



**INSTRUCTIONS & IMPORTANT INFORMATION**

All licensees seeking to renew their alcoholic beverage license, must complete this application in full, upload to the Georgia Tax Center Website, and pay their renewal fees by the deadlines below. Incomplete applications will not be accepted.

IF RENEWAL APPLICATION AND FEES ARE SUBMITTED	
On or before November 15 <sup>th</sup>	<p align="center"><b>ON TIME RENEWAL PERIOD</b></p> <p>All alcohol licensees must renew their alcohol license by November 15<sup>th</sup> each year. Failure to renew on or prior to November 15<sup>th</sup> will subject the licensee to penalties or license forfeiture.</p>
November 16 <sup>th</sup> – December 15 <sup>th</sup>	<p align="center"><b>LATE RENEWAL PERIOD</b></p> <p>Alcohol licensees may renew their alcohol license during this late renewal period, but will be subject to a penalty of 10% of the original alcohol license</p>
December 16 <sup>th</sup> and after	<p align="center"><b>LICENSE REVOKED AND NO LICENSE WILL BE ISSUED</b></p> <p>Alcohol licensees are not able to be renewed on December 16<sup>th</sup> or later. Renewal applications received during this period are to be treated as an initial application and will require a new public hearing.</p>

**Step 1:** Please review and complete all items on the Renewal Application Checklist on page 2 of this alcohol license renewal packet.

**Step 2:** Once you have completed the renewal application, please log-in to your establishment’s account through the Georgia Tax Center Website at: [Georgia Tax Center](https://gtc.dor.ga.gov) (https://gtc.dor.ga.gov).

Georgia Tax Center QR Code:



**Step 3:** Navigate the Georgia Tax Center Website and follow the instructions and prompts to renew your alcoholic beverage license. **On this site, you will select the licenses you wish to renew and upload this completed Renewal Application.**

*If you have questions or issues accessing your Georgia Tax Center account, please contact the Georgia Department of Revenue’s Customer Service line at 1-877-423-6711.*

**Step 4:** Submit your license renewal fees to the City of Alpharetta.

- Visit the City’s Citizen Self Service website and log into your account at: [Alpharetta Citizen Self Service](https://mss.alpharetta.ga.us/mss/citizens/BusinessLicenses/Default.aspx) (https://mss.alpharetta.ga.us/mss/citizens/BusinessLicenses/Default.aspx)

Alpharetta Citizen Self Service QR Code:



- To log-in to your account, use the “Account ID” number shown in the upper right-hand corner of the Renewal Notice that was mailed to you or the “ID” number shown in the upper right-hand corner of your current alcohol license. The “Bill Year” will auto-populate. If you have any difficulties submitting payment, please contact the City of Alpharetta’s Cashier Office at 678-297-6060

If you have questions regarding your renewal application or would like to add to or amend your alcoholic beverage license type, please contact the Code Enforcement Office at 678-297-6086 or by email at




[renewals.alcohollicense@alpharetta.ga.us](mailto:renewals.alcohollicense@alpharetta.ga.us).



# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING RENEWAL APPLICATION CHECKLIST

THE LICENSEE MUST INITIAL EACH OF THE FOLLOWING TO SIGNIFY COMPLETION.

Licensee Initials	Application Page Number	Action Item	Action Description
	Page 3	Renewal Fee Form	Select all licenses you wish to renew for the upcoming license year. <i>If you would like to add to or amend your alcoholic beverage license type, please contact the City of Alpharetta's Code Enforcement Office at 678-297-6086 or by email at <a href="mailto:renewals.alcohollicense@alpharetta.ga.us">renewals.alcohollicense@alpharetta.ga.us</a>.</i>
	Pages 4 - 6	Renewal Application	The licensee must complete all renewal application pages.
	Page 7	SAVE Affidavit	The licensee must complete and sign this affidavit before a notary public.
	Page 8	Private Employer Affidavit	The licensee must complete and sign this affidavit before a notary public.
	Page 9	Renewal Application Affidavit	The licensee must review and sign this affidavit before a notary public.
	Page 10 - 11	Registered Agent Form	The licensee and registered agent must complete and sign this form before a notary public. This form ensures that the City has the correct registered agent information on file for your establishment. <i>If your current registered agent is not listed on your original application, and they have more than 10% (but less than a majority or equal part ownership) of the business, they must complete a Personal Statement Form, which is provided on pages 13-16.</i>
	Page 13 - 16	Personal Statement Form for Renewal Applications	This form must be completed <b>ONLY IF</b> there has been a change in corporate officers or stockholders.  This form must be signed before a notary public.  In the event, that there is a change in owner or the makeup of the business structure, please contact the City's Code Enforcement Office, as a new application may be required.
	N/A	Read and Review Alpharetta's Alcohol Ordinance	Licensee must review the City's Alcohol Ordinance and require each employee to be familiar with the Ordinance and the relevant requirements.  The City's Alcohol Ordinance may be viewed here:  <a href="#">Alpharetta Alcohol Ordinance</a> or by QR Code here: 
	N/A	Upload / Attach a copy of the most current State Alcohol License	If you do not yet have a copy of the next year's State alcohol license, you must submit a copy of your renewed State alcohol license to the Code Enforcement Office (in person or by email to: <a href="mailto:renewals.alcohollicense@alpharetta.ga.us">renewals.alcohollicense@alpharetta.ga.us</a> ) by January 31st annually.
	N/A	Employee Alcohol Pouring Permits	Ensure that anyone (including licensee, registered agent, manager, and all employees) who takes orders, sells, dispenses, mixes, or serves alcoholic beverages obtain a City of Alpharetta Pouring Permit with the Alpharetta Police Department.  Schedule an appointment online at: <a href="#">Pouring Permit Scheduling</a> or by QR Code here:   Pouring permits are valid only for one (1) year from the date of issuance.



# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING RENEWAL FEE FORM

Review all alcoholic beverage license options available for your establishment category, and please select the licenses for which you would like to apply. Once you have selected your license options, please add all fee amounts together and enter the total at the bottom of the page.

Art Gallery & Art Studio Cigar Shop		
	On Premises Consumption: Beer & Malt Beverages	\$1,000
	On Premises Consumption: Wine	\$1,000
	On Premises Consumption: Liquor	\$2,500
	Add-On – Sunday Sales	\$500

Convenience Store Pharmacy		
	Off Premises Consumption Retail Package: Beer & Malt Beverages	\$1,000
	Off Premises Consumption Retail Package: Wine	\$1,000
	Add-On – Sunday Sales	\$500

Distributor / Wholesaler		
	Beer & Malt Beverage	\$2,000
	Wine	\$2,000
	Liquor	\$4,000
	Add-On – Sunday Sales	\$500

Eating Establishment		
	On Premises Consumption: Beer & Malt Beverages	\$1,000
	On Premises Consumption: Wine	\$1,000
	On Premises Consumption: Liquor	\$2,500
	Off Premises Consumption Retail Package: Wine	\$1,000
	Off Premises Consumption Retail Package: Beer	\$1,000
	Add-On License – Alcoholic Beverage Catering with City License	\$0
	Add-On – Ancillary Wine Tasting	\$250
	Add-On – Sunday Sales	\$500

High Rise Office and High Rise Apartments		
	On Premises Consumption: Beer & Malt Beverages	\$1,000
	On Premises Consumption: Wine	\$1,000
	Add-On – Sunday Sales	\$500

Local Manufacturer		
	Brewery	\$500
	Brewpub	\$500
	Winery	\$500
	Distillery	\$500
	On Premises Consumption: Beer and/or Malt Beverages	\$1,000
	On Premises Consumption: Wine	\$1,000
	On Premises Consumption: Liquor	\$2,500
	Off Premises Consumption Retail Package: Beer and/or Malt Beverages	\$1,000
	Off Premises Consumption Retail Package: Wine	\$1,000
	Off Premises Consumption Retail Package: Liquor	\$2,500
	Add-On – Ancillary Wine Tasting	\$250
	Add-On – Sunday Sales	\$500

Package Store		
	Off Premises Consumption Retail Package: Beer and/or Malt Beverages	\$1,000
	Off Premises Consumption Retail Package: Wine	\$1,000
	Off Premises Consumption Retail Package: Liquor	\$2,500
	Add-On – Ancillary Wine Tasting	\$250
	Add-On – Sunday Sales	\$500

Private Clubs		
	On Premises Consumption: Beer & Malt Beverages	\$375
	On Premises Consumption: Wine	\$375
	On Premises Consumption: Liquor	\$750
	Add-On – Sunday Sales	\$500

Hotel, Motel, Private Dog Park Public Entertainment Facility		
	On Premises Consumption: Beer & Malt Beverages	\$1,000
	On Premises Consumption: Wine	\$1,000
	On Premises Consumption: Liquor	\$2,500
	Add-On – Sunday Sales	\$500

Supermarket		
	On Premises Consumption: Beer & Malt Beverages	\$1,000
	On Premises Consumption: Wine	\$1,000
	Off Premises Consumption Package: Beer & Malt Beverage	\$1,000
	Off Premises Consumption Package: Wine	\$1,000
	Add-On License – Alcoholic Beverage Catering with City On Premises Consumption License	\$0
	Add-On – Ancillary Wine Tasting	\$250
	Add-On – Sunday Sales	\$500

