



# CITY OF LAWRENCEVILLE

## ALCOHOL LICENSE APPLICATION

**MUST BE RETURNED IN PERSON**

70 S. CLAYTON STREET  
LAWRENCEVILLE, GA 30046  
770-963-2414  
[WWW.LAWRENCEVILLEGA.ORG](http://WWW.LAWRENCEVILLEGA.ORG)

## City of Lawrenceville - Alcohol Licensing Guidelines

Process for Obtaining a License: \*\*Please note that the City licensing process can take 2-4 weeks.

1. Confirm with City of Lawrenceville that the proposed business is located inside the limits of the City of Lawrenceville.
2. If this is a new business, apply for a City of Lawrenceville Occupational Tax License. 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.
3. Read and understand the City's Alcoholic Beverages 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.
4. A state license must also be obtained through the GA State Department of Revenue (DOR) before any alcoholic beverages can be served or sold in the City of Lawrenceville. The DOR may be contacted at (404) 417-4490. If applying for beer and wine only, the State requires proof of a City Alcohol License first. If applying for a liquor license, it is advised to begin the State License application process simultaneously.
5. Call the Lawrenceville Alcohol/Excise Tax officer at (770)963-2414 x6389 for an appointment to submit your application. Bring the completed application and the non-refundable administrative fee (\$300.00, payable with a certified check, cashier's check or cash) to City Hall, 70 S. Clayton Street, Lawrenceville. The license fee will also be due at this time, which is refundable if the license is denied for any reason.
6. All owners and managers are required to complete a personal history statement and must be fingerprinted. The Lawrenceville Police Department will perform background investigations on all applicants. All employees handling or serving alcohol will be required to obtain an alcohol handling permit from the Lawrenceville Police Department for a charge of \$25.

**Lawrenceville Police Department**  
**300 Jackson Street , Lawrenceville, GA**

**Hours: Monday - Friday:**  
**30046**

**9:00 AM – 12:00 PM**  
**1:00 PM – 4:00 PM**

7. Any applicant who owes other fees or taxes to the City will be required to remit payment prior to issuance of an alcohol license.

## **Checklist for Alcohol Application Submission**

1. Read the City's Alcohol Ordinance!
2. If this is a business location that has not previously sold alcoholic beverages on premises, there must be (2) consecutive weeks of advertisement to begin no later than ten days following submission of the application.
3. Review forms for completeness and have notarized. (City Hall has notaries available.)
4. Statement of personal history form for sole owner, partners, officers, directors and major stock holders of private corporations, and general manager. If applicant represents a partnership, submit copy of partnership agreement. If incorporated, bring a copy of the certificate.
5. Copy of current drivers license or state identification card for all individuals submitting a personal history statement.
6. Provide a certified scale drawing showing the location and distance to closest school buildings, licensed daycare centers, educational buildings, school grounds, colleges and/or any house of worship buildings.
7. Submit completed Premises/Structure forms.
8. Have a certified report of survey from a registered land surveyor or professional engineer.
9. Submit evidence of ownership of the building or a copy of the lease, if applicant is leasing the building.
10. Registered agent consent form – agent MUST be a Gwinnett County resident.
11. Complete employee listing.
12. If business represents an eating establishment, submit a copy of the menu.
13. Completed copy of State of Georgia alcohol application.
14. Copies of Health Department approval, Health Permit, and Fire Marshal.

## **APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**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:** \_\_\_\_\_

**TYPE OF LICENSE:** (check one)     New License     New Ownership

**ADMINISTRATIVE FEE: \$300 - ALL NEW APPLICANTS AND RENEWALS IF THE LICENSEE HAS CHANGED**

**TYPE OF BUSINESS** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Eating Establishment | <input type="checkbox"/> Convenience Store      |
| <input type="checkbox"/> Hotel/Motel          | <input type="checkbox"/> Brew Pub               |
| <input type="checkbox"/> Wholesale            | <input type="checkbox"/> Special Event Facility |
| <input type="checkbox"/> Super Market         | <input type="checkbox"/> Other (Explain): _____ |

