

DEKALB COUNTY PRIVILEGE LICENSE APPLICATION

INSTRUCTIONS: Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in that space that a separate sheet is attached. When completed, it must be dated, signed by the licensee and notarized. The application and all requested documents shall be filed with the Finance Department, Division of Internal Audit and Licensing, at 1300 Commerce Drive, 5th Floor, Decatur, Georgia 30030.

Business License Number (if applicable):

Licensee's Full Name (must be a person)	Date of Birth	Social Security #	Home Telephone Number () ()
Licensee's Home Address	City, State and Zip Code		County of Residence
Business Name	Business Location	City, State & Zip Code	Business Telephone Number () ()
Mailing Name and Complete Address			

Check One: () **1** - New Location () **2** - New Licensee () **3** - New Ownership () **4** - Other – Specify Type of Changes

Type of Ownership: () Single Proprietor () Corporation or LLC () Partnership () Association
 Corporate Name: _____ Month & Year of Inc. _____ State Where Inc. _____

Type of Business:

() 1 - Package / Liquor Store	() 5 - Supermarket	() 9 - Wholesaler	() 13 - Manufacturing	() Beer
() 2 - Restaurant	() 6 - Country Club	() 10 - Charitable/Non-Profit Org		() Wine
() 3 - Drive In Grocery	() 7 - Fraternal	() 11 - Nude Dance Club		() Liquor
() 4 - Grocery with Ga	() 8 - Importer	() 12 - Brew Pub		

Type of License: () **1** - Retail Package () **2** - Wholesaler () **3** - Consumption () **4** - Importer
 Licenses are issued only for the remaining months in the calendar year and partial months are counted as a full month.

Type of License Delivery: () Mail () Pickup

Administrative Fees	Flat Fee	Admin Fee Due
() Admin Fee - Beer and/or Wine	\$ 100.00	_____
() Admin Fee - Liquor	\$ 200.00	_____

Subtotal Admin Fee(s) _____

License Fees	Monthly Fees	Number of Months	License Fee Due
() Beer Only () Wine Only	\$ 50.00	x _____	= _____
() Beer & Wine Combination	\$ 75.00	x _____	= _____
() Liquor – Package or C.O.P.	\$ 250.00	x _____	= _____
() Additional Fixed Bar(s) # _____	X \$ 50.00	x _____	= _____
() Additional Movable Bar(s) # _____	X \$ 25.00	x _____	= _____
() Sunday Sales	\$ 91.66	x _____	= _____
() Brew Pub - Malt Beverage Only	\$ 100.00	x _____	= _____

Flat Fees	License Fee Due
() Wholesaler/Importer () Beer () Wine	\$ 600.00 Each _____
() Wholesaler/Importer - Liquor	\$3000.00 _____
() Fraternal Org - Beer and/or Wine	\$ 500.00 _____
() Fraternal Org - Liquor	\$1000.00 _____
() Manufacturing () Beer () Wine	\$1200.00 Each _____
() Manufacturing - Liquor	\$ 3000.00 _____

Daily Fees	Number of Days (2 Day Maximum)	License Fee Due
() Charitable Non-Profit Org – Beer and/or Wine	\$ 50.00 x _____	= _____
() Charitable Non-Profit Org – Liquor	\$ 50.00 x _____	= _____

Subtotal License Fee(s) _____

Total Due (Admin Fee + License Fee) _____

Make check payable to DeKalb County Revenue and Licensing.

Background Investigation Fee	Per Person Fee	Number of People	Fee Due
() Background Investigation	\$ 50.00	x _____	= _____

Make separate check payable to DeKalb County Public Safety.

Sunday Sales Permits are only issued to eating establishments. New establishments are given up to six (6) months to comply with the minimum food sales requirements. **Food sales must be at least 60% of total annual food & alcohol sales.**

This application must be executed under oath and the applicant is subject to criminal penalties for false swearing. The application includes all attachments and forms that are required for processing of this application. I, _____, the licensee, do solemnly swear that the answers and statement on this application and attachments are true and correct and that no false or fraudulent statements are made herein to obtain an alcoholic beverage license.

Signature of Applicant / Licensee	Date	Signature of Notary Public	Date
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Stamp Notary Seal in this Area

1. Will you have entertainment? _____ If yes, describe in detail _____

2. Does the licensee, partner, corporation or owner have any ownership interest in any other licensed alcoholic beverage business in the State of Georgia? If yes, give name of that person, name of business and complete address of business. _____

3. List the full name, address and other pertinent information for each person having any ownership interest in this business, corporate officers or partners:

Name:	Social Security #:	Date Of Birth:
Home Address:	City:	State:
Zip Code:	Dollar Investment in Business:	Percent of Interest:
Name:	Social Security #:	Date Of Birth:
Home Address:	City:	State:
Zip Code:	Dollar Investment in Business:	Percent of Interest:
Name:	Social Security #:	Date Of Birth:
Home Address:	City:	State:
Zip Code:	Dollar Investment in Business:	Percent of Interest:
Name:	Social Security #:	Date Of Birth:
Home Address:	City:	State:
Zip Code:	Dollar Investment in Business:	Percent of Interest:

4. List name and address of the owners of the building and land and the name and address of the lessor or sub-lessor:

	Name	Street Address	City – State – Zip	Amount of Rent Due
Owner Building	_____	_____	_____	_____
Owner of Land	_____	_____	_____	_____
Lessor	_____	_____	_____	_____
Sub-Lessor	_____	_____	_____	_____

5. How much money is being invested in the business? Total amount of money paid _____

6. How much of the money being invested is borrowed and from whom? Show total amount borrowed _____
 Name of Bank, Business or Person Street Address City-State-Zip Code

7. Name and home address of the manager of this business: _____

8. Have you attached a copy of the floor plans of this business showing inside layout of the store, including entrance(s) and exit(s). Nightclubs and restaurants needs to show kitchen, bathrooms, dining areas, entertainment area and any offices. Yes _____

9. If this is a corporation, Limited Liability Company or a partnership, please attach copies of the state Certificate of Incorporation along with copies of your corporate, LLC or partnership papers showing the officers.

10. Have you attached two (2) registered agent forms with pictures of the agent? _____

11. Have you received a copy of the DeKalb County Alcoholic Beverage Ordinance? _____ No application can be processed until you acknowledge receipt of the County Ordinance (rules and regulations).

_____ Print name of applicant / licensee

_____ Signature of applicant / licensee

_____ Date