



## APPLICATION FOR ALCOHOL PERMIT

### INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FOR ALCOHOL PERMIT (ATT-15)

Use this form to obtain a permit for any salesmen or representative. Provide a separate application for each applicant.

#### TYPE OR PRINT IN BLUE INK - DO NOT USE PENCIL

#### INSTRUCTIONS FOR COMPLETING:

- Line 1 Enter your Georgia State Taxpayer Identifier. (If you do not have one, leave blank).
- Line 2 Enter the name and address under which your business is registered with the Secretary of State. If your business is not registered, then enter the name under which your business owns property or acquires debt. If the business is a partnership, the legal name is the partnership name. In the case of a sole proprietorship, the legal name is the name of the individual owner of the business.
- Line 3 Check the type of permit for which you are applying.
- Line 4-11 Provide the following information about the applicant:
- \* Social Security Number
  - \* Name of applicant
  - \* Date of birth
  - \* Home address
  - \* Email
  - \* Fax number
  - \* Home telephone number
  - \* Number of years of residency at above address
  - \* Previous home address
- Line 12 Enter previous home address.
- Line 13 Enter the number of years applicant has been employed by company identified in Lines 1 and/or 2.
- Line 14 Check "Yes" or "No" in the spaces provided.
- Line 15-19 If Line 14 is yes, provide the following information for each alcoholic beverage business in which the applicant has an interest (if more than one business, attach additional sheets with the information requested below):
- \* State Taxpayer Identifier or business interest
  - \* Name of business interest
  - \* Alcohol License Number
  - \* Business location address
  - \* Business telephone number
- Line 20 Provide information regarding any previous involvement with government authorities.
- Line 21 Provide the following employment history information:
- \* Month and year employed from
  - \* Name of previous employer
  - \* Address of previous employer
  - \* Position applicant held

**INSTRUCTIONS FOR SIGNING:**

This application must be signed by the applicant and duly notarized.

**INSTRUCTIONS FOR PAYMENT:**

There is no registration fee for a salesman or representative of a licensed wholesaler, importer, or broker of wine or malt beverages or of a licensed winery or brewery. The fee for a salesman or representative of a licensed wholesaler or producer distilled spirits \$10.00 per person. A check or money order for the appropriate fee must be made payable to the GEORGIA DEPARTMENT OF REVENUE. Georgia law stipulates that taxes and fees shall be paid in lawful money of the U.S. and be free of any expense to Georgia.

Each Salesman or Representative applicant of a licensed liquor wholesaler must complete and attach a Personal Statement (ATT-17) and complete the Georgia Automated Fingerprint Procedure (GAPS). Examiners conducting the investigations for permits will provide an instructional package on how to successfully complete the GAPS registration process. A fee of \$52.90 is charged by Cogent Systems to each applicant being fingerprinted. Payment must be at time of registration. Credit card, money order or cashiers check payable to "Cogent Systems-GAPS".

**INSTRUCTIONS FOR MAILING AND REQUESTING INFORMATION:**

Confirming company and applicant should retain a copy of this application for his file and for inspection by the Revenue Commissioner or designated Agents. Mail the original to the address shown below. If you have any questions or need assistance in completing the application, call (404) 417-4870.

**GEORGIA DEPT OF REVENUE  
ALCOHOL & TOBACCO DIVISION  
P.O. BOX 49728  
ATLANTA, GEORGIA 30359**

**THE PROCESSING OF THIS APPLICATION WILL BE DELAYED UNLESS IT IS PROPERLY SIGNED, COMPLETE INFORMATION FURNISHED, AND APPLICABLE QUESTIONS ANSWERED.**