Will your establishment provide "live" entertainment?     No     Yes

If yes, explain: \_\_\_\_\_

**TYPE OF LICENSE AND FEES** (check all that apply)

**Retail Package (off premises consumption)**

- Beer and Wine- \$1,000
- Beer only- \$500
- Wine only- \$500
- 

**Retail Consumption on Premises**

- Distilled Spirits -\$2,500
- Beer and Wine- \$1,125
- Beer only- \$585
- Wine only- \$585

**OTHER (Supplemental licenses)**

- Additional Fixed Bar (Liquor) - \$500
- Movable Bar (Liquor) - \$100
- Wholesale Dealer inside City (Beer) - \$250
- Wholesale Dealer inside City (Wine) - \$250
- Wholesale Dealer inside City (Beer/Wine) - \$500
- Wholesale Dealer inside City (Liquor) - \$1000

**OTHER (Stand-alone licenses)**

- Special Events Facility - \$350
- Outdoor Event (Special Event) - \$2000
- Public Facility (Special Event) - \$2000
- Special Event by a Civic nonprofit - \$25
- 
- 

**BUSINESS INFORMATION:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: *(if different)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**TYPE OF OWNERSHIP:**

- Sole Owner
- Partnership
- Public Held Corporation Subject to S.E.C. Regulations
- Privately Held Corporation
- Public Held Corporation
- Other – (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

**OWNER INFORMATION:**

Owner Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

***IF BUSINESS HAS MORE THAN ONE OWNER, PLEASE COMPLETE THE FOLLOWING:***

**OWNER (2) INFORMATION:**

Owner Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**OWNER (3) INFORMATION:**

Owner Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**OWNER (4) INFORMATION:**

Owner Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**PLEASE COMPLETE FOR EACH MANAGER FOR YOUR BUSINESS.**

**MANAGER (1) INFORMATION:**

Manager Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**MANAGER (2) INFORMATION:**

Manager Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**MANAGER (3) INFORMATION:**

Manager Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**MANAGER (4) INFORMATION:**

Manager Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

Fax number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUSINESS AND PERSONAL TAX ADVICE ACCOUNTING and FINANCIAL ADVISORY:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: *(if different)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR PARTNERSHIP ONLY: (if applicable)**

Date Partnership Formed: \_\_\_\_\_ *(\*Attach Partnership Agreement to this Application)*

**FOR CORPORATION ONLY: (if applicable)**

Corporation Name: \_\_\_\_\_ FIN #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: *(if different)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Place of Incorporation: \_\_\_\_\_

- a. Number of shares of authorized capital stock: \_\_\_\_\_
- b. Number of shares of outstanding stock: \_\_\_\_\_
- c. Is the corporation owned by a parent corp. or held by a holding company? \_\_\_\_\_
- d. If yes, explain: \_\_\_\_\_

**List officers, directors and/or principal shareholders with 20% or more of the stock.**

Name	SSN	Position	Interest %

**Financing:**

- a. Bank and branch location to be used by business: \_\_\_\_\_
- b. Total amount of funds invested by the owner: \_\_\_\_\_
- c. Total amount of funds invested by parties other than the owner: \_\_\_\_\_
- d. 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 owner and/or individual partner, shareholder, director or officer any have financial interest in any manufacturer or wholesaler of alcoholic beverages?  
( ) Yes (*explain below*)                      ( ) No
  
- b. Does owner and/or individual partner, shareholder, director or officer have any financial aid or assistance from any manufacturer of alcoholic beverages?  
( ) Yes (*explain below*)                      ( ) No

c. If answer is "Yes" to either of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_

d. Show hereunder any and all persons, corporations, partnerships, or associations (other than persons stated herein as owners, 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 names of the principal stockholders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. List all other businesses engaged in the sale of alcoholic beverages that 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:

<u>Name</u>	<u>Name of Business</u>	<u>Interest %</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

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:

## **BUSINESS PREMISES AND STRUCTURE**

1. Is this location within a commercial zoning district? ( ) Yes ( ) No

What is the zoning of the property? \_\_\_\_\_

2. 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 illuminated so that all hallways, passageways 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: \_\_\_\_\_