Wine Bar		
	On Premises Consumption: Beer & Malt Beverages	\$1,000
	On Premises Consumption: Wine	\$1,000
	Off Premises Consumption Package: Beer & Malt Beverage	\$1,000
	Off Premises Consumption Package: Wine	\$1,000
	Add-On License – Alcoholic Beverage Catering with City On Premises Consumption License	\$0
	Add-On – Ancillary Wine Tasting	\$250
	Add-On – Sunday Sales	\$500

Specialty Licenses		
	Catering without City License (per event)	\$50
	Ancillary Growler Tasting	\$50
	Complimentary Service: Beer & Wine	\$300
	Gift Shop: Beer & Wine	\$600
	Public Facility Permit	\$50
	Special Event: For Profit Organizations	\$150
	Special Event: Non-Profit Organizations	\$0
	Add-On – Corking for OPC Wine Establishments	\$0

PLEASE ADD ALL FEE AMOUNTS FOR SELECTED LICENSE TYPES AND ENTER AMOUNT BELOW:		
	Total License Fees from above	
	Alcohol License Renewal Administration Fee	<b>\$100</b>
	Personal Statement Review Fee, if needed (\$100 x ___ applicants)	
	<b>TOTAL FEES DUE</b>	



CITY OF ALPHARETTA  
ALCOHOLIC BEVERAGE LICENSING  
RENEWAL APPLICATION

**ESTABLISHMENT INFORMATION**

Entity/Establishment:

DBA (if applicable):

Physical Address in Alpharetta:

Business Mailing Address:

Licensee First and Last Name:

Licensee Cell Phone:

Licensee Email:

Federal Tax ID:

GA Sales Tax #:

GA Withholding #:

Current Alpharetta Account ID #:

This number is located on the current license on the right hand corner of the license, above the phone number.

**LOCATION INFORMATION**

**How many employees work at this business?**

# of Full-Time W2 Employees:

# of Part-Time Employees:

**Please provide the following information for the on-site manager of this business.**

*If there has been a change in management since the original application or previous renewal was submitted, the new manager must complete and submit a Personal Statement. [available here:*

First and Last Name:

Address:

Cell Phone Number:

Email Address:

**Do you own or lease the establishment premises?**

Lease

Own

**If you lease the space, please provide contact information for your landlord.**

First and Last Name:

Cell Phone Number:

Email Address:



**BUSINESS OWNERSHIP INFORMATION**

**What is the ownership type of this business?**

*If the type of ownership has changed since original issuance or last year's renewal, please attach additional documentation showing said change. For example: Secretary of State filing, Fulton County filing, letters of incorporation, etc.*

Proprietorship

Partnership

LLP

Corporation

LLC

Non-Profit

Other (please specify)

List all persons having an interest of 10% or more in the business. Attach additional sheets if necessary.

**Owner #1 Name:**

**Ownership Percentage:**

Cell Phone:

Email Address:

**Owner #2 Name:**

**Ownership Percentage:**

Cell Phone:

Email Address:

**Owner #3 Name:**

**Ownership Percentage:**

Cell Phone:

Email Address:

**Owner #4 Name:**

**Ownership Percentage:**

Cell Phone:

Email Address:

**Owner #5 Name:**

**Ownership Percentage:**

Cell Phone:

Email Address:

If a Corporation or LLC, please provide the following information. Attach additional sheets if necessary.

President

Cell:

Email:

Vice President

Cell:

Email:

Secretary

Cell:

Email:

Treasurer

Cell:

Email:



**IDENTIFICATION DOCUMENT OF LICENSEE**

Please attach a copy or image of the licensee's identification document.

COPY OF IDENTIFICATION

Identification documents may be one (1) of the following:

1. U.S. driver's license;
2. U.S. passport;
3. U.S. military identification card;
4. Permanent Resident card (form I-551); or
5. Any other documentation listed on the Attorney General's list of Secure and Verifiable Documents provided at <https://law.georgia.gov/resources/immigration-reports>.



# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING

### SAVE AFFIDAVIT VERIFYING LEGAL IMMIGRATION STATUS

O.C.G.A. § 50-36-1 states that an agency or political subdivision providing or administering a public benefit shall require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States.

By executing this affidavit under oath, as an applicant for a City of Alpharetta public benefit, I hereby state the following with respect to my application for (please check one):

- Alcohol Beverage License or Permit Business Name: \_\_\_\_\_
- Pawn / Precious Metal License or Permit Business Name: \_\_\_\_\_
- Taxi Cab License or Permit Business Name: \_\_\_\_\_
- Massage and Spa License or Permit Business Name: \_\_\_\_\_
- Solicitation Permit Business Name: \_\_\_\_\_

I am a United States citizen. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a United States citizen 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

OR

I am a legal permanent resident. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a legal permanent resident 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\*\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

OR

I am a qualified alien or non-immigrant. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a qualified alien or non-immigrant under the federal Immigration and Nationality Act, Title 8 U.S.C. with an alien number issued by the Department of Homeland Security or other federal immigration agency, and is 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\*\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

