

Alcohol License Application Check List
All documents are required for processing

- Application Form *
- State documents showing incorporation or partnership *
- General Manager background check form
- Affidavit signed by Manager
- Registered Agent consent form (if applicable)
- Fingerprint (see attachments)
- Fingerprint waiver
- Copy of lease or
- Proof of ownership (tax record) or
- Franchise agreement or contract
- Proof of Citizenship or Lawful Alien for permanent residence
- Investigative/Administrative fee \$300 (check, cash or money order)
- Alcohol License fee (see ordinance 34-201 11)
- Proof of Business License (see ordinance 32-101) *
- Proof of utility account established *
- Zoning of property _____
- Site Plan by registered surveyor showing: (see ordinance 34-201-4(a) & 5(d) (see SAMPLE), for new locations.
 - Building of establishment
 - Nearby school buildings
 - Nearby church buildings
 - Main entrances of these buildings
 - Distance in a straight line in feet from entrance to entrance
- Number of seats (if new restaurant) _____
- Floor plan layout (drawn to scale) (if new restaurant) showing
 - Locations of exits
 - Tables and chairs numbered
 - Bars (fixed and mobile)
 - Patio areas
 - Approval stamp from Gwinnett County Fire Marshall with maximum occupancy load

* - All names must be identical and the same as the State Alcohol License

I HAVE READ AND UNDERSTAND THE ALCOHOL ORDINANCE

Signature _____ Date _____

****Office Use Only****

LPD Approved _____	Denied _____	Count Seats _____
GBI Approved _____	Denied _____	Advertise _____
Paid \$300 - Check _____	Cash _____	MO _____
License fee - Check _____	Cash _____	MO _____

CITY OF LAWRENCEVILLE ALCOHOL BEVERAGE SALES APPLICATION

Name of Business: _____

Doing Business As: _____

Address of Business: _____

Business Phone Number: _____

If different,
Mailing Name: _____

Mailing Address: _____

Licensee or
General Manager: _____

Home address _____

Home phone number _____

Citizen of the United States of America? _____

Alien lawfully admitted for permanent residence? _____

****New General Managers must inform the city within 3 days of employment so that investigation on new manager may begin. Failure to do so will be an automatic revocation of the alcohol license.**

Name and address of Corporate Registered Agent (if Licensee/General Manager is not a Gwinnett County resident):

(Must be a Gwinnett County resident)

TYPE OF BUSINESS

- Sole Proprietorship**
- Partnership**
- Corporation**

Name and Address of Partners if Partnership
OR
Name and Address of Officers if Corporation

Name and Address of 20% Shareholders if Corporation

_____	% owned	_____
_____	% owned	_____
_____	% owned	_____
_____	% owned	_____
_____	% owned	_____

TYPE OF LICENSE

Retail

- Distilled Spirits consumed on the premises Monday through Saturday
- Distilled Spirits consumed on the premises on Sunday
- Beer & Wine consumed on the premises Monday through Saturday
- Beer & Wine consumed on the premises on Sunday
- Wine only consumed on the premises Monday through Saturday
- Wine only consumed on the premises on Sunday
- Beer only consumed on the premises Monday through Saturday
- Beer only consumed on the premises on Sunday
- Additional fixed bars at permitted location – number _____
- Movable bars at permitted location – number _____

Retail by the Package - Monday through Saturday Only

- Beer & Wine sold for consumption off premises
- Wine sold for consumption off premises
- Beer sold for consumption off premises

Wholesale

- Distilled Spirits - principal place of business is in the city
- Beer & Wine - principal place of business is in the city
- Wine only - principal place of business is in the city
- Beer only - principal place of business is in the city
- Alcohol - principal place of business is not in the city

Non-profit

- Distilled Spirits - Nonprofit Private Club, Monday through Saturday
- Distilled Spirits - Nonprofit Private Club, Sunday
- Beer & Wine - Nonprofit Private Club, Monday through Saturday
- Beer & Wine - Nonprofit Private Club, Sunday
- Wine only - Nonprofit Private Club, Monday through Saturday
- Wine only - Nonprofit Private Club, Sunday
- Beer only - Nonprofit Private Club, Monday through Saturday
- Beer only - Nonprofit Private Club, Sunday