3. Attach copies of the following information as it applies to this application:
- a. A certificate by a registered land surveyor or professional engineer showing that the location complies with the distance requirement from churches and schools.
  - b. Evidence of ownership of the building or proposed building or a copy of the lease if applicable.
  - c. A copy of the franchise agreement or contract, if applicable.
  - d. A copy of the menu(s) if applicant is a "bona fide" eating establishment
  - e. Plans:
    - i. If Building is COMPLETE, copies of detailed plans of said building and outside premises as well as a copy of the floor plan.
    - ii. If Building is PROPOSED, copies of proposed plans and specifications as well as the building permit application.

4. (For Restaurants Only): Do you have patio sales? ( ) Yes ( ) No

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

**FOR ALL ESTABLISHMENTS APPLYING FOR ON-PREMISE CONSUMPTION:**

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. Does the facility have a full service kitchen? ( ) Yes ( ) No
  - a. Does the kitchen have a three compartment sink? ( ) Yes ( ) No
  - b. Is the refrigerator approved by both the Health and Fire Departments?  
( ) Yes ( ) No
  - c. Are the stove and/or grill permanently installed and approved by Health and Fire?  
( ) Yes ( ) No
8. If your business is a restaurant, will 50% of sales be food? ( ) Yes ( ) No

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

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The establishment must comply with the advertising prohibition as outlined in Section 34-201(20) of the **City of Lawrenceville Alcoholic Beverage Ordinance.** (initials) \_\_\_\_\_

**PREMISES AND STRUCTURE FOR HOTEL/MOTEL ONLY**

1. Number of rooms available for hire to the general public: \_\_\_\_\_
2. Total square feet devoted to restaurant: \_\_\_\_\_
3. Total square feet designated as dining area: \_\_\_\_\_
4. Seating capacity excluding the bar area: \_\_\_\_\_
5. Number of parking spaces: \_\_\_\_\_
6. Number of parking spaces devoted to handicapped persons: \_\_\_\_\_
7. Hours that prepared meals or food are served: \_\_\_\_\_
8. Does the facility have a full service kitchen? ( ) Yes ( ) No
  - a. Does the kitchen have a three-compartment sink? ( ) Yes ( ) No
  - b. Is the refrigerator approved by both the Health and Fire Departments?  
( ) Yes ( ) No
  - c. Are the Stove and/or grill permanently installed and approved by Health and Fire  
Departments? ( ) Yes ( ) No

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

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The establishment must comply with the advertising prohibition as outlined in Section 34-201(20) of the **City of Lawrenceville Alcoholic Beverage Ordinance**. (initials) \_\_\_\_\_

**PREMISES AND STRUCTURE FOR SUPERMARKET (GROCERY) OR  
CONVENIENCE STORE ONLY**

1. Total floor area in square feet: \_\_\_\_\_
2. Total square feet devoted to 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 below:  
  
\_\_\_\_\_
6. The establishment must comply with the advertising prohibition as outlined in Section 34-201(20) of the **City of Lawrenceville Alcoholic Beverage Ordinance, below**

**SECTION 34-201(20) ADVERTISING; LOCATION REQUIREMENTS; SIGNS**

As a condition of the privilege of having a license and permit pursuant to this chapter, the holder agrees not to use any outdoor advertising or signs to promote the sale of alcoholic beverages or the prices of such beverages. No advertising or signs shall be permitted to be physically attached to the windows of any such establishment. Any signs or advertising inside the permitted location shall be of a size and type that is directed to customers inside the facility. Any advertising or signs that are visible from the outside of the permitted facility shall be removed if the City Clerk or his/her designee determines that the advertising or signage adversely intrudes on the esthetic character of surrounding streets, sidewalks or properties.

