



CITY OF LAWRENCEVILLE  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

**City of Lawrenceville  
70 S. Clayton St.  
Lawrenceville, GA 30046  
Main Number 770-963-2414  
Planning and Zoning 678-407-6583**

This application must be returned in person.



## CITY OF LAWRENCEVILLE

# APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### Process for obtaining a license:

1. Confirm with the 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/Business License. If this is an existing business and under new ownership, the Occupational Tax/ Business License must first be reissued in the new owners name before an Alcohol application will be accepted.
3. Read the City Alcohol Beverage 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. 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. Bring the completed application and the non-refundable administrative fee of \$300.00 to Planning and Zoning at City Hall. The License fees are due at this time as well. The fees are made payable to the City of Lawrenceville and are accepted in the form of a Cashier's Check or Money Order. If the License is denied for any reason the License fee is refundable, the administrative fee is not.
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.
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.

Lawrenceville Police Department  
300 Jackson St.  
Lawrenceville, GA 30046

Hours: Monday-Friday:

9:00AM-12:00PM  
1:00 PM- 4:00PM

\*\* Please note that the City Licensing Process can take 2-7 weeks.

\*\*City Hall has notaries available.



## CITY OF LAWRENCEVILLE

# APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### ALCOHOL CHECK LIST

NUMBER OF APPLICANTS/MANAGERS/OWNERS

FINGER PRINTS

BACKGROUND CHECK

PERSONAL HISTORY

ID

BUSINESS LICENSE

FIRE MARSHAL

DEPT OF AGRICULTURE

ENVIRONMENTAL HEALTH

SAVE

LEASE/DEED

MENU (RESTURANTS)

GA STATE ALCOHOL LICENSE

### NEW LOCATIONS ONLY

SCALE DRAWING

PREMISES/STRUCTURE FORMS

SURVEYOR REPORT

TEAR SHEET FROM NEWSPAPER AND PUBLISHER AFFIDAVIT





# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### BUSINESS INFORMATION:

BUSINESS NAME: \_\_\_\_\_ DBA NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS: (IF DIFFERENT)  
 C/O: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS LICENSE NUMBER: \_\_\_\_\_ FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_  
 E-VERIFY NUMBER: \_\_\_\_\_

### TYPE OF OWNERSHIP:

( ) SOLE OWNER ( ) PARTNERSHIP  
 ( ) PRIVATELY HELD CORPORATION ( ) PUBLIC HELD CORPORATION  
 ( ) PUBLIC HELD CORPORATION SUBJECT TO S.E.C. REGULATIONS ( ) OTHER \_\_\_\_\_

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

FULL NAME: \_\_\_\_\_ SSN #: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

### BUSINESS AND PERSONAL TAX ADVICE ACCOUNTING AND FINANCIAL ADVISORY:

BUSINESS NAME: \_\_\_\_\_ DBA NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS: (IF DIFFERENT)  
 C/O: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 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: \_\_\_\_\_ FEDERAL ID NUMBER: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_  
 NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS: (IF DIFFERENT)  
 C/O: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE: \_\_\_\_\_  
 DATE OF INCORPORATION: \_\_\_\_\_ PLACE OF INCORPORATION: \_\_\_\_\_



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

- 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 10% OR MORE OF THE STOCK.***

NAME	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



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### GENERAL INFORMATION:

A. DOES OWNER AND/OR INDIVIDUAL PARTNER, SHAREHOLDER, DIRECTOR OR OFFICER HAVE ANY 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>



CITY OF LAWRENCEVILLE

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

**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:



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### 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:  
MAKE ADDITIONAL COPIES IF NEEDED.***

### 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: \_\_\_\_\_



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

PLEASE COMPLETE FOR EACH STORE MANAGER OF YOUR BUSINESS. MAKE COPIES IF NEEDED.

### 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: \_\_\_\_\_



CITY OF LAWRENCEVILLE

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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): \_\_\_\_\_

(CONTINUED ON NEXT PAGE)



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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

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

Full Name of Spouse: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

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



CITY OF LAWRENCEVILLE

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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 course of business in the last ten months?