Temporary

- For non-profit ** Maximum of 5 days
- Distilled Spirits for consumption on the premises
- Beer & Wine for consumption on the premises
- Beer & Wine for package sales
- Wholesaler or distributor
- Alcohol Outdoors/Public Facility (via Special Use Permit)

Hotel-Motel

- In room service

AFFIDAVIT OF LICENSEE/GENERAL MANAGER

I swear or affirm that I have read along with this application a copy of the ordinance authorizing the sale of distilled spirits, wine and beer prescribing the license fees, regulations, and conditions under which same may be sold. I understand all the provisions of this ordinance and I agree to fully comply with them in making this application. I further more swear or affirm that I, as the Licensee/ General Manager, as well as any owners or corporate officers of such establishment, have not been convicted or pleaded guilty or entered a plea of nolo contendere to any crime involving moral turpitude, lottery, or illegal possession or sale of narcotics or liquors within a period of ten (10) years immediately prior to filling of this application. I further swear or affirm that the foregoing statements and information provided herein are true. I understand that any untrue or misleading information contained herein, or material omission shall be cause for denial, and, if any privilege or license has been granted under such circumstances same shall be subject to revocation.

Signature

Date

Printed Name and Title

Sworn to and subscribed before me this the

_____ day of _____ 2 _____

Notary Public (SEAL)

LICENSEE/GENERAL MANAGER BACKGROUND CHECK

Name (Last) _____ (First) _____ (Middle) _____

(Maiden) _____

US Citizen or Legal Permanent Resident: Yes ___ No ___
(Proof required)

Date of Birth _____

Sex _____ Race _____ SS# _____

Address _____

Phone Number _____

Have you ever been convicted for the violation of any municipal, county, state, or federal laws (including traffic offenses)? If so, give dates, charges, places of arrest, and disposition of charges.

Have you ever pleaded nolo contendere for the violation of any municipal, county, state, or federal laws (including traffic offenses)? If so, give dates, charges, places of arrest, and disposition of charges.

****Attach Photograph (Front View) Taken Within Past 6 Months. **Fingerprints will be taken at the City of Lawrenceville Police Department at time of application submittal.**

Registered Agent Consent

Business Name _____

Address _____

_____, do hereby consent to serve as the Registered Agent for the licensee, owners, officer and/or directors and to perform all obligations of such agency under the Alcoholic Beverages Sales ordinance of the City of Lawrenceville. 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.

This _____ day of _____, 20_____.

Signature of Agent

Typed name of Agent

Agent's Address

Phone Number

Sworn to and subscribed before me this the
_____ day of _____, 20_____.

Notary Public (Seal)

APPROVED:

Sole Owner/Partner _____
Officer or Director (Title)

CITY OF LAWRENCEVILLE
LAWRENCEVILLE POLICE DEPARTMENT
REQUEST FOR CRIMINAL HISTORY INFORMATION

FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

RACE: _____ SEX: _____ D/OB: _____

I, the above-named individual, am requesting a check of my criminal history from the Lawrenceville Police Department, Lawrenceville, Georgia, for any criminal history maintained by the State of Georgia only.

I also agree that the Lawrenceville Police Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of my record once it has been delivered to me.

Signature

Date

Printed Name

Notary (Seal)

____ No Record

____ Record
(See Attachment)

Date

Lawrenceville Police Department

Authorized Signature



COGENT  SYSTEMS
Georgia Applicant Processing Services

Finger Printing Instructions

As of January 1, 2009 the GBI is no longer conducting background checks via paper fingerprint cards due to state budget cuts. We are now using an electronic system called GAPS Cogent Systems in which the results are available within 24 to 48 hours viewable only by the city of Lawrenceville.

The GAPS location that the city of Lawrenceville will be using is located at the UPS Store #2981 2700 Braselton Hwy Dacula, GA 30019.