## **PERSONAL HISTORY**

**INSTRUCTIONS:** PLEASE MAKE ADDITIONAL COPIES OF THIS FORM FOR EACH OWNER/MANAGER OF YOUR BUSINESS. THIS APPLICATION MUST BE TYPED OR PRINTED LEGIBLY AND EXECUTED UNDER OATH, EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

### **Applicant Information**

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

Name: \_\_\_\_\_  
*last first middle*

Residence: \_\_\_\_\_  
*address*

\_\_\_\_\_ *city state zip code*

Phone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

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

### **Your relationship with this business:**

( ) Sole Owner ( ) Principal stockholder

( ) Director ( ) Partner: ( ) General ( ) Limited ( ) Silent

( ) Registered Agent ( ) Officer: \_\_\_\_\_

( ) Manager ( ) Employee: \_\_\_\_\_

Percentage of ownership or interest, if any: \_\_\_\_\_

Method and amount of compensation, if any (directly or indirectly): \_\_\_\_\_

**Check one**     US Citizen     Legal Alien     Other (please explain) \_\_\_\_\_  
 Single     Married     Widowed     Divorce

***If married or separated complete the following:***

Full Name of Spouse: \_\_\_\_\_ SSN: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names used by applicant: maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, show dates used. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State name and address of all children and stepchildren (regardless of age).**

<u>Full Name</u>	<u>Address</u>	<u>Age</u>	<u>Place of Birth</u>

**Employment record for the past four(4)years. (List the most recent experience first).**

<u>From:</u> <i>(mo/yr)</i>	<u>To:</u> <i>(mo/yr)</i>	<u>Employer:</u> <i>(Name)</i>	<u>Title:</u> <i>(Position)</i>	<u>Salary:</u> <i>(Received)</i>	<u>Reason for Leaving:</u>

**List all places of residence for the past four(4)years.(List the most recent first).**

<u>From:</u>	<u>To:</u>	<u>Address:</u>	<u>City/State/Zip:</u>

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

Have you ever had a financial interest in an alcoholic beverage business that was denied a license?

Yes  No (If yes, describe below.)

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Has any alcoholic beverage business in which you have been related to in any way (had financial interest in or been employed by, either currently or in the past) ever been cited for any violation of the rules and regulations of the state revenue commissioner relating to the sale and distribution of alcoholic beverages?

Yes  No (If yes, describe below.)

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Have you bought and sold any alcoholic beverages in the last ten months?

Yes  No (If yes, describe date, license number, persons and considerations involved.)

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Has a commercial security company ever denied you bond?  Yes  No

(If yes, please explain.)

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Are you a registered voter?  Yes  No

Have you ever been arrested, or held by federal, state or other law-enforcement authorities for violation of any federal law, state law, county or municipal law, regulations 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, please write no arrest. After last arrest is listed, please write no other arrest.)

1. \_\_\_\_\_

2. \_\_\_\_\_

List four references (personal or business). Give complete address and phone number with area code if giving a business reference and state the person's name to be contacted. Do not include relatives or fellow employees.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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

Yes  No (If yes, describe)

\_\_\_\_\_  
\_\_\_\_\_

Attach photograph (front view) taken within the past year. Date of picture: \_\_\_\_\_





City of Lawrenceville  
70 S. Clayton Street  
Lawrenceville, GA 30046  
770-963-2414

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:

<p><b>LPD USE ONLY</b> ____ Approved ____ Denied</p>
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**SURVEYOR'S AFFIDAVIT**  
**Alcohol Beverage License**

I, \_\_\_\_\_, a Georgia registered land surveyor, # \_\_\_\_\_

Do hereby certify that I am familiar with the premises:

\_\_\_\_\_  
(Business Name and Location)

and that it is in compliance with City of Lawrenceville Code Section set out below.

**(Check the following)**

34-201-4(a) & 5(d)

**Definition**

*Distance* - shall mean the measurement in linear feet as measured in a straight line from one (1) point to another on ground between the closest walls of the pertinent structures. Should a licensee's location be part of a larger building, such as a shopping center, the measurement shall be to the closest wall of the licensee's location, as if the remainder of the building was not present.

