



Alcohol License  
Renewal Application

License year 2016

Alcohol License Number \_\_\_\_\_  
Business License Number \_\_\_\_\_



# LAWRENCEVILLE

GWINNETT · METRO ATLANTA

## Alcohol License Renewal Guidelines

1. **Read the City's Alcohol Ordinance!** 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.

**PLEASE NOTE: ALL owners and managers are required to complete a background affidavit and affidavit for public benefit.**

- **Include a copy of current driver's license or state identification card for all owners and managers.**  
(You may need to print additional copies of pages 6-7)
- **Applications cannot be processed without this information!**
- **Any new managers must complete a personal history statement, as well as a fingerprint check.**

2. Registered agent – agent **MUST** be a Gwinnett County resident and complete the agent form. Owner or manager must register as agent if filling that role.
3. Complete employee listing for on premises consumption locations only.  
\*You may need to print additional copies of pages 8 – 9
4. If the business represents an eating establishment, submit a copy of the menu.
5. Review forms for completeness and have notarized.
6. Submit a copy of 2016 State Alcohol License.
7. **Due by January 31<sup>st</sup> to avoid penalties. Please make sure that all fees including Business License are current and paid. Outstanding balances will delay the issuance of your alcohol license.**
8. Renewal applications can be downloaded at [www.lawrencevillega.org](http://www.lawrencevillega.org).
9. Fees are due at time of application submittal.

**Return application to:** City of Lawrenceville  
Alcohol Licensing  
PO Box 2200  
Lawrenceville, GA 30046

\*\*Questions may be directed to Melissa Rowe at [melissa.rowe@lawrencevillegaweb.org](mailto:melissa.rowe@lawrencevillegaweb.org) or by calling 678-407-6583.



# LAWRENCEVILLE

GWINNETT · METRO ATLANTA

## Alcohol 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 PROVIDED THAT A SEPARATE SHEET IS ATTACHED.)

**BUSINESS NAME:** \_\_\_\_\_ **DBA:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ADMINISTRATIVE FEE: \$300 - RENEWALS IF THE LICENSEE HAS CHANGED**

**TYPE OF BUSINESS (CHECK ALL THAT APPLY)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> RESTAURANT               | <input type="checkbox"/> CONVENIENCE STORE | <input type="checkbox"/> GROCERY STORE                 |
| <input type="checkbox"/> PATIO SALES              | <input type="checkbox"/> GROWLER STORE     | <input type="checkbox"/> INDOOR SPECIAL EVENT FACILITY |
| <input type="checkbox"/> PERFORMING ARTS FACILITY | <input type="checkbox"/> CATERER           | <input type="checkbox"/> WINE SHOP                     |
| <input type="checkbox"/> HOTEL/MOTEL              | <input type="checkbox"/> WHOLESALE         | <input type="checkbox"/> NON PROFIT                    |
| <input type="checkbox"/> OTHER _____              |  |  |

WILL YOUR ESTABLISHMENT PROVIDE LIVE ENTERTAINMENT?  YES  NO

IF YES EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**TYPE OF LICENSE AND FEES (CHECK ALL THAT APPLY)**

**RETAIL PACKAGE (OFF PREMISES CONSUMPTION)**

- BEER & WINE \$1200
- BEER \$600
- WINE \$600
- GROWLER STORE \$500

**RETAIL CONSUMPTION ON PREMISES**

- BEER & WINE \$1200
- BEER \$600
- WINE \$600
- DISTILLED SPIRITS \$2500
- BREWPUB \$2500

**OTHER (STAND-ALONE LICENSES)**

- INDOOR SPECIAL EVENTS FACILITY \$2000
- PERFORMING ARTS FACILITY \$500
- WINE SHOP \$2500
- CATERING \$200
- HOTEL/MOTEL \$100
- ART SHOP \$500

**OTHER (SUPPLEMENTAL LICENSES)**

- PATIO SALES \$200
- ADDITIONAL FIXED BAR \$500
- MOVABLE BAR \$100
- CATERING PERMIT (PER EVENT) \$50
- OUTDOOR EVENT (SUP REQUIRED) \$2000

**NON-PROFIT PRIVATE CLUB**

- BEER & WINE \$500
- BEER \$250
- WINE \$250
- DISTILLED SPIRITS \$1000

**WHOLESALE DEALER INSIDE THE CITY**

- BEER & WINE \$500
- BEER \$250
- WINE \$250
- DISTILLED SPIRITS \$1000



# LAWRENCEVILLE

GWINNETT • METRO ATLANTA

## Alcohol License Renewal Application

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, including any additional 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 IS 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 SIGNATURE

(AFFIX SEAL HERE)

\_\_\_\_\_  
MY COMMISSION EXPIRES:



# LAWRENCEVILLE

GWINNETT · METRO ATLANTA

## Alcohol License Renewal Application

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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, including any additional 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: \_\_\_\_\_  
\_\_\_\_\_

**New owners and managers must fill out a statement of personal history, complete a background check affidavit and be fingerprinted.**

Number of owners and managers \_\_\_\_\_.

All owners, managers, and registered agents must complete a background check affidavit.

Have any corporation or partnership changes occurred? ( ) Yes ( ) No

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

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 application are true and correct.

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Applicant's signature

Subscribed and sworn  
before me on this the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public



# LAWRENCEVILLE

GWINNETT · METRO ATLANTA

## Authorization for Release of Personal Information and Criminal History Record Information

I \_\_\_\_\_ do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Lawrenceville, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints; or grievances filed by or against me; and the records, recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information deemed pertinent for the purposes of assessing my suitability for a City of Lawrenceville license, permit or appointment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part upon this release authorization, will be considered in assessing my suitability for a City of Lawrenceville license, permit or appointment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the Lawrenceville Police Department to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

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

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

Sworn to me and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

Place Commission Information and Seal:

<b>LPD USE ONLY</b>
____ Approved
____ Denied



# LAWRENCEVILLE

GWINNETT · METRO ATLANTA

## SAVE Public Benefits Affidavit - O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for The City of Lawrenceville, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating 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. My alien number issued by the Department of Homeland Security or other federal immigration agency 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. **MUST BE PROVIDED BY EVERYONE.**

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

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:



# LAWRENCEVILLE

GWINNETT • METRO ATLANTA

## List of Employees for Alcohol-Licensed Businesses

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**Business Name:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_  
**Business Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Home Telephone Number:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Alien Registration Number:** \_\_\_\_\_  
**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Job Position:** Server \_\_\_\_\_ or Cashier \_\_\_\_\_

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Home Telephone Number:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Alien Registration Number:** \_\_\_\_\_  
**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Job Position:** Server \_\_\_\_\_ or Cashier: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Home Telephone Number:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Alien Registration Number:** \_\_\_\_\_  
**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Job Position:** Server \_\_\_\_\_ or Cashier: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Home Telephone Number:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Alien Registration Number:** \_\_\_\_\_  
**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Job Position:** Server \_\_\_\_\_ or Cashier: \_\_\_\_\_



# LAWRENCEVILLE

GWINNETT • METRO ATLANTA

## List of Employees for Alcohol-Licensed Businesses (if needed)

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Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Job Position: Server \_\_\_\_\_ or Cashier \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Job Position: Server \_\_\_\_\_ or Cashier: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Job Position: Server \_\_\_\_\_ or Cashier: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Job Position: Server \_\_\_\_\_ or Cashier: \_\_\_\_\_