

City of Dacula – Alcohol Licensing Renewal Guidelines

1. ☐ **Read the City's Alcohol Ordinance**
2. ☐ Licensees are required to maintain a copy of the Ordinance on the premises of the business, and employees shall be familiar with the complete requirements of the ordinance.
3. ☐ **Complete the application section**
4. ☐ **All Owners and Managers must complete the affidavit (page 6) in lieu of completing an annual background check unless there is something that has changed for the owner or manager.**
 - ☐ **Any new managers must complete a personal history statement (pages 7-11) and have fingerprints run.**
 - ☐ **NEW managers, and/or managers or owners with CHANGES to their background are required to complete a background check affidavit (page 12) and affidavit for public benefit (SAVE) (page 13).**
 - ☐ **Include a copy of their current driver's license or state identification card for all new managers. Applications cannot be processed without this information.**
 - ☐ **Fingerprint information must be obtained from the Police Permits Department.**
5. ☐ **Registered Agent**
 - Agent MUST be a Gwinnett County resident and complete the Agent form (page 5).
 - Owner or manager must register as agent if filling that position.
6. ☐ Review forms for completeness and have notarized.
 - **Incomplete applications will not be accepted.**
7. ☐ Submit a copy of next year's State Alcohol License.

RENEWALS ARE DUE BY NOVEMBER 30TH TO AVOID PENALTIES AND POTENTIAL LOSE OF LICENSE

- **Please make sure that all fees including Business License are current and paid.**
- **Outstanding balances will delay the issuance of your alcohol license.**
- daculacityhall@daculaga.gov or by calling 770-963-7451.
- Renewal applications can be downloaded at www.daculaga.gov.
- Fees are due at time of application submittal.
- Return application to:

City of Dacula
Alcohol Licensing
PO Box 400
Dacula, GA 30019



ALCOHOL BEVERAGE LICENSE RENEWAL APPLICATION

INSTRUCTIONS: This application must be typed or printed legibly and executed under oath. Each question must be answered completely. (If the space provided is not sufficient, answer on a separate sheet and indicate in the space if a separate sheet is attached.)

Business Name: _____ DBA: _____
Phone: _____ Email: _____
Street Address: _____ City: _____ State: _____ Zip: _____

ADMINISTRATIVE FEE: \$500 – FOR RENEWALS IF THE LICENSEE HAS CHANGED

TYPE OF BUSINESS: (Check all that apply)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Brewpub | <input type="checkbox"/> Indoor Special Events Facility |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Downtown Pub | <input type="checkbox"/> Art Shop |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Growler Shop | |
| <input type="checkbox"/> Other: _____ | | |

Will your establishment provide live entertainment? ☐ Yes ☐ No

If yes, explain: _____

TYPE OF LICENSE AND FEES: (Check all that apply)

A. Retail Package “OFF” Premises:

- | | |
|--|---------|
| <input type="checkbox"/> Beer | \$600 |
| <input type="checkbox"/> Wine | \$600 |
| <input type="checkbox"/> Beer & Wine | \$1,200 |
| <input type="checkbox"/> Beer/Wine/Distilled Spirits | \$6,000 |
| <input type="checkbox"/> Growler Shop | \$500 |
| <input type="checkbox"/> Malt Beverage/Wine Tasting | \$200 |

B. Retail Consumption “ON” Premises:

- | | |
|--|---------|
| <input type="checkbox"/> Beer | \$600 |
| <input type="checkbox"/> Wine | \$600 |
| <input type="checkbox"/> Beer & Wine | \$1,200 |
| <input type="checkbox"/> Distilled Spirits | \$4,800 |
| <input type="checkbox"/> Beer/Wine/Distilled Spirits | \$6,000 |
| <input type="checkbox"/> Brew Pub | \$1,000 |
| <input type="checkbox"/> Downtown Pub | \$1,000 |

C. Other (Stand-alone licenses)

- | | |
|---|---------|
| <input type="checkbox"/> Indoor Special Events Facility | \$1,200 |
| <input type="checkbox"/> Art Shop | \$1,200 |
| <input type="checkbox"/> Brewery | \$1,800 |
| <input type="checkbox"/> Distiller | \$2,000 |

D. Other (Supplemental licenses) *

- | | |
|---|-------|
| <input type="checkbox"/> Additional Fixed Bar | \$750 |
| <input type="checkbox"/> Movable Bar | \$250 |
| <input type="checkbox"/> Catering | \$200 |
| <input type="checkbox"/> Special Event: Off Site Consumption Filing Fee | \$25 |
| <input type="checkbox"/> Special Event: Off Site Consumption Permit Fee (per day) | \$50 |

***must have retail consumption on premises license in addition**

APPLICATION FOR ALCOHOL BEVERAGE LICENSE RENEWAL (continued)

Before signing this statement, check all the answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, including any additional attached sheets submitted herewith.

Has any owner information changed? ☐ Yes ☐ No

If yes, please explain:

Has any manager information changed? ☐ Yes ☐ No

If yes, please explain:

Has any registered agent information changed? ☐ Yes ☐ No

If yes, please explain:

Has any corporation of partnership changes occurred? ☐ Yes ☐ No

If any corporation or partnership changes have occurred new paperwork must be provided.

Number of owners and managers _____.

All owners, managers, and registered agents must complete an affidavit in lieu of a background check.
New owners and managers must fill out a statement of personal history, complete a background check affidavit, and provide fingerprint cards.

APPLICATION FOR ALCOHOL BEVERAGE LICENSE RENEWAL (continued)

Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, _____ County

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing Personal Statement are true and correct.

Applicant's Printed Name

Applicant's Signature

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

This _____ day of _____, 20_____.

NOTARY PUBLIC: _____

(SEAL)

Commission Expiration Date: _____



Registered Agent Consent Form

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Dacula. I understand the basic purpose is to have and continuously maintain in the City 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. **I understand that the Registered Agent must be a resident of Gwinnett County.**

Business Name

Location Address

Name of Agent

Agent's Home Address

City, County, State

Agent's Contact Number

Owner Signature

Agent Signature

Subscribed and sworn before me

This ____ day of _____, 20__

Subscribed and sworn before me

This ____ day of _____, 20__

NOTARY PUBLIC

NOTARY PUBLIC



AFFIDAVIT DACULA ALCOHOL LICENSE RENEWAL APPLICATION INFORMATION

Licensee Name: _____

Licensee Address: _____

Personally appeared before me, the undersigned officer duly authorized to administer oaths,
_____, who, after being duly sworn, deposes and says:

1. I completed and filed an application for an Alcohol License with the City of Dacula, Georgia.
2. I am filing a renewal application for the continuance of the Alcohol License issued by the City of Dacula, Georgia.
3. I am familiar with the contents of the original and renewal applications, and I hereby confirm that all the information, including but not limited to, criminal history information, arrest information, and any information regarding suspensions or withdrawal of any licenses in any other jurisdiction, set forth in the original and renewal application is and remains true and correct except as set forth below:

4. I understand that the original application is made a part of this renewal application, and the renewal is based upon the information contained in the original application. I understand that a false statement in the original application and/or this affidavit will void the application and may make me subject to prosecution for perjury under the laws of Georgia.
5. I have not been convicted or pleaded guilty or nolo contendere to any offenses listed in Section 4-31 of the Dacula Code of Ordinances. Further, I am familiar with all laws, rules, and regulations of the State of Georgia and all ordinances of the City of Dacula covering the operation of the alcoholic beverage, wine, and/or beer establishments, I will operate in accordance therewith under this renewal.

Affirmed and stated this _____ day of _____, 20_____.

Print Name

Signature

Sworn before me this _____ day of _____, 20_____.

Notary Public

(Seal)

My commission expires: _____



LICENSEE STATEMENT OF PERSONAL HISTORY

Instructions: Please make additional copies of this form for each owner/manager of your business. This statement must be typed or neatly printed under oath. Each question must be fully answered. If the space provided is not sufficient, answer on a separate sheet and indicate in the space if a separate sheet is attached.

BUSINESS INFORMATION

Trade name of the business for which this statement is for: _____

Location: _____

Street Number

Street Name

P.O. Box

City

State

Zip Code

Telephone Number

APPLICANT INFORMATION

Name: _____

Last

First

Middle

Applicant Home Address: _____

Street Number

Street Name

City

State

Zip Code

Telephone Number

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Sex: _____ Race: _____

Color of hair: _____ Color of eyes: _____

Your relationship with this business:

☐ Sole Owner/Proprietor

☐ Partner

☐ General

☐ Limited

☐ Silent

☐ Director

☐ Principal Stockholder (20% or more)