\_\_\_\_\_  
**Signature and Seal of Surveyor**

**Sworn to and subscribed this** \_\_\_\_\_

**day of** \_\_\_\_\_ **20** \_\_\_\_.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**Registration number**

\_\_\_\_\_  
**Commission expires:**

\_\_\_\_\_  
**Date of expiration**

**PERSONAL FINANCIAL STATEMENT**

Statement Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Business or  
Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

<b>Assets</b>	<b>In Even Dollars</b>	<b>Liabilities and Net Worth</b>	<b>In Even Dollars</b>
Cash on hand and in Banks- See Schedule A	\$	Notes Payable: This Bank- See Schedule A	\$
U.S. Government Securities- See Schedule B		Notes Payable: Other Institutions- See Sch A	
Listed Securities- See Schedule B		Notes Payable: Other Institutions- See Sch A	
Unlisted Securities- See Schedule B		Notes Payable - Relatives	
Other Equity Interests-See Schedule B		Notes Payable- Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned- See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable		Real Estate Mortgages Payable- See Schedule	
See Schedule D		C&D	
Cash Value Life Insurance- See Schedule E		Land Contracts Payable -See Schedule C&D	
Other Assets: Itemize		Life Insurance Loans- See Schedule E	
		Other Liabilities: Itemize	
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

Source Of Income	In Even Dollars	General Information
Salary	\$	Employer
Bonus and Commissions		Position or Profession & No Years
Dividends		Employer's Address
Real Estate Income		Phone No.
*Other Income: Itemize		Partner, officer or owner in any other venture?
		( ) Yes ( ) No
Total		If yes explain:
		Are any assets pledged? ( ) Yes ( ) No
		Detail in schedule A
		Income taxes settled through (Date)

Contingent Liabilities	In Even Dollars	General Information (continued)
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action?
On leases		( ) Yes ( ) No If yes, please explain:
Legal claims		
Provision for federal income taxes		Have you ever taken bankruptcy? ( ) Yes ( ) No If yes, explain:
Other special debt, e.g., recourse or repurchase liability		
		Do you have a will? ( ) Yes ( ) No With whom?
TOTAL		Do you have a trust? ( ) Yes ( ) No With whom?
		Number of dependents _____ Ages _____





**LIST OF EMPLOYEES FOR ALCOHOL-LICENSED BUSINESSES**

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

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

Business Telephone 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: \_\_\_\_\_

**Empire Distributors, Inc.**

3755 Atlanta Industrial Pkwy.  
Atlanta, GA 30331-1027

**404-572-4100**

(404) 572-4101 Fax

**General Wholesale Co.**

1595 Marietta Blvd.  
Atlanta, GA 30318

**404-352-1041**

**National Distributing Co.**

Box 44127

Atlanta, GA 30336-1127

**404-696-9440**

**United Distributors, Inc.**

5500 United Drive  
Smyrna, GA 30082

**678-305-2000**

(678) 305-2050 Fax

**Classic City Beverages, LLC**

530 Calhoun Drive  
Athens, GA 30601

**(706) 353-1650 Phone**

(706) 353-1655 Fax

**Gusto Brands, Inc**

P.O. Box 278 – 707 Douglas Street  
LaGrange, GA 30241 1048

**(706) 882-2573**

(707)882-2412 Fax

**Atlanta World Liquor**

3077 McCall Dr  
Doraville, GA 30340

**(770) 457-0251**

**Continental Beverage Corporation**

1059 Triad Court, Suite 13

Marietta, GA 30062 **(770) 427-1717**

**Carlaken Wholesale LLC**

520 Industrial Dr., Suite B-4  
Woodstock, GA 30189

**(770) 516-9075 Phone**

(770) 592-5572 Fax

**Eagle Rock Distributing Company**

1375 Beverage Drive  
Stone Mountain, GA 30083

(770) 498-5500 Phone

(770) 413-8043 / (678) 836-2028 Fax

License # 9641

[www.eaglerocks.com](http://www.eaglerocks.com)