Applicant's alien number issued by the Department of Homeland Security Or other federal immigration agency \_\_\_\_\_

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (City) \_\_\_\_\_ (State)

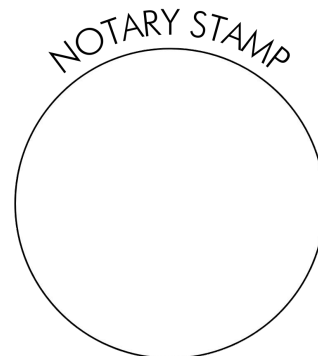
\_\_\_\_\_  
Signature of Applicant

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

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

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires



\*Documents include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

\*\*Documents include a Permanent Resident card (form I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website: <http://law.ga.gov/immigration-reports>.



CITY OF ALPHARETTA
ALCOHOLIC BEVERAGE LICENSING
PRIVATE EMPLOYER AFFIDAVIT (PURSUANT TO O.C.G.A § 30-60-6(d))

By executing this affidavit under oath, as an applicant for an Alcohol Beverage License as referenced in O.C.G.A. § 36-60-6(d), from the City of Alpharetta Georgia, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application for the above mentioned document.

Printed Name Of Private Employer: \_\_\_\_\_

Section 1: Please select ONE of the following.

- Employs more than ten (10) employees (total employees for Individual, Firm or Corporation). Please complete section 2 below and sign/notarize at the bottom.
Employs ten (10) or fewer employees (Individual, Firm, or Corporation). Do not complete Section 2. Please sign/notarize at the bottom.

Section 2: The employer has registered with and utilizes the federal work authorization 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

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.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Signature of Authorized Officer or Agent

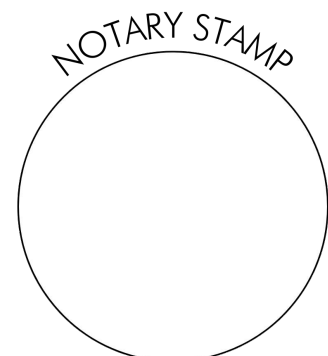
Printed Name of Authorized Officer or Agent

Printed Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires







CITY OF ALPHARETTA
ALCOHOLIC BEVERAGE LICENSING
RENEWAL APPLICATION AFFIDAVIT

TO BE REVIEWED AND SIGNED BY LICENSEE AND NOTARY PUBLIC

Under penalty provided by law, the licensee, in the presence of the undersigned notary public, swears and/or affirms that they are the person named in the foregoing application, and that they have provided a complete, true, and complete response to each question.

Further, the licensee further swears and/or affirms that they will:

- 1. Treat this license as a privilege and not a right, as this license may be revoked or suspended;
2. Abide by all laws, rules, and regulations of the Unites States, the State of Georgia, and of the City of Alpharetta that are now in force or which may hereafter be enacted, which regulate and govern alcoholic beverages;
3. Ensure that all employees (including licensee and/or Registered Agent) that take orders, sell, dispense, mix, or serve alcoholic beverages possess a valid City of Alpharetta Beverage Serving Permit;
4. Read and review the City of Alpharetta Alcohol Ordinance and require each employee to be familiar with the Ordinance and the relevant requirements.
5. Not assign the rights and responsibilities conferred by the license(s) to another;
6. Notify the City of Alpharetta Code Enforcement Office of any change to this application, establishment, management, and/or ownership within thirty (30) days of said change; and
7. If applicable, submit an Alcohol Compliance Verification Form and any requisite excise taxes to the City of Alpharetta Finance Department prior to the twentieth (20) day of each month.

Any misstatement or concealment of fact in the application shall be grounds for denying a license. The undersigned, as the licensee, understands that any falsehoods are ground for denial of this application. The undersigned further understands that any license issued contrary to state laws and city ordinances of the City of Alpharetta, Georgia shall be void, and under penalty of state law, the licensee may be prosecuted for submitting false statements and affidavits in connection with this application.

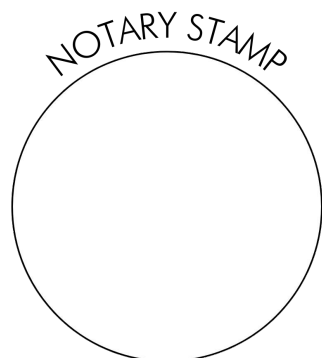
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Licensee

Print Name of Licensee

SUBSCRIBED AND SWORN
BEFORE ME ON THIS
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC
My Commission Expires: \_\_\_\_\_





# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING

### REGISTERED AGENT FORM

Every establishment with an alcoholic beverage license within the City of Alpharetta must designate a registered agent to serve on behalf of the establishment. The registered agent must be a legal resident of Fulton County, Georgia. Please complete and sign before a notary public.