**GEORGIA DEPT OF REVENUE  
ALCOHOL & TOBACCO DIVISION  
P.O. BOX 49728  
ATLANTA, GEORGIA 30359**



<b>OFFICE USE</b>
<input type="checkbox"/> Promotional

### APPLICATION FOR ALCOHOL PERMIT

OFFICE USE ONLY	1.	STATE TAXPAYER IDENTIFIER	STATE LICENSE NUMBER			
	2.	LEGAL BUSINESS NAME	D/B/A			
		LEGAL BUSINESS ADDRESS (City, State, and Zip Code):				
	3.	FOR WHICH TYPE OF PERMIT ARE YOU APPLYING? <input type="checkbox"/> BUSINESSMAN OR REPRESENTATIVE OF A REGISTERED PRODUCER OF DISTILLED SPIRITS - FEE \$10.00 <input type="checkbox"/> SALESMAN OR REPRESENTATIVE OF A LICENSED WHOLESALER OF DISTILLED SPIRITS - FEE \$10.00 <input type="checkbox"/> SALESMAN OR REPRESENTATIVE OF A LICENSED WHOLESALER OF WINE - NO FEE <input type="checkbox"/> SALESMAN OR REPRESENTATIVE OF A LICENSED WINERY, IMPORTER, OR BROKER OF WINE - NO FEE <input type="checkbox"/> SALESMAN OR REPRESENTATIVE OF A LICENSED BREWERY, IMPORTER, OR BROKER OF MALT BEVERAGES - NO FEE <input type="checkbox"/> SALESMAN OR REPRESENTATIVE OF A LICENSED WHOLESALER OF MALT BEVERAGES - NO FEE				
	4.	SOCIAL SECURITY NUMBER	LAST, FIRST, MIDDLE INITIAL		DATE OF BIRTH	
	5.	NUMBER AND STREET ADDRESS (Residence)				
	6.	NUMBER AND STREET ADDRESS (Additional Space)				
	7.	CITY	STATE	ZIP CODE	COUNTY	COUNTRY
	8.	AREA CODE, BUSINESS PHONE NO. ( )		AREA CODE, HOME PHONE NO. ( )		YEARS OF RESIDENCE
	9.	FAX NO. ( )		E-MAIL ADDRESS		
	10.	NUMBER AND STREET (Additional Space)				
	11.	NUMBER AND STREET (Previous address)				
	12.	CITY	STATE	ZIP CODE	COUNTY	COUNTRY
	13.	HOW LONG HAVE YOU BEEN EMPLOYED BY THE ABOVE FIRM?				
	14.	DO YOU HAVE ANY INTEREST, DIRECTLY OR INDIRECTLY, IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (if "Yes", provide the following):				
	15.	STI NUMBER	LEGAL BUSINESS NAME		ALCOHOLIC LICENSE	
	16.	NUMBER AND STREET ADDRESS (Business)				
	17.	NUMBER AND STREET ADDRESS (Additional Space)				
	18.	CITY	STATE	ZIP CODE	COUNTY	COUNTRY
	19.	AREA CODE, PHONE NUMBER ( )				
20.	HAVE YOU EVER BEEN ARRESTED, OR HELD BY FEDERAL, STATE, OR OTHER LAW-ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? (Do not include traffic violations. All other charges must be included even if they are dismissed. Give reason charged or held, date, place were charged and disposition.)  _____ _____ _____ _____ _____					



**Affidavit of Compliance with O.C.G.A. 50-36-1 “Verification of Lawful Presence within the United States”**

O.C.G.A. 50-36-1 requires that applicants applying for such things as licenses for public benefits complete a signed and sworn affidavit verifying the applicant’s lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a United States citizen or legal permanent resident at least eighteen (18) years old.

Yes \_\_\_\_\_ No \_\_\_\_\_

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. The applicant’s alien number issued by the Department of Homeland Security or other federal immigration agency must be provided.

Yes \_\_\_\_\_ No \_\_\_\_\_ Alien Number \_\_\_\_\_

O.C.G.A 50-36-1 states that “Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of Code Section 16-10-20.”

**I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.**

\_\_\_\_\_  
Signature Title Date

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **STAMPED SIGNATURE IS NOT ACCEPTABLE**)

I hereby certify that \_\_\_\_\_ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_  
Notary Public

**AFFIX SEAL**

You must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2. Such documents include a valid Georgia issued Driver's License or ID Card, a valid Driver's License issued by another State or an identification document issued by the United States Government.