**General Wholesale Beer Company**

1271 Tacoma Drive, N.W.  
Atlanta, GA 30318

(404) 351-3626 Phone

(404) 351-2502 Fax

**Georgia Crown Distributing Company**

100 Georgia Crown Drive  
McDonough, GA 30253

(770) 302-3000 Phone

(770) 305-9438 Fax

[www.georgiacrown.com](http://www.georgiacrown.com)

**Savannah Distributing Co., Inc.**

2003 South Bibb Drive  
Tucker, GA 30084

(678) 380-1212 Phone

(678) 380-1880 Fax

**Northeast Sales Dist., Inc.**

1400 Beaver Ruin Road  
Lilburn, GA 30247

(770)925-3511

**Classified Advertisement Form**

**Email:** [Legals@Gwinnettdaily.com](mailto:Legals@Gwinnettdaily.com).

**Re:** Notice of Alcoholic Beverage License Request

An application for an alcoholic beverage permit to serve beer, wine and distilled spirits has been filed with the City of Lawrenceville, Georgia by the following party at the following location, to wit:

Applicant/Owner: _____
Registered Agent: _____
Business Name: _____
Location: _____

**The City Clerk Office requests that this ad be run on the following days:**

**and**

EXHIBIT J

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:

\_\_\_\_\_

## EXHIBIT K

### SECURE AND VERIFIABLE DOCUMENTS

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

# Private Employer Affidavit

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). The CITY OF LAWRENCEVILLE will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from the CITY OF LAWRENCEVILLE, the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer – individual, firm or corporation] verifies one of the following with respect to my application for the above mentioned business document:

On January 1, 2012 – the individual, firm, or corporation employs the following number of employees: (Select A, B, C or D)

- (A) \_\_\_\_\_ 500 or more employees - must comply on or after January 1, 2012.  
You must provide the following information in order to receive a 2012 occupational tax certificate.

\_\_\_\_\_ Federal Work Authorization User Identification Number

\_\_\_\_\_ Date of Authorization

- (B) \_\_\_\_\_ 100-499 employees - must comply on or after July 1, 2012.  
You may provide the Federal Work Authorization number or claim exemption up until July 1, 2012.  
This document must be completed, notarized and returned even if organization/company is exempt.

Check HERE \_\_\_\_\_ if claiming exempt, OR complete the following:

\_\_\_\_\_ Federal Work Authorization User Identification Number

\_\_\_\_\_ Date of Authorization

- (C) \_\_\_\_\_ 11-99 employees - must comply on or after July 1, 2013.  
You may provide the Federal Work Authorization number or claim exemption up until July 1, 2013.  
This document must be completed, notarized and returned even if organization/company is exempt.

Check HERE \_\_\_\_\_ if claiming exempt, OR complete the following:

\_\_\_\_\_ Federal Work Authorization User Identification Number

\_\_\_\_\_ Date of Authorization

- (D) \_\_\_\_\_ 10 or fewer employees – automatically exempt from participation in E-Verify program.

Furthermore, I, as the applicant, affirmatively state that the employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

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 allowed by such statute. Executed on the \_\_\_ date of \_\_\_\_\_, 20\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_.

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

REGISTERED AGENT  
INFORMATION FORM

CITY OF LAWRENCEVILLE

Alcohol Licensing  
70 S Clayton St  
Lawrenceville, GA 30046  
Ph: 678-407-6389



I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors of and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Lawrenceville, Georgia. I understand the basic purpose is to have and continuously maintain 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 citizen of the United States and a resident of Gwinnett County. I hereby authorize the City of Lawrenceville Police Department to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the City of Lawrenceville Police Department's investigation. I further certify that I will notify the City of Lawrenceville alcohol licensing office of any changes effecting my status and/or position with this company.

BUSINESS NAME
SIGNATURE OF AGENT
TYPE OR PRINT NAME OF AGENT
AGENT'S HOME ADDRESS
CITY, STATE, AND ZIP CODE
TELEPHONE NUMBER
DATE MOVED INTO THE ABOVE ADDRESS
DRIVER'S LICENSE NUMBER
DATE OF BIRTH

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

My commission expires: \_\_\_\_\_



**COGENT S 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 Decula, 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 **\$52.90**
- 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