



# CITY OF ALPHARETTA

## COMPLIMENTARY SERVICE APPLICATION AND INFORMATION

Updated 08/2024

DEPARTMENT OF COMMUNITY DEVELOPMENT

2 PARK PLAZA

ALPHARETTA, GA 30009

[WWW.ALPHARETTA.GA.US](http://WWW.ALPHARETTA.GA.US)

678-297-6070

# INFORMATION PAGES

## Allowed Uses:

- Licensed Spa Service Establishments
- Hair Salons
- Specialty Retail/Boutique Shops
- Art Studios
- Leasing/Real Estate Offices
- Hotel/Extended Stay without an alcohol license
- Non-alcohol licensed Restaurants by occasion

## Application

- Complete, Signed and Notarize all required pages
- The \$300 application and investigation fee must accompany the application. Checks and Credit Cards are accepted. A link for online payment may be provided upon request.
- Completed applications must be delivered to the Licensing Office at City Hall, Ground Floor 2 Park Plaza Alpharetta, Ga 30009
- Fees are non-refundable

## Alcohol Pouring Permits (by appointment only)

- Issued by Alpharetta Department of Public Safety
- Only Business owner(s) required to obtain a pouring permit.
- To schedule an appointment, go to <https://app.acuityscheduling.com/schedule/0091bebf>
- Pouring permits are good for one year and must be renewed each year.

# Review of the Code of Complementary Service

- Any Business eligible for a Complementary Service (CS) License must have the License displayed at the business prior to beginning CS.
- Owner/s of a business applying for a CS License beer/wine, must also obtain a “Pouring Permit” annually from the Department of Public Safety. Online scheduling of appointments are required. There is a fee for the permit.  
LINK: <https://app.acuityscheduling.com/schedule/0091bebf>
- If serving wine, One singular 6 ounce pour per customer per visit is permitted
- If serving malt beverages, One single 12 ounce pour/bottle/can per customer per visit is permitted
- Absolutely NO LIQUOR may be poured by the business
- If a customer is permitted to bring their own bottle of wine, only One singular 6-ounce pour may be served and consumed per customer per visit
- At least one employee or licensee with a valid serving permit must be present at all times during operational business hours.

## Inspections

- Random inspections will be completed by Code Enforcement Officers. During the inspections they will be looking at:
  - Pouring Permits (at least one employee or licensee with a valid serving permit must be present at all times during operational business hours)
  - Business and CS Licenses on display
  - Storage area for beer/wine
  - Standard required signage
  - Any other observed Code violations will be discussed at that time as well

# Business Information

Entity Name \_\_\_\_\_

d/b/a \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Email \_\_\_\_\_

Occupational Tax License Identification Number \_\_\_\_\_

Provide a copy of current Alpharetta Occupational Tax License/Business License

# Owner Information

If more than one owner, list on a separate sheet of paper. Include a copy of government issued identification.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Personal Address

Street \_\_\_\_\_,

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

Personal Phone (Mobile) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

## Business Use – Check One That Applies

<input type="checkbox"/>	Licensed Spa Service Establishment
<input type="checkbox"/>	Hair Salon
<input type="checkbox"/>	Specialty Retail / Boutique Shop
<input type="checkbox"/>	Art Studio
<input type="checkbox"/>	Leasing / Real Estate Office
<input type="checkbox"/>	Hotel / Extended Stay without an alcohol License
<input type="checkbox"/>	Non – Alcohol Licenses Restaurants by Occasion

# Owners Statement

Owner(s) have read and agree to the Alpharetta Municipal Code Sec. 4-30 – Complimentary Service.

All owners, supervisors, employees who serve alcohol beverages are required to be 18 years of age or older and obtain an alcohol beverage servers permit. No employees under the age of 18 may serve alcohol beverages.

Only beer and wine may be served on premises to patrons of the business 21 years of age or older.

Complimentary service of malt beverages shall be limited to individual pours of no greater than 12 fluid ounces per person. Complimentary service of wine shall be limited to individual pours of no greater than six fluid ounces per person. Holders of a CS permit may, in lieu of complimentary pours, elect to allow patrons to bring in the establishment one bottle of wine, but the pour shall not exceed six ounces per person.

\_\_\_\_\_  
Owner Signature

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

Date \_\_\_\_\_

*(If more owners are applicable, please continue below)*

\_\_\_\_\_  
Owner Signature

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

Date \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

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

Date \_\_\_\_\_

*I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Application for Complimentary Alcohol Service 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.*

\_\_\_\_\_ County, State Of Georgia,

\_\_\_\_\_  
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 that he /she knew and understood all statements and information contained therein and, under oath 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

## GEORGIA CRIMINAL HISTORY RECORD REQUEST AND CONSENT FORM

1. This request is for (select one of the following):

- Employment
- Firefighter Employment
- Police Officer Pre-Employment
- Criminal Justice Employment - Non Sworn
- Alpharetta Recreation & Parks Department Employment
- Employment Working With The Elderly
- Employment Working With The Mentally Ill
- Employment At A Child Care Facility / School / Other Job Involving Children
- Licensing
- Taxi Permit
- Precious Metals
- Massage Therapy Permit
- Firearms / Toting Permit
- Alpharetta Alcohol Licensing
- Solicitation Permit
- Personal Use
- Military
- International Travel
- Police Ride-Along Request
- Prospective Adoptive / Foster Parents

2. A history is requested on the following person:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Race: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Person requesting criminal history (person permitted to pickup fulfilled request report):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Company (If Applicable): \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Your Business Address: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

4. In making this request, I hereby give consent for an inquiry to be made of my Georgia Criminal History. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / \_\_\_\_ days from the date noted on this request. I agree that the Alpharetta Department of Public Safety, 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 request 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 time of inquiry and may change at any time. I also understand that the required payment (if applicable) is due upon request.

Results will be made available within five (5) business days. Unclaimed results will be destroyed in fourteen (14) days and an additional request must be submitted.

Photocopy of a legal government issued ID must accompany this request.

\_\_\_\_\_  
Signature of Person Whose Criminal History is Being Requested

\_\_\_\_\_  
Date

### STAFF USE ONLY

Results: \_\_\_\_\_ GCIC Tech: \_\_\_\_\_ ARN: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_ Inquiry Date: \_\_\_\_\_

# AFFIDAVIT VERIFYING LEGAL IMMIGRATION STATUS

## THIS AFFIDAVIT MUST BE NOTARIZED

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):

Occupational Tax Certificate (Business License)

(insert business name)  
\_\_\_\_\_

Alcoholic Beverage License

(insert business name)  
\_\_\_\_\_

\_\_\_\_\_  
OR 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.

\_\_\_\_\_  
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 (from 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>.