#### ESTABLISHMENT INFORMATION

Establishment Name: \_\_\_\_\_ Licensee's Cell Phone: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

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

Licensee's Email: \_\_\_\_\_

#### REGISTERED AGENT INFORMATION

Registered Agent's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Registered Agent's Address: \_\_\_\_\_

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

Registered Agent's Email: \_\_\_\_\_

Does/Will the Registered Agent have an ownership or financial interest in the business? Yes No  
*If so, and their interest is 10% or more, the Registered Agent must complete a Personal Statement form and background check.*

If yes, what percentage / amount of ownership does the Registered Agent have? \_\_\_\_\_

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers, and/or directors of the above named business and to perform all obligations of such agency under the provisions of the ordinances of the City of Alpharetta, Georgia. Further, I certify that I am a legal resident of Fulton County, Georgia.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_

\_\_\_\_\_

Print Name of Registered Agent

Printed Name Licensee

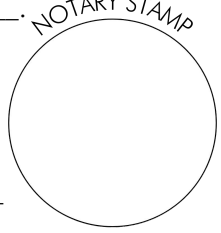
SUBSCRIBED AND SWORN  
BEFORE ME ON THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_. NOTARY STAMP

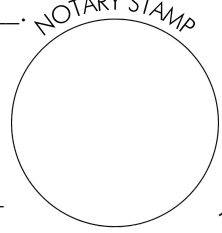
SUBSCRIBED AND SWORN  
BEFORE ME ON THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_. NOTARY STAMP

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_



\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_





**IDENTIFICATION DOCUMENT OF REGISTERED AGENTS**

Please attach a copy or image of the registered agent's identification document.

COPY OF IDENTIFICATION

Identification documents may be one (1) of the following:

1. U.S. driver's license;
2. U.S. passport;
3. U.S. military identification card;
4. Permanent Resident card (form I-551); or
5. Any other documentation listed on the Attorney General's list of Secure and Verifiable Documents provided at <https://law.georgia.gov/resources/immigration-reports>.



CITY OF ALPHARETTA  
ALCOHOLIC BEVERAGE LICENSING  
RENEWAL APPLICATION

The following pages are additional forms and supporting documentation that may be required to renew an alcoholic beverage license.

Please see Page 1 of this application to determine which, if any, pages are required to be completed.



# CITY OF ALPHARETTA

## ALCOHOLIC BEVERAGE LICENSING

### PERSONAL STATEMENT FORM FOR RENEWAL APPLICATIONS

This personal statement form for renewal applications must be completed if there has been a change in manager, registered agent owning more than 10% (but less than a majority or equal part ownership) of the business. In the event, that there is a change in a majority owner or officer/director of the business, a new public hearing application is required.

Each question must be answered accurately and completely. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. This form must be executed under oath and signed before a notary public.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Of Business With Which This Statement Is Affiliated: \_\_\_\_\_

Business Location / Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position In Business Of Above Named Person: \_\_\_\_\_ Percent Ownership / Interest In Business: \_\_\_\_\_

Annual Salary / Compensation Of the Above Named Person Earned From This Business Entity: \_\_\_\_\_

Do you have any financial interest or are you employed in any wholesale or retails business engaged in distilling, bottling, rectifying, or selling alcoholic beverages?

- Yes If "yes", please provide the name, location and your role with the business or businesses.
- No

Have you ever had any financial interest in an alcoholic beverage business that was denied for a license or permit?

- Yes If "yes", please provide details as to the business and the reason for the denial(s).
- No

Has any alcoholic beverage business in which you hold or have held any financial interest or by which you are employed or have been employed ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages?

- Yes
- No

If, during the past ten (10) years, you have bought and sold any alcoholic beverage business, please provide the details (date of sale, license number, persons and considerations involved).

Have you ever been denied bond by a commercial security company?

- Yes If "yes", please provide details as to the reason for the denial(s).
- No

Are there other names that you have used or may be known by (maiden name, names by former marriage, former names changed legally or otherwise, aliases, nicknames, etc.)? Please specify each such name and the dates used:

Your Home Address: \_\_\_\_\_

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

Your Business Address: \_\_\_\_\_

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

Place Of Birth (Include city, state, and country): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Are you a US Citizen?  By Birth  Naturalized  No

If you are a naturalized US Citizen, please provide the following information. Otherwise, please proceed to the next question set.

Date Naturalized: \_\_\_\_\_ Place and Court: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Petition #: \_\_\_\_\_ Derived Parents' Certificate #: \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

Native Country: \_\_\_\_\_ Date of US Entry: \_\_\_\_\_ Port of Entry: \_\_\_\_\_

**Employment record for the past ten (10) years, noting experience from most to least recent. Note month and year.**

Date Employed To	Date Employed From	Description of Occupation and Duties Performed	Salary Earned	Employees	Reason For Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List all of your places of residence for the past ten (10) years from the most to the least recent. Note month and year of residence.