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

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## CITY OF LAWRENCEVILLE

# APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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

(If yes, please explain.) \_\_\_\_\_

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. \_\_\_\_\_

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

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

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. \_\_\_\_\_



**CITY OF LAWRENCEVILLE**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

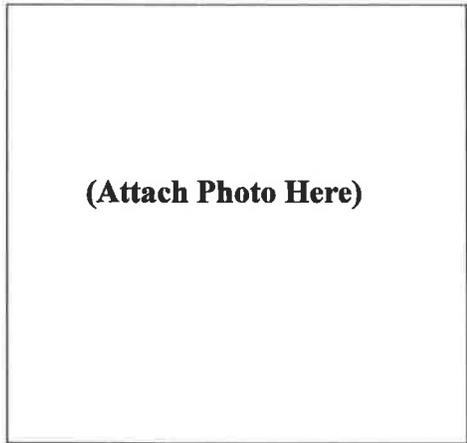
Have you had any license under the regulatory powers of the City of Lawrenceville and/or Gwinnett County denied, suspended or revoked within two (2) years prior to the filing of this application?

Yes  No (If yes, describe)

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





CITY OF LAWRENCEVILLE  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

STATEMENT OF PERSONAL HISTORY

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

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

THIS DAY \_\_\_\_\_ OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

(AFFIX SEAL HERE)

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



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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:

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



CITY OF LAWRENCEVILLE

APPLICATION FOR ALCOHOLIC BEVERAGE

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:



CITY OF LAWRENCEVILLE
APPLICATION FOR ALCOHOLIC BEVERAGE

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) [business license, occupational tax certificate, alcohol license 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] verifies one of the following with respect to my application for the above mentioned document:

1. Choose ONE of the following:

- (a) On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. If the employer selected (a) please fill out Section 2 below.
(b) On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

2. 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. § 36-60-

6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number Date of Authorization

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

Printed Name of and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:



CITY OF LAWRENCEVILLE

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

REGISTERED AGENT INFORMATION FORM

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 Alcohol Beverage Ordinances 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 affecting my status and/or position with this company.

BUSINESS NAME: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

NAME OF AGENT: \_\_\_\_\_

AGENTS HOME ADDRESS: \_\_\_\_\_

AGENTS PHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
OWNER/DIRECTOR TITLE

\_\_\_\_\_  
AGENT SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

THIS \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

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

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

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

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



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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

4. 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:
  - If Building is COMPLETE, copies of detailed plans of said building and outside premises as well as a copy of the floor plan.
  - If Building is PROPOSED, copies of proposed plans and specifications as well as the building permit application.



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

**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 Health and Fire Departments? ( ) Yes ( ) No
  - C. Is the stove and/or grill permanently installed and approved by both 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The establishment must comply with the advertising prohibition as outlined in Section 34-177 of the **City of Lawrenceville Alcohol Beverage Ordinance**. (Initials) \_\_\_\_\_



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### 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 person: \_\_\_\_\_
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. Is the stove and/or grill permanently installed and approved by the 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 34-177 of the **City of Lawrenceville Alcohol Beverage Ordinance**. (initials) \_\_\_\_\_



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### 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: \_\_\_\_\_

\_\_\_\_\_

The establishment must comply with the advertising prohibition as outlined in Section 34-177 of the City of Lawrenceville Alcohol Beverage Ordinance, below

#### Section 34-177 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 permitted location shall be of a size and type that is directed to customers inside the facility. Any advertising or signs that are visible for 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.



CITY OF LAWRENCEVILLE  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

**Surveyor's Affidavit**

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 the City of Lawrenceville Code Section set out below.

**34-175**

**Definition**

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

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

\_\_\_\_\_  
Printed name of Surveyor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registration Number and Expiration

Sworn to and subscribed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

\_\_\_\_\_  
Commission Expires

Affix seal here:



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### List of Employees for Alcohol-Licensed Businesses, Make Additional Copies if Needed.

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

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

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

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

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

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

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

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

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

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

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

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

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

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

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

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

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

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

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

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

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

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



# CITY OF LAWRENCEVILLE

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

### Classified Ad Example:

### Notice of Application for Alcohol License

AN APPLICATION HAS BEEN FILED ON (DATE) WITH THE CLERK OF THE CITY OF LAWRENCEVILLE FOR A LICENSE TO SELL \_\_\_\_\_ BY THE FOLLOWING APPLICANT AT THE FOLLOWING LOCATION,

TO WIT: **APPLICANT/OWNER:** \_\_\_\_\_

**REGISTERED AGENT:** \_\_\_\_\_

**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 LAWRENCEVILLE 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 LAWRENCEVILLE.

This ad shall be published in the newspaper in which the legal advertisements of the City are published at least twice a week, for two (2) consecutive weeks. The ad should not be of type smaller than ten (10) point capital in lower case and shall be at least a two (2) inch one-column ad.

This same wording may also be used for the sign or signs at the location of the proposed business that are to be placed no later than ten (10) days following submission of the application.

\*See Chapter 34 Article II Section 103 for complete details.