☐ Registered Agent

☐ Officer: _____

☐ Manager

☐ Employee: _____

Percentage of ownership or interest, if any, in this business: _____

Method and amount of compensation, if any, directly or indirectly _____

Are you a (check one) ☐ U.S. Citizen ☐ Legal Alien ☐ Legal Permanent Resident

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

If married or separated, complete information listed below:

Full Name of Spouse: _____

Maiden Name: _____ Date of Birth _____

1. State any other names which you have used: maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. specify which, show sates, etc.:

2. Employment records for the past four (4) years. (List the most recent experience first.)

<i>From Mo/Yr.</i>	<i>To Mo/Yr.</i>	<i>Occupation & duties performed</i>	<i>Salary received</i>	<i>Employer (Business Name)</i>	<i>Reason for leaving</i>

3. Do you have any financial interest, or are you employed in any other wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages? ☐ Yes ☐ No

If your answer is "yes" to number 11, give names, locations and amount of interest in each:

4. Have you ever had any financial interest in an alcoholic beverage business, which was denied a license? ☐ Yes (explain below) ☐ No

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5. Has any alcoholic beverage business in which you hold, or have held, any financial interest of, or employed, or have been employed, ever been cited for any violations of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages? ☐ Yes (explain below) ☐ No

6. If during the past ten (10) months you have bought or sold any business associated with alcohol, give details.
☐ Yes ☐ No (If yes, describe date, license number, persons, and considerations involved)

7. Have you ever been denied bond by a commercial security company? ☐ Yes ☐ No

If yes, give details: _____

8. Have you ever been arrested, or held by Federal, State, or other law-enforcement authorities for any violation of any federal law, state law, county, or municipal law, regulation, or ordinances? (Do not include traffic violations.) All other charges must be included even if they were dismissed.

☐ Yes ☐ No

If yes, give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest:

a. _____

b. _____

c. _____

d. _____

9. List below four references (personal and business). Give complete address and phone number including area code. If giving a business reference, name a person at the location to be contacted. Do not include relatives or employees or fellow employees of particular business.

a. _____

b. _____

c. _____

d. _____

10. Have you had any license under the regulatory powers of Gwinnett County denied, suspended or revoked within two (2) years prior to the filing of this application?

☐ Yes ☐ No

If yes, give details: _____

Attach photograph (FRONT VIEW) taken within the past year. Date of picture: _____



STATEMENT OF PERSONAL HISTORY

Before signing this statement, check all answers and explanations to see that you have answered all question fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, _____ County

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing Personal History Statement are true and correct.

Applicant's Printed Name

Applicant's Signature

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

This _____ day of _____, 20_____.

NOTARY PUBLIC: _____

(SEAL)

Commission Expiration Date: _____



Dacula Marshal's Office Georgia Crime Information Center Consent Form

I hereby give consent to the Dacula Marshal's Office to perform a Georgia criminal history background check and authorize the Office to record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/_____ (circle one) days from date of signature.

☐ I, _____, give consent to the above-named entity to perform periodic history background checks for the duration of my employment.

Signature

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form

NON-CRIMINAL JUSTICE PURPOSES

- ☐ **E** Employment (to include Alcohol License)
- ☐ **M** Employment direct care with Mentally ill / Developmentally Disabled
- ☐ **N** Employment direct care with Elderly
- ☐ **W** Employment direct care with Children
- ☐ **P** Public Record (no consent required)
- ☐ **F** Probate Court/Weapons Carry License

CRIMINAL JUSTICE EMPLOYMENT

- ☐ **J** Civilian Criminal Justice Employment (state and III data received)
- ☐ **Z** Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:



SAVE PUBLIC BENEFITS AFFIDAVIT

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, Alcohol License, or any other public benefit document required to operate a business as referenced in O.C.G.A. § 50-36-1, from the City of Dacula, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one.)

1. ☐ I am a United States citizen. (Include copy of either current State Driver's License, Passport, or Military ID)
2. ☐ I am a legal permanent resident of the United States. (Include a copy of a current State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)
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. My alien number is _____. (Include a copy of a State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)

The undersigned applicant 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 Georgia Law O.C.G.A. § 50-36-1(e)(1) with this affidavit.

Which type of secure and verifiable document was provided with this affidavit? _____

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

Completed by Notary:

Printed Name of Applicant

Signature of Applicant

Date

Subscribed and sworn before me on this the _____ day of _____, 20_____.

Executed in _____(city), _____(state)

Notary public signature: _____ My commission expires: _____