Residence From	Residence Until	Street Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Excluding traffic violations, have you ever been arrested or held by Federal, State, or other law enforcement authorities for any violation of any federal law, state law, or county or municipal law, regulation, or ordinance?

Yes  No

If "yes" you must list all such charges even if they were dismissed. Give the reason you were charged or held, the date, place where charged, and the disposition of your case. If no formal arrest was made, indicate "no arrest". After the last arrest is listed, please write "no other arrest".

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight in Pounds: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_

*I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Personal Statement and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application. Further, I hereby authorize the City of Alpharetta to receive any criminal history record information pertaining to me which may be in the files of any criminal justice agency.*

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date Of Application

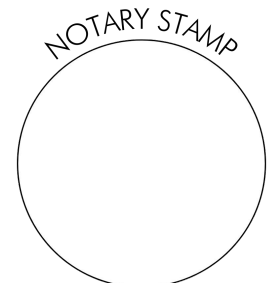
\_\_\_\_\_  
Applicant's Signature

*I hereby certify that \_\_\_\_\_ signed her / his name to the foregoing application stating to me the he /she knew and understood all statements and information contained therein and, under oath actually administered by me, has sworn that said statements and information are true and correct.*

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public - Printed Name

\_\_\_\_\_  
Notary Public - Signature





CITY OF ALPHARETTA  
ALCOHOLIC BEVERAGE LICENSING  
PERSONAL STATEMENT FORM FOR RENEWAL APPLICATIONS

**IDENTIFICATION DOCUMENT OF INDIVIDUALS COMPLETING A PERSONAL STATEMENT FORM**

Please attach a copy or image of an identification document for individuals completing a Personal Statement Form.

COPY OF IDENTIFICATION

Identification documents may be one (1) of the following:

1. U.S. driver's license;
2. U.S. passport;
3. U.S. military identification card;
4. Permanent Resident card (form I-551); or
5. Any other documentation listed on the Attorney General's list of Secure and Verifiable Documents provided at <https://law.georgia.gov/resources/immigration-reports>.





The following pages include:

1. Instructions of how to upload this completed application to your account on the Georgia Tax Center Website; and
2. State of Georgia Personnel Statement Form and Public Benefit Affidavit\*

*\*These two forms are required to be uploaded to the state via your Georgia Tax Center account and are provided here for ease of access.*

## HOW TO UPLOAD YOUR COMPLETED APPLICATION

1. Log in to your account on the Georgia Tax Center Website at [https://gtc.dor.ga.gov/\\_/](https://gtc.dor.ga.gov/_/)
2. Complete the application wizard until you get to the "Attachments" section.
3. Review the list of documentation required for your local jurisdiction. Click the "Next" button.

New Business Registration

Business

Accounts

Payments

Additional Info

Attachments

Local Requirements

### Local Requirements

Below is a list of additional documents required by your local jurisdiction. Please contact the local jurisdiction to ensure you are submitting all required documents.

### Local Documentation

Documentation Name
2023 ALCOHOL/BUSINESS RENEWAL APPLICATION
Consumption On Premises (COP)
Original Package
Non-Profit Temporary

Cancel
< Previous
Next >

4. Review the consent statement regarding Form ATT-17 on the **Attachments** screen. If you agree, click the checkbox/radial button.

### Attachments

If applicable, I consent to the Department sharing all information on the Form ATT-17 with a local licensing jurisdiction for the purpose of reviewing and processing my retail alcohol license application.

5. Click the **Add Attachment** button to upload documentation with your registration.  
**NOTE:** You cannot continue if all required documents are not attached. This is denoted by the minimum required column

New Business Registration

Business

Accounts

Payments

Additional Info

Attachments

Local Requirements

Attachments

### Attachments

If applicable, I consent to the Department sharing all information on the Form ATT-17 with a local licensing jurisdiction for the purpose of reviewing and processing my retail alcohol license application.

Add Attachment

Type	Name	Size
There are no attachments.		

