER

HAVE YOU EVER USED OR ARE YOU KNOWN BY ANY OTHER NAMES? (INCLUDING: MAIDEN, MARRIED, ALIAS, ETC.) YES NO

IF YES, PROVIDE ALL FULL NAMES USED: _____

EMPLOYMENT INFORMATION OVER THE PAST TEN (10) YEARS: (IF MORE SPACE IS NEEDED, PLEASE ATTACH ON A SEPARATE SHEET)

(1)

EMPLOYER	PHONE NUMBER	SUPERVISOR		
DATES OF EMPLOYMENT	STREET ADDRESS	CITY	STATE	ZIP

(2)

EMPLOYER	PHONE NUMBER	SUPERVISOR		
DATES OF EMPLOYMENT	STREET ADDRESS	CITY	STATE	ZIP

LIST ALL HOME ADDRESSES OVER THE PAST TEN (10) YEARS: (IF MORE SPACE IS NEEDED, PLEASE ATTACH ON A SEPARATE SHEET)

CURRENT STREET ADDRESS CITY STATE ZIP PHONE NUMBER

PREVIOUS STREET ADDRESS CITY STATE ZIP PHONE NUMBER

SEX: M/F RACE DATE OF BIRTH DRIVER'S LICENSE NUMBER & STATE ISSUED

**** ATTACH YOUR GOVERNMENT ISSUED PICTURE IDENTIFICATION, SUCH AS DRIVER'S LICENSE, PASSPORT OR PERMANENT RESIDENT CARD.**

SIGNATURE BELOW ALSO RELEASES THE **CITY OF JOHNS CREEK AND/OR GUARD ONE SECURITY, INC. (GOS)** AND ANY PERSON OR ENTITY THAT PROVIDES INFORMATION PURSUANT TO THIS AUTHORIZATION, FROM ANY AND ALL LIABILITIES, CLAIMS OR LAWSUITS IN REGARD TO THE INFORMATION OBTAINED FROM ANY AND ALL OF THE ABOVE REFERENCED SOURCES USED.

APPLICANT SIGNATURE DATE

WITNESS SIGNATURE PRINT NAME OF WITNESS DATE WITNESSED



City of Johns Creek
Revenue
11360 Lakefield Drive
Johns Creek, Georgia 30097
(678) 512-3242
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Affidavit Verifying Lawful Presence Within the United States

I, (print name) _____, swear or affirm under penalty of perjury that (*check one*):

- I am a United States citizen or legal permanent resident 18 years of age or older;
or
- I am a qualified alien or nonimmigrant under the federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States;

I am applying for the following public benefit (*check one*):

- Alcoholic Beverage License for _____
Print Business Name
- Alcohol Employee Pouring Permit
- Occupation Tax Certificate _____
Print Business Name
- Door-to-Door Salesmen/Solicitors Permit
- Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Print Name of Applicant

Position Title (if applicable)

Signature of Applicant

Date



PRIVATE EMPLOYER AFFIDAVIT

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

By executing this affidavit under oath, as an applicant for an occupational tax certificate (*business license, occupational tax certificate, or other document required to operate a business*) as referenced in O.C.G.A. § 36-60-6(d), from the City of Johns Creek, the undersigned applicant representing the private employer known as

(Print Business Name) _____ (*printed name of business/private employer*) verifies one of the following with respect to my application for the above mentioned document:

Fill out this section (Effective July 1, 2013) for new and/or renewal business occupation tax certificates. Check (a) or (b).

(a) _____ On the below signed year the individual, firm, or corporation employed ten (10) or more employees.

(b) _____ On the below signed year the individual, firm, or corporation employed **less** than ten (10) employees.

COMPLETE THIS SECTION IF AND ONLY IF YOU CHECKED (a) ABOVE

The employer has registered with and utilizes the federal work authorization program, commonly known as E-Verify or any subsequent replacement 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

_____ Date of Authorization

ALL APPLICANTS MUST SIGN BELOW, NOTARIZE, AND THEN RETURN THIS AFFIDAVIT WITH APPLICATION/PAYMENT TO OBTAIN YOUR BUSINESS TAX CERTIFICATE

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 allowed by such statute.

Executed on the _____ day of _____, 20____ in _____ (city),
_____ (state)

Printed Name of and Title of Authorized Officer or Agent

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20_____.

Notary Signature

NOTARY SEAL



City of Johns Creek
Georgia Criminal History Record Information
Request and Consent Form

1) This Request is For: (Check only one)

- Employment, Military, Personal Use, Other use not listed (E), International Travel, Firefighter Employment (E), Prospective Adoptive/Foster Parents (E + Note & 2 Copies), Employment Working with the Elderly (N), Employment at a Child Care Facility (W), Employment Working with the Mentally Ill (M), Police Ride-Along Request (C), Police Department Vendor/Contractor (C)

2) A History is Requested on the Following Person:

Name: (Last) (First) (Middle)
Social Security Number: - - Sex:
Race: White Black Asian American Indian Unknown/Other
Date of Birth: (Month) (Day) (Year) Phone Number:
Check here if request is for yourself, and proceed to Section 5.

3) Person Requesting Criminal History:

Name: (Last) (First) (Middle)
Address:
City, State Zip:

4) Consent:

This portion is to be used if the person requesting the criminal history is different than who the criminal history is being inquired on, (Sections 2 & 3 above are not the same person). A third party notary is required.

I hereby give consent for my criminal history record information to be provided to the person named in section 3 above. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / ___ days from the date of this request.

(Signature) (Printed Name) (Date)

(Notary Signature) (Date) Seal:

5) In making this request, I agree that the Johns Creek Police Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this release will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at the time of inquiry and may change at any time. I also understand that if this record is for personal/employment use this record check is \$20.00 payable upon request and will be available in 5 business days. If this request is on behalf of the City of Johns Creek (Ride-Along, Licensing, Vendor), no fee is due.

(Signature of Person Requesting Criminal History) (Date)

Official Use Only-Do Not Mark Below This Line

Results: Operator: ARN: Date Submitted: Inquiry Date: