

ALCOHOL BEVERAGE LICENSE APPLICATION INSTRUCTIONS

Any business within the city limits of Dacula that is interested in serving or selling any type of alcohol beverage (liquor, spirit, distilled beverage, beer and/or wine) is required to obtain an Alcohol Beverage License. Visit Dacula City Hall or call (770) 963-7451 for individual assistance.

1. Confirm with the City of Dacula that the proposed business is located inside the city limits of the City of Dacula.
2. **Application Completion** – The City of Dacula has established the following application for alcohol sales within the City. Applicants are required to provide evidence of ownership or lease to receive a City of Dacula Alcohol Beverage License. The license is not transferable and expires annually on December 31 regardless of license issue date.
3. **Investigation & License Fee** – A \$500 non-refundable investigation/administrative fee is required at submission of an application. The fee is payable with certified check, cashier's check, or money order. The license fee will also be due at this time. If the application is denied for any reason the license fee is refundable, the administrative fee is not.
4. **Occupational Tax Certificate/Business License** – New businesses must apply for a City of Dacula Occupational Tax Certificate before an alcohol application will be accepted. If this is an existing business and under new ownership, the Occupational Tax Certificate must first be reissued in the new owners name before an alcohol application will be accepted.
5. **State License** – A state license must be obtained through the Georgia Department of Revenue in addition to the City license before any alcoholic beverages can be served or sold in the City of Dacula. New applicants will be required to start the licensing process directly with the State of Georgia through the [Georgia Tax Center](#).
6. **Criminal History Consent** – All owners and managers are required to complete a Personal History Statement and must be fingerprinted. Contact the Police Permits Department at (678) 377-4300 for fingerprinting or provide fingerprints at the time of application. In addition, owners and managers must complete the Consent for Background Check by the Dacula Marshal's Office.
7. **Code Ordinance** – Applicants shall access and review the Dacula Alcoholic Beverage Ordinance ([Dacula Code of Ordinance, Chapter 4](#)) for a detailed explanation of the law. Licensees are required to maintain a copy of the ordinance on premises of the business, and all employees shall be familiar with the requirements of the ordinance.

ALCOHOLIC BEVERAGE LICENSE INFORMATION & CHECK LIST

- ☐ Application packet
- ☐ Copy of Current Driver's License or State Identification Card for all individuals submitting a personal history statement.
- ☐ Copy of Legal Alien Card (if applicable) for all individuals submitting a personal history.
- ☐ Fingerprint cards for all individuals required to complete a personal history statement
- ☐ Evidence of ownership of the building or proposed building or copy of the lease, if applicant is leasing the building.
- ☐ Menu(s) (restaurants only)
- ☐ Georgia Dept. of Agriculture "Food Sales Establishment License"
- ☐ Environmental Health
- ☐ Fire Marshal
- ☐ Certified report of survey from registered land surveyor or professional engineer to include a certified scale drawing showing location and distance to closest school buildings, daycare's who offer kindergarten programs, educational buildings, school grounds, colleges, and/or any church buildings.
- ☐ If the building is complete, copies of detailed floor plan and site plan.
- ☐ If the building is proposed, copies of proposed plans and specifications and a building permit of the proposed building to be built.
- ☐ Copy of franchise agreement or contract, if applicable.
- ☐ Copy of partnership agreement, if applicable.
- ☐ Copy of articles of incorporation, if applicable.
- ☐ Certified or Cashier's check for license fee
- ☐ Certified or Cashier's check for investigative and administrative fee

New Locations Only

- ☐ Scale Drawing
- ☐ Surveyor Report
- ☐ Tear Sheet from newspaper and publisher affidavit



NEW ALCOHOL BEVERAGE LICENSE 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.)

TYPE OF LICENSE: (check one): ☐ New License ☐ New ownership / Amendment

ADMINISTRATIVE AND INVESTIGATIVE FEE: \$500 – All applicants and renewals if the licensee has changed

TYPE OF BUSINESS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bona Fide Eating Establishment | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Brew Pub | <input type="checkbox"/> Performing Arts Studio |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Growler Shop | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Drug Store | <input type="checkbox"/> Non-Profit | |
| <input type="checkbox"/> Package Store | <input type="checkbox"/> Caterer | |

Will your establishment provide live entertainment? ☐ Yes ☐ No
If yes, explain: _____

TYPE OF LICENSE AND FEES: PAYMENT BY CASHIER'S CHECK OR MONEY ORDER

(Check all that apply) (Note: Fees are one half after July 1)

A. Retail Package "OFF" Premises:

- | | | | |
|---|---------|---|---------|
| <input type="checkbox"/> Beer | \$600 | <input type="checkbox"/> Beer & Wine – Sunday Sales | \$500 |
| <input type="checkbox"/> Wine | \$600 | <input type="checkbox"/> Beer/Wine/Distilled Spirits | \$6,000 |
| <input type="checkbox"/> Beer & Wine | \$1,200 | <input type="checkbox"/> Beer/Wine/Distilled Spirits – Sunday Sales | \$1,500 |
| <input type="checkbox"/> Beer – Sunday Sales | \$250 | <input type="checkbox"/> Growler Shop | \$500 |
| <input type="checkbox"/> Wine – Sunday Sales | \$250 | <input type="checkbox"/> Malt Beverage/Wine Tasting | \$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 | | |

B. Retail Consumption "ON" Premises:

- | | | | |
|---|---------|---|---------|
| <input type="checkbox"/> Beer | \$600 | <input type="checkbox"/> Beer/Wine/Distilled Spirits | \$6,000 |
| <input type="checkbox"/> Wine | \$600 | <input type="checkbox"/> Beer/Wine/Distilled Spirits – Sunday Sales | \$1,500 |
| <input type="checkbox"/> Beer & Wine | \$1,200 | <input type="checkbox"/> Distilled Spirits | \$4,800 |
| <input type="checkbox"/> Beer – Sunday Sales | \$250 | <input type="checkbox"/> Distilled Spirits – Sunday Sales | \$1,000 |
| <input type="checkbox"/> Wine – Sunday Sales | \$250 | <input type="checkbox"/> Brew Pub | \$750 |
| <input type="checkbox"/> Beer & Wine – Sunday Sales | \$500 | | |

C. Other (Supplemental Licenses)

- | | |
|--|-------|
| <input type="checkbox"/> Catering | \$200 |
| <input type="checkbox"/> Home Delivery License | \$125 |

BUSINESS:

Business Name: _____

Street Address: _____

Mailing Address: *(if different)* _____

Business Phone: _____ Cell or Fax Number: _____

Email Address: _____

Business License Number: _____

Federal Identification Number: _____

E-Verify Number: _____

REGISTERED AGENT: (MUST BE A RESIDENT OF GWINNETT COUNTY)

Full Name: _____ Social Security # _____

Address: _____

Business Phone: _____ Cell: _____

Email Address: _____

TYPE OF OWNERSHIP:

- ☐ Sole Owner ☐ Partnership
- ☐ Private Held Corporation ☐ Public Held Corporation
- ☐ Public Held Corporation Subject to S.E.C Regulations
- ☐ Other, explain: _____

PARTNERSHIP ONLY: (if applicable)

(a) Date the partnership was formed: _____

(b) Attach Partnership Agreement

(c) List Partners:

Name and Address	G-General / L-Limited / S-Silent	Interest Investment Participation %
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CORPORATION ONLY: (if applicable)

Corporation Name: _____ Federal ID Number: _____

Address: _____

Business Phone: _____ Cell: _____ Fax: _____

Email address: _____

Mailing Address (if different): _____

Date of Incorporation: _____ Place of Incorporation: _____

(a) State Parent Corporation, if applicable: _____

(b) Number of Shares of Authorized Stock: _____

(c) Number of Shares of Outstanding Stock: _____

(d) Is the corporation owned by a parent corporation or held by a holding company? ☐ Yes ☐ No

If yes, explain: _____

List officers, directors and/or principal shareholders with 20% or more stock:

*Name**Position**Interest %***FINANCING:**

Bank to be used by business, include branch: _____

(a) Total amount of funds invested by the owner: _____

(b) Total amount of funds invested by parties other than the owner: _____

(c) Total amount of capital that is or will be invested in the business by any party or parties: _____

If any capital is borrowed:

*Name of Lender**Date**Amount**Interest Rate*

GENERAL INFORMATION:

- (a) Does the owner and/or individual partner, shareholder, director or officer have any financial interest in any manufacturer or wholesale of alcoholic beverage? ☐ Yes (explain below) ☐ No
- (b) Has owner and/or individual partner, shareholder, director, or officer received any financial aid or assistance from any manufacturer of alcoholic? ☐ Yes (explain below) ☐ No
- (c) If answer is "yes" to either of above, please explain:

- (d) Show hereunder any and all persons, corporations, partnerships, or associations (other than persons stated herein as owner(s), directors, or officers) who have received or will receive, as a result of your operation under the requested license, any financial gain or payment derived from any interest or income from the operation. Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under the license. In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders.

- (e) List all other businesses engaged in the sale of alcoholic beverages that you the owner, or any individual, partner, shareholder, officer or director is interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past.

Name

Name of Business

Interest %

NOTE: 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 PERSONNEL STATEMENT ARE TRUE AND CORRECT.

Applicant's Printed Name

Applicant's Signature

I HEREBY CERTIFY THAT _____ SIGNED HIS NAME TO THE FOREGOING APPLICATIONS STATING TO ME THAT HE 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: _____

(S E A L)

Commission Expiration Date: _____

Please complete the owner/manager information for your business. Make additional copies of this form if needed.

OWNER (1) INFORMATION:

Full Name: _____ Social Security # _____

Address: _____

Phone number: _____ E-mail address: _____

OWNER (2) INFORMATION:

Full Name: _____ Social Security # _____

Address: _____

Phone number: _____ E-mail address: _____

OWNER (3) INFORMATION:

Full Name: _____ Social Security # _____

Address: _____

Phone number: _____ E-mail address: _____

Please complete for each store manager of your business. Make copies if needed.

MANAGER (1) INFORMATION:

Full Name: _____ Social Security # _____

Address: _____

Phone number: _____ E-mail address: _____

MANAGER (2) INFORMATION:

Full Name: _____ Social Security # _____

Address: _____

Phone number: _____ E-mail address: _____

MANAGER (3) INFORMATION:

Full Name: _____ Social Security # _____

Address: _____

Phone number: _____ E-mail address: _____



LICENSEE STATEMENT OF PERSONAL HISTORY

Instruction: 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.

1. Name: _____
Last First Middle

Residence: _____
Street Number Street Name

City State Zip Code Telephone Number

2. Check:

- | | | | | |
|--|--|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Sole Owner/Proprietor | <input type="checkbox"/> Partner | <input type="checkbox"/> General | <input type="checkbox"/> Limited | <input type="checkbox"/> Silent |
| <input type="checkbox"/> Director | <input type="checkbox"/> Principal Stockholder (20% or more) | | | |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Officer: _____ | | | |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Employee: _____ | | | |

3. Trade name of the business for which this statement is for:

Name of Business: _____

Location: _____
Street Number Street Name P.O. Box

City State Zip Code Telephone Number

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

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

6. Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Sex: ☐ Male ☐ Female Race: _____

Color of hair: _____ Color of eyes: _____

7. ☐ U.S. Citizen ☐ Legal Alien ☐ Legal Permanent Resident

8. ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

If married or separated, complete information listed below:

Full Name of Spouse: _____

Maiden Name: _____ Date of Birth: _____

9. 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.:

10. 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>
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11. 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:

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

13. 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

14. 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)

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

If yes, give details: _____

16. 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. _____

17. 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. _____

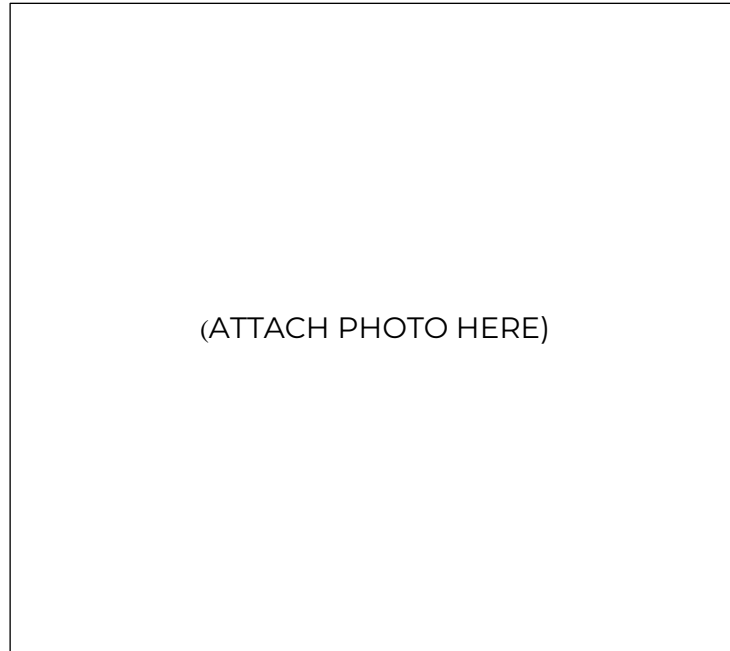
d. _____

18. 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: _____



NOTE: 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 PERSONNEL STATEMENT ARE TRUE AND CORRECT. FURTHER, AS PART OF THE PROCESS RESULTING FROM MY APPLICATION FOR BACKGROUND INVESTIGATION, FOR AN ALCOHOLIC BEVERAGE LICENSE. I HEREBY AUTHORIZE PERSONNEL OF THE GWINNETT COUNTY POLIC DEPARTMENT TO RECEIVE, VERIFY, AND DISSEMINATE ANY CRIMINAL HISTORY INFORMATION, WHICH MAY BE IN THE FILES OF ANY LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCY FOR INVESTIGATIVE PURPOSES, DENIAL, OR APPEALS.