Please attach all required documents

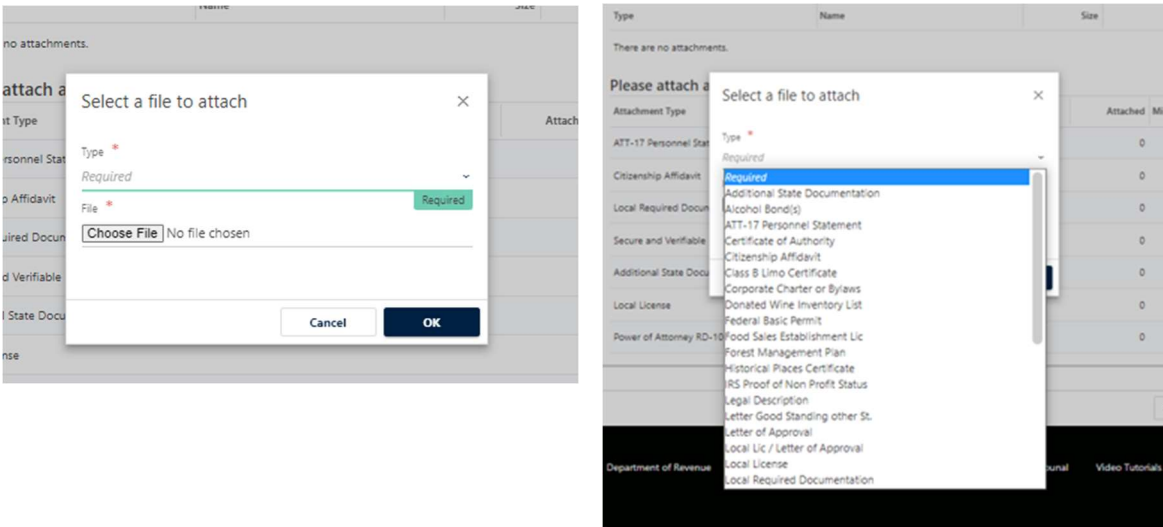
Attachment Type	Attached	Minimum Require	Max Allowed
ATT-17 Personnel Statement	0	1	20
Citizenship Affidavit	0	1	10
Local Required Documentation	0	1	25
Secure and Verifiable Document	0	1	10
Additional State Documentation	0	0	10
Local License	0	0	1
Power of Attorney RD-1061	0	0	1

Cancel
< Previous
Next >

## HOW TO UPLOAD YOUR COMPLETED APPLICATION

6. Select the **Type** of attachment. Click the **Browse** button to locate the file on your computer. Click the **"Save"** button.

**Note:** The type drop box allows the system to determine where to route your documents. All attachment types listed as **"Local Required Documentation"** will be routed to the City of Alpharetta account for their review. All other attachment types go directly to the state.



7. Repeat steps 5 and 6 until all attachments have been uploaded, and then click **"next."**

**Attachments** [Add Attachment](#)

Type	Name	Size
ATT-17 Personnel Statement		<a href="#">Remove</a>
Citizenship Affidavit		<a href="#">Remove</a>
Local Required Documentation		<a href="#">Remove</a>
Local Required Documentation		<a href="#">Remove</a>

**Please attach all required documents**

Attachment Type	Attached	Minimum Required	Max Allowed
ATT-17 Personnel Statement	1	1	20
Citizenship Affidavit	1	1	10
Local Required Documentation	2	1	25
Secure and Verifiable Document	0	1	10
Additional State Documentation	0	0	10
Local License	0	0	1
Power of Attorney RD-1061	0	0	1

[< Previous](#)
Next >

8. Finish the remaining questions on the application wizard, and then submit your application.



1327804012

**ATT-17 (Rev. 1/13)**

Georgia Department of Revenue  
Alcohol and Tobacco Division  
Telephone: (404) 417-4900  
E-mail: [ATDIV@dor.ga.gov](mailto:ATDIV@dor.ga.gov)

**GEORGIA ALCOHOL & TOBACCO PERSONNEL STATEMENT**

Submit online at <https://gtc.dor.ga.gov>

(Please type or print)

This form must be completed by the following persons and submitted with all liquor license applications: (1) licensee, (2) anyone with an ownership interest in the business, whether direct, indirect or beneficial, and (3) in the case of a corporation or other legal entity, all officers. This form may be required of others in the discretion of the Commissioner as provided under Regulations 560-2-2-.02 and 560-2-17-.04. **EACH QUESTION MUST BE FULLY ANSWERED.** If additional space is required, attach an additional sheet of paper.