Their hours of operation are Monday thru Friday 9:00am to 6:00pm and Saturday 10:00am to 2:00pm

Directions: Intersection of Hwy 124 and Hwy 324 on Braselton Hwy. In the Mountain Crossing Shopping Center (Kroger). Access off Hamilton Mill Exit 60 East, at the first light make a right, 1 ½ miles on right.

- Register at <http://www.ga.cogentid.com>
- Click on **Single Applicant Registration**
- Reason* **Alcohol/Liquor**
- ORI#* **GA0670300**
- Verification Code* **PZ6784076583**
- You may pay online with a credit card or pay at the GAPS location with **Money Order only** in the amount of **\$32.15**
- Print your registration confirmation and take to the GAPS location to be finger printed
- Also have your Drivers License and Social Security card available to show proof of who you are at the GAPS location
- You will not receive the results at that time. The City of Lawrenceville views the results online within 24 to 48 hours.

By signing below I certify that I have completed the fingerprint process as required for an Alcohol License by the City of Lawrenceville.

Print

Date

Signature

** Please bring this form when submitting the application.



COGENT SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

Date: _____

COGENT SYSTEMS

COGENT SYSTEMS IDENTITY VERIFICATION PROCEDURES

Cogent Systems requires current, valid and unexpired picture identification documents. As a primary form of picture identification one of the following will be accepted at the GAPS Print Locations:

Primary Documents

- State Issued Driver's License with Photograph
- State Issued Identification Card with Photograph
- US Passport with Photograph
- US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph
- Government Issued Employee Identification Card with Photograph (includes Federal, State, County, City, etc.)
- Tribal Identification Card with Photograph

However, in the absence of one of the above Primary identifications, applicants may provide one or more of the following Secondary Documents, along with two of the supporting documents listed below:

Secondary Documents:

- State Government Issued Certificate of Birth
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- NS 1-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

Secondary Documentation must be supported by at least two of the following:

- Utility Bill (Address)
- Voter Registration Card
- Vehicle Registration Card/Title
- Paycheck Stub with Name/Address
- Cancelled Check or Bank Statement

PLEASE READ THE NEXT 3 PAGES VERY CAREFULLY.

Only one (1) of the two (2) affidavits will apply to you.

AFFIDAVIT A OR AFFIDAVIT B

[REDACTED]

Thank You
Business License Department

AFFIDAVIT FOR UNITED STATES CITIZENS AND LEGAL PERMANENT RESIDENTS

Instructions: As required by Official Code of Georgia § 50-36-1(d)(1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a United States Citizen or legal permanent resident is required to execute this Affidavit under oath before a notary public.

AFFIDAVIT "A"

I, _____, first being duly sworn do swear
(name)

or affirm under penalty of perjury that I am a United States citizen or legal permanent resident 18 years of age or older. Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in this Affidavit shall be guilty of a violation of Official Code of Georgia § 16-10-20.

Sworn to and subscribed

Signature

Before me this ____ day

Of _____, 20__:

Notary Public

My Commission Expires:

Seal

**AFFIDAVIT FOR QUALIFIED ALIENS OR NONIMMIGRANTS LAWFULLY
PRESENT IN THE UNITED STATES**

Instructions: As required by Official Code of Georgia § 50-36-1(d)(1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a qualified alien or nonimmigrant lawfully present in the United States is required to execute this attached Affidavit under oath before a notary public.

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

In most cases, verification can be made quickly; however, in some cases, verification may take several days or weeks. If you qualify in all other respects for an Occupation Tax Certificate, it will be issued once verification is complete. All Gwinnett County Occupation Tax Certificates expire on March 31 of the following year or the date on which your legal presence document expires, whichever is sooner.

AFFIDAVIT "B"

I, _____, first being duly sworn do swear
(name)

or affirm under penalty of perjury that I am a qualified alien or nonimmigrant 18 years of age or older. Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in this Affidavit shall be guilty of a violation of Official Code of Georgia § 16-10-20.

Sworn to and subscribed

Signature

Before me this ____ day
Of _____, 20__:

Notary Public

My Commission Expires:

Seal