Applicant's Printed Name

Applicant's Signature

I HEREBY CERTIFY THAT _____ SIGNED HIS NAME TO THE FOREGOING APPLICATIONS STATING TO ME THAT HE 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: _____

(S E A L)

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



Dacula Marshal's Office Georgia Crime Information Center Consent Form

I _____ hereby give consent the City of 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.

Address

Sex

Race

Date of Birth

Social Security Number

Date

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code "M")
- ☐ Employment with elder care (Purpose code "N")
- ☐ Employment with children (Purpose code "W")
- ☐ Alcohol License Application (Purpose code "E")
- ☐ Other Government Employment

One of the following must be circled:

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

Please include a copy of either current State Driver's License, Passport, or Military ID.

Personally appeared the above named applicant who on says that (he) (she) is the applicant for the foregoing, and that all the above statement are true to the best of (his) (her) knowledge.

Applicant's Signature

Sworn and subscribed before this _____ day of _____, 20_____.

NOTARY PUBLIC

Commission Expiration Date: _____

(S E A L)



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: _____



E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate/Business License, Alcohol License, or other public document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Dacula, the undersigned applicant representing the private employer known as _____ (Printed Name of Private Employer) verifies on of the following with respect to my application for the above mentioned business document.

- A.) ☐ On January 1st of the below signed year, the individual, firm, or corporation employed TEN (10) or more employees. The employer has registered with and utilized the federal work authorization program in accordance with the applicable provisions and deadlines in O.C.G.A. § 36-60-6(e) – **uscis.gov/everify**.

The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below.

E-Verify: _____

Date of Authorization: _____

- B.) ☐ On January 1st of the below signed year, the individual, firm, or corporation employed LESS THAN TEN (10) employees. **No E-Verify registration is required.**

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

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: _____

PREMISE & STRUCTURE

1. Type of Business:

- ☐ Bona Fide Eating Establishment ☐ Super Market
☐ Convenience Store

2. Is this location within a commercial zoning district? ☐ Yes ☐ No

What is the zoning of the property? _____

3. Lighting: Does the building in which business is to be located contain sufficient lighting so that the building itself and the premises on all sides of the building are readily visible at all times from the front of the street on which the building is located as to reveal all of the outside premises of such building?

☐ Yes ☐ No

Is the building so illuminated so that all hallways, passages, and open areas may be clearly seen by the customer therein? ☐ Yes ☐ No

If the answer is "NO" to either, please explain proposed methods to rectify the insufficient lighting:

4. *(For restaurants only)* Do you have patio sales? ☐ Yes ☐ No

5. Attach copies of the following information as it applies to this application:

- a. Attach a certified scale drawing of the proposed premises by a registered land surveyor or professional engineer, showing the distance requirement from church and school.
- b. Attach a certificate of a registered land surveyor or professional engineer that the location complies with the distance requirement from church and school.
- c. Evidence of ownership of the building or proposed building or copy of the lease, if applicable.
- d. A copy of the franchise agreement or contract, if applicable.
- e. A copy of the menu(s) if the applicant is a "bona fide" eating establishment.
- f. Plans:

If the building is complete, attach copies of detailed site plans of said building including outside premises and floor plan.

If the building is proposed, attach copies of proposed, attach copies of proposed site plan and specifications, and building permit of the proposed building.

Instructions for the following pages: Each page has questions regarding the type of business indicated on Section 1 on page 20. Fill out the appropriate page and mark N/A on the ones that do not pertain to your business.

FOR BONA FIDE EATING ESTABLISHMENTS ONLY:

1. Number of square feet of total floor area: _____
2. Number of square feet devoted to dining area: _____
3. Total seating capacity (excluding bar area): _____
4. Number of parking spaces: _____
5. Number of parking spaces devoted to handicapped persons: _____
6. Days/hours that prepared meals or foods are served: _____
7. Do you have a full-service kitchen? ☐ Yes ☐ No
 - a. Does kitchen contain a three (3) compartment sink? ☐ Yes ☐ No
 - b. Is the stove and/or grill permanently installed and approved by the Health and Fire department? ☐ Yes ☐ No
 - c. Is the refrigerator approved by the Health and Fire departments? ☐ Yes ☐ No
 - d. Will 50% of sales be food? ☐ Yes ☐ No

If answer to any of the above questions is no, please explain: _____

The establishment must comply with the advertising prohibition as outlined in **Chapter 4** of the City of Dacula Alcoholic Beverage Ordinance? (Initials) _____

FOR SUPER MARKET (GROCERY) OR CONVENIENCE STORE ONLY:

1. Total floor area in square feet: _____
2. Total square feet of floor area devoted to the sale of groceries and food products _____
3. Number of parking spaces: _____
4. Number of parking spaces devoted to handicapped persons: _____
5. Is the establishment devoted principally to the retail sale of groceries and food products?
☐ Yes ☐ No If no, please explain:

The establishment must comply with the advertising prohibition as outlined in **Chapter 4** of the City of Dacula Alcoholic Beverage Ordinance? (Initials) _____

FOR RETAIL PACKAGE SALES OF MALT BEVERAGES, WINE, & DISTILLED SPIRITS:

1. Total floor area in square feet: _____
2. Hours of operation: _____
3. Number of parking spaces: _____
4. Number of parking spaces devoted to handicapped persons: _____

The establishment must comply with the advertising prohibition as outlined in **Chapter 4** of the City of Dacula Alcoholic Beverage Ordinance? (Initials) _____

NOTE: 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 PREMIE AND STRUCTURE STATEMENT ARE TRUE AND CORRECT.

Applicant's Printed Name

Applicant's Signature

I HEREBY CERTIFY THAT _____ SIGNED HIS NAME TO THE FOREGOING APPLICATIONS STATING TO ME THAT HE 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: _____

(S E A L)

Commission Expiration Date: _____



CERTIFIED REPORT OF SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

APPLICANT: _____

TRADE NAME: _____

ADDRESS: _____

The undersigned has examined the subject location and has made measurements to determine the compliance or non-compliance with distance requirement pursuant to the Alcoholic Beverage Ordinance of the City of Dacula. The undersigned understands and applied the following criteria in making said determinations:

1. Church Distance requirement applies to any church building. **(100 yard minimum)**
2. Schools Distance requirement applies to any school building, educational building, school grounds, day care (offering pre-kindergarten instruction), or college campus. The school building on a college campus shall apply only to state, county, city, or church school buildings and to such buildings at such other schools in which are taught subjects commonly taught in the common schools and colleges of this state. Campus shall be defined as buildings necessary and convenient, and habitually used for educational purposes. **(200 yards minimum)**

Distance shall be measured in straight line from the main entrance of the school or church building in question to the main entrance of the establishment for the sale of alcoholic beverages in question.

_____ yards to any **church** building. Give names and locations.

_____ yards to any **school** building. Give names and locations.

In my opinion, the premises indicated above meets the requirements for licensing.

Georgia Registered Land Surveyor/Engineer

Number

NOTE: A scale drawing of the location of the proposed premises, showing the distances described as above, must be attached.

ADS ARE FOR THE SELL OF DISTILLED SPIRITS ONLY

Classified AD Example:

Notice of Application for Alcohol License

AN APPLICATION HAS BEEN FILED ON (DATE) WITH THE CLERK OF THE CITY OF DACULA FOR A LICENSE TO SELL BEER, WINE, AND DISTILLED SPIRITS BY THE FOLLOWING APPLICANT AT THE FOLLOWING LOCATION, TO WIT:

APPLICANT/OWNER: _____

BUSINESS NAME: _____

LOCATION: _____

A DECISION ON WHETHER OR NOT TO GRANT OR DENY SUCH A LICENSE WILL BE MADE BY THE CLERK OF THE CITY OF DACULA NO LATER THAN THIRTY (30) DAYS FROM THE DATE THE FILED APPLICATION IS DETERMINED TO BE COMPLETE. MEMBERS OF THE PUBLIC ARE INVITED TO NOTE ANY OBJECTIONS, IN WRITING, THAT THEY MAY HAVE TO THE GRANTING OF SUCH LICENSE BY FILING SAID WRITTEN OBJECTIONS WITH THE CLERK OF THE CITY OF DACULA.

This ad shall be published in the newspaper in which the legal advertisements of the City are published once a week (Gwinnet Daily Post), for two (2) consecutive weeks.