1.	LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO.
2.	DATE OF BIRTH	RACE	[ ] MALE	[ ] FEMALE
3.	HOME ADDRESS(Actual Physical Location of Residence; Do Not Use P.O. Box)			
	CITY	STATE	ZIP +4	HOME PHONE
4.	ADDRESS FOR DAY CONTACT - NUMBER AND STREET ( Do Not Use P.O. Box)			
	CITY	STATE	ZIP +4	PHONE FOR DAY CONTACT
5.	ARE YOU MARRIED? [ ] YES [ ] NO IF "YES", PROVIDE THE FOLLOWING FOR YOUR SPOUSE:			
	LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO.
6.	ARE YOU A RESIDENT OF GEORGIA? [ ] YES [ ] NO IF "YES", HOW LONG ____ YEARS ____ MONTHS			
7.	HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY OFFENSE BY ANY LOCAL, STATE, FEDERAL, OR FOREIGN GOVERNMENTAL AUTHORITY? [ ] YES [ ] NO. IF "YES", GIVE FULL DETAILS. DO NOT INCLUDE <b>MINOR</b> TRAFFIC VIOLATIONS. GIVE REASONS CHARGED OR HELD, DATE, PLACE WHERE CHARGED AND DISPOSITION. <b>FAILURE TO MAKE FULL DISCLOSURE IN RESPONSE TO THIS QUESTION MAY RESULT IN DENIAL OR SUBSEQUENT REVOCATION OF THE LICENSE.</b>			
	_____			
	_____			
	_____			
8.	DO YOU CURRENTLY HAVE BENEFICIAL INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS OTHER THAN THE BUSINESS FOR WHICH THIS APPLICATION IS BEING FILED? [ ] YES [ ] NO (“Beneficial Interest” as used 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 economic benefit from, or has control over a business.) IF "YES", COMPLETE THE FOLLOWING:			
	ALCOHOL LICENSE NO.		% AND TYPE INTEREST	
	LEGAL BUSINESS NAME			
	TRADE NAME /DBA NAME			



1327804022

9.	HAVE YOU EVER HAD ANY BENEFICIAL INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS IN THIS OR ANY OTHER STATE IN WHICH THE ALCOHOL LICENSE WAS DENIED OR REVOKED OR ANY OTHER DISCIPLINARY ACTION WAS TAKEN? [ ] YES [ ] NO ("Beneficial Interest" as used 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 economic benefit from, or has control over a business.) IF "YES", COMPLETE THE FOLLOWING:				
	ALCOHOL LICENSE NO.		% AND TYPE INTEREST		
	LEGAL BUSINESS NAME				
	TRADE NAME /DBA NAME				
	NUMBER AND STREET				
	CITY		COUNTY		STATE ZIP+4
	DESCRIBE WHAT ACTION WAS TAKEN:				
	_____				
	_____				
	_____				
	_____				
10.	LIST THE FULL LEGAL NAMES AND CURRENT ADDRESSES OF ALL LIVING FAMILY MEMBERS DESIGNATED BELOW:				
	FAMILY MEMBERS	STREET	CITY	STATE	ZIP
	<u>FATHER:</u>				
	<u>MOTHER:</u>				
	<u>FATHER-IN-LAW:</u>				
	<u>MOTHER-IN-LAW:</u>				
	<u>BROTHERS:</u>				
	<u>SISTERS:</u>				
11.	WORK HISTORY				
	(Complete for the last 10 years, starting with present or last employer and using additional sheets if necessary.)				
	EMPLOYER	EMPLOYER ADDRESS (City & State)	JOB TITLE	TYPE OF BUSINESS	DATES WORKED (Month & Year)
					From To



1327804032

SIGNATURE SECTION

BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY, COMPLETELY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS HEREWITH. STAMPED SIGNATURE IS NOT ACCEPTABLE.

I, \_\_\_\_\_, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENT AND ANSWERS MADE BY ME IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT. I FURTHER HEREBY AUTHORIZE THE GEORGIA DEPARTMENT OF REVENUE, ALCOHOL & TOBACCO DIVISION TO OBTAIN ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

\_\_\_\_\_  
Signature

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS/HER NAME TO THE FOREGOING STATEMENT AFTER STATING TO ME UNDER OATH ADMINISTERED BY ME, THAT ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
Notary Public

AFFIX SEAL

**Citizenship Affidavit (O.C.G.A. § 50-36-1(e) (2))**

Revised 12/2023

This affidavit is being executed by the undersigned applicant to receive a license or permit. As required by law in the state of Georgia, the applicant agrees to provide a secure and verifiable document demonstrating their eligibility for the public benefit they have requested.

By executing this affidavit under oath, as an applicant for: (Check all that apply)

- State Alcohol License       State Alcohol Permit       Alcohol Special Event License
- State Tobacco License       State Tobacco Permit       Tobacco Special Event License
- Motor Fuel Distributor License

as referenced in O.C.G.A § 50-36-1, from the Georgia Department of Revenue, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency, and my alien number is \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit, and such can best be classified as:

Check which secure and verifiable document was provided. You must submit a front and back copy of a Secure and Verifiable Document with this Affidavit.

- Driver’s License       Passport       Green Card/Permanent Resident
- Employment Authorization       Certificate of Citizenship       Other: \_\_\_\_\_

A complete list of Secure and Verifiable Documents may be found at <http://dor.georgia.gov/citizenship-affidavit-secure-and-verifiable-documents> or on the Georgia Attorney General’s website. For more information, please refer to <http://dor.georgia.gov/verification-citizenship>.

**Signature Section**

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 as allowed by such criminal statute.

Executed in \_\_\_\_\_(city), \_\_\_\_\_(state)

